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DLN: 93493253008003

# Form **990**

Department of the Treasury Internal Revenue Service

# **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

Open to Public

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

A Fo	or the	2012 cal	endar year, or tax year beginning	1 02-01-2012 . 2012, and end	ina 01-31	-2013		_	
		applicable	C Name of organization		mg or or	2015	D Emplo	yer ide	entification number
_	dress cl	• •	AMERICAN SUGAR CANE LEAGUE OF	THE USA			72-01	1844	0
— <sub>Na</sub>	me cha	ange	Doing Business As				, 2-01		-
— <sub>Ini</sub>	tıal retu	ım	Number and street for D.O. how if m	ail is not delivered to street address)	Room/cuts	2			
<b>—</b> <sub>Те</sub>	rmınate	ed	PO DRAWER 938	all is not delivered to street address)	Koom/ suite		E Telepho	one num	nber
_	nended		City or town, state or country, and Z	7TP + 4			(985)	448-	3707
_		n pending	THIBODAUX, LA 703020938				<b>2</b> 6		÷ 2.746.526
, ,	prication	penang	<b>F</b> Name and address of prin	cipal officer		11/->			\$ 3,716,536
			MIKE DAIGLE	cipal officer		<b>H(a)</b> Is the affiliation	is a group ates?	returr	TYes ▼ No
			PO DRAWER 938 THIBODAUX,LA 7030209	3.8					
			11125051100, 211 7050205						uded? Tyes No
<b>I</b> Ta	ax-exen	npt status	「 501(c)(3) <b>「</b> 501(c)(5) <b>◀</b> (	ınsert no )	527	IT IV	o, attach	a list	(see instructions)
	/ebsite	e: ► WW	/W AMSCL ORG			H(c) Gro	up exempt	ion nu	mber ►
						T			
	m of or I <b>rt I</b>		Corporation Trust Associatio	n  Other ►		L Year of fo	mation 19	22	State of legal domicile LA
Pa			<u> </u>						
			escribe the organization's mission ELOP, ADVANCE AND ENCOU	_		ND PROCES	SSING AC	TIVIT	TIES IN EVERY
a1			AGRICULTURAL, MECHANICA						
Governance									
Ē									
<u> </u>	2	Check th	nis box 析 if the organization dis	scontinued its operations or dis	sposed of	more than 2	25% of its	net as	ssets
									1
Activities &			of voting members of the govern					3	48
Ę			of independent voting members of					4	47
Ş	1		mber of individuals employed in a					5	6
4	1		mber of volunteers (estimate if n	• •				6	72
			related business revenue from P lated business taxable income fi					7a 7b	42,930
	+ -	ivec unite	Tated business taxable income in	om romi 990-1, me 54 .	· · ·		r Year	<b>/</b>	Current Year
	8	Contri	butions and grants (Part VIII, lii	ne 1 h )			or rear	0	0
₽	9		ım service revenue (Part VIII, li				2,421,		3,442,387
Revenue	10	_	ment income (Part VIII, column					698	45,276
芒	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 1	1e)		190,521 228,8		
	12		revenue—add lines 8 through 11				2 6 9 4	616	2 716 526
	13		and sımılar amounts paid (Part				1,806,		3,716,536 1,873,778
	14		ts paid to or for members (Part I				1,000,	0	1,0/3,//8
	15		es, other compensation, employe					<u> </u>	
\$		5-10)		( , , , , , , , , , , , , , , , , ,	,,		480,	803	493,502
Expenses	16a	Profes	sional fundraising fees (Part IX,	column (A), line 11e)				0	0
ਡੋ	b		ndraising expenses (Part IX, column (D)	•					
	17		expenses (Part IX, column (A), I				986,	-	946,174
	18		expenses Add lines 13-17 (mus		-		3,273,		3,313,454
_ 07	19	Reven	ue less expenses Subtract line	18 from line 12			-588,		403,082
හි ර කුළු						_	g of Curre ⁄ear		End of Year
98 E	20	Total	assets (Part X, line 16)				4,572,	991	4,969,521
Net Assets or Fund Balances	21	Total	labilities (Part X, line 26)				10,	520	9,962
	22	_	sets or fund balances Subtract	line 21 from line 20			4,562,	471	4,959,559
Pa	rt II	Sign	ature Block						
my k	nowle	dge and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
		****					013-08-06		
Sigi		Signa	ature of officer			D	ate		
Her	e		DAIGLE PRESIDENT or print name and title						
		1	rint/Type preparer's name	Preparer's signature	Dat	te I		PTIN	
Da:	Ч		VILLIAM G STAMM CPA	r reparer a signature			eck   ıf f-employed	P0126	3176
Pai Dro		, F	imm's name 🕨 DUPLANTIER HRAPMAN	IN HOGAN & MAHER LLP		Fim	n's EIN 🟲 7.	2-05673	396
	pare		irm's address 🕨 1615 POYDRAS STREET	SUITE 2100		Pho	one no (504	) 586-8	8866
∪S€	On	'' <b>y</b>	NEW ORLEANS, LA 701					, 0	-
		1	INLAN ORLEANS, LA 701	.14		1			

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Form	990 (	2012)				Page <b>2</b>					
Par	t III		t <b>of Program Service</b> and the service of the servi	Accomplishments e to any question in this Part II	I						
1	Brief	ly describe the	organization's mission								
		•	E AND ENCOURAGE THE S NICAL, SCIENTIFIC, ETC		PROCESSING ACTIVITIES IN	EVERY SENSE,					
2				rogram services during the yea		┌ Yes ┌ No					
	If "Ye	s," describe th	ese new services on Sched	ule O							
3			cease conducting, or make	significant changes in how it co	onducts, any program	┌ Yes ┌ No					
	If "Ye	If "Yes," describe these changes on Schedule O									
4	exper	nses Section 5		anizations are required to repoi	nree largest program services, a rt the amount of grants and alloo						
4a	(Cod	 e	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
			OF THE LEAGUE SINCE IT'S INCE BULLETIN ON A MONTHLY BASIS	PTION IS THE PROMOTION OF AGRICU	ILTURAL RESEARCH OF SUGAR CANE PE	RODUCTION THE LEAGUE ALSO					
4b	(Cod	e	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	ALLO	CATION OF OTHER	R EXPENSE INVOLVED IN ADVERTIS	SING OF THE SUGAR BULLETIN AND OT	HER MEMBER SERVICES						
4c	(Cod	e	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
	PUBL	IC AWARENESS AN	ND RELATIONS								
4d	Othe	er program ser	vices (Describe in Schedule	0)							
	(Exp	enses \$	ıncludın	g grants of \$	) (Revenue \$	)					
4e	Tota	ıl program serv	ice expenses 🗠								

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
L <b>O</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
<b>.</b> 3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	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, Parts II and IV	15		No
.6	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, Parts III and IV	16		No
<b>.7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L <b>9</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

аı	Statements Regarding Other TRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	1		
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
•	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	بّ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	130		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	 	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h	1	1

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Ca	ection B. Policies (This Section B requests information about policies not required by the Internal F		0.1	
<u> </u>	ection B. Policies (This Section B requests information about policies not required by the Internal P	even	je Coa	e.)
		Revent	Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b		No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13		No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13		No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13		No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No No No

## Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - ☐ O wn website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JAMES H SIMON 206 EAST BAYOU ROAD THIBODAUX, LA (985)448-3707

Form	990	(2012)
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## 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

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

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

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

	1	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	organızatıons below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table											
	•	•	•							Form <b>990</b> (2012)	

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Tıtle	more t	han o	one both	box, an c	heck unless officer stee)	i	([ Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	'	(F) Estima mount o compens from t	ited fother ation :he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total			•	•			•						
<b>c</b>	Total from continuation shee	•		٩.	•	•	•	-		122.014				0.220
	Total (add lines 1b and 1c) .  Total number of individuals (ii			to the	nse	liste:	d ahov	e)w	ho receive	132,014		0		8,238
_	\$100,000 of reportable comp						u ubov	c,	110 1000140	u more cr	1411			
													Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If</i> " <i>Yes,"</i> complete.						emplo	yee,	, or highes	t compen	sated employee	_		1
4	For any individual listed on lir organization and related organization and related organizations.	ne 1a, is the sum	of repo	rtabl	e co	mpe						3		No
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	4		No_
	services remarica to the orga		, солд	0.00		4,63	70, 54	о <i>п</i> р .			[	5		No
	ection B. Independent Co										th #100.000	- 6		
1	Complete this table for your fi compensation from the organi												tax year	
	1	(A) Name and business	address							Des	(B) cription of services		(C Comper	) nsation
												$\pm$		
2	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	thos	e list	ed above)	who rece	ived more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part VI	• • •	Statement of Revenue	to only guartien .	n this Dort VIII			
		Check if Schedule O contains a respon	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
37a 101							
A.	С	Fundraising events 1c					
[발	d	Related organizations 1d					
iii is	е	Government grants (contributions) <b>1e</b>					
ioi S	f	All other contributions, gifts, grants, and <b>1f</b>	į	İ			
# E		similar amounts not included above  Noncash contributions included in lines		ļ			
吾日	g	1a-1f \$					
# G	h	Total. Add lines 1a-1f	🛌				
			Business Code				
Ĭ.	2a	MEMBERSHIP DUES	900099	3,399,457	3,399,457		
age A	b	BULLETIN-ADVERTISING	541800	42,185		42,185	
96 F	С	BULLETIN-SUBSCRIPTIONS	541800	745		745	
Program Serwce Revenue	d						
<i>ŏ</i>	e						
<u>ran</u>	f	All other program service revenue					
کِ ا		T. I.A.III. 2. 26					
-		Total. Add lines 2a-2f		3,442,387			
	3	Investment income (including dividen and other similar amounts)		41,276			41,276
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	Ь	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	📂				
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	4,000				
	b	Less cost or	0				
		other basis and sales expenses	Ţ.				
	<b>c</b>	Gain or (loss)	4,000	4 000	4.000		
<u>a</u>	d 8a	Net gain or (loss)		4,000	4,000		
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
)ther		Less direct expenses b					
<b>'</b>	c 9a	Net income or (loss) from fundraising	events 🛌				
	Эa	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold <b>b</b> Net income or (loss) from sales of invo	entory :				
-	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	CROP RECEIPTS	541800	211,346	211,346		
	ь	MISCELLANEOUS REVENUE	541800	, 17,527	17,527		
	c	HIJOELLANLOUS REVENUE		,,,,	,		
	d	All other revenue	+				
	e	Total. Add lines 11a-11d	🕨				
			.  -	228,873			
	12	<b>Total revenue.</b> See Instructions .	· · · · •	3,716,536	3,632,330	42,930	41,276

### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comr	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,873,778			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	132,014			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	301,470			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,893			
9	Other employee benefits				
LO	Payroll taxes	31,125			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	15,410			
C	Accounting	11,450			
d	Lobbying	73,193			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,410			
2	Advertising and promotion	62,504			
3	Office expenses	57,041			
4	Information technology				
5	Royalties				
6	Occupancy	14,738			
7	Travel	32,518			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	21,866			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	38,796			
3	Insurance	106,596			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	WASHINGTON OFFICE EXPEN	251,943			
b	HOUMA FARM EXPENSE	143,721			
С	STATE OFFICE EXPENSES	40,543			
d	AUTO EXPENSES	26,201			
e	All other expenses	46,244			
25	Total functional expenses. Add lines 1 through 24e	3,313,454			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			225,017	1	80,508
	2	Savings and temporary cash investments			3,758,173	2	4,281,961
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net			6,964	4	27,731
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Par Schedule L				5	
SIE	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontribu iployee	ting employers		6	
ssers	7	Notes and loans receivable, net				7	
1	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			47,486		48,900
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	     10a	922,676	,		13,000
	ь	Less accumulated depreciation	10b	397,497	531,275	10c	525,179
	11	Investments—publicly traded securities			2,783	11	3,426
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,293	15	1,816
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,572,991		4,969,521
	17	Accounts payable and accrued expenses			1,287	17	2,362
	18	Grants payable			,,===	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		· ·		20	
	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D	•		21	
Iffies	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus				
lige		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		_		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	ed third	l parties,			
		D			9,233		7,600
	26	Total liabilities. Add lines 17 through 25			10,520	26	9,962
ر تا		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and c	omplete			
5	27	Unrestricted net assets			4,085,808	27	4,267,031
5	28	Temporarily restricted net assets			476,663	28	692,528
3	29	Permanently restricted net assets				29	
ol Fully Balallet		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			_
	30	Capital stock or trust principal, or current funds				30	
e D	31	Paid-in or capital surplus, or land, building or equipment fund				31	
î	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
<u>į</u>	33	Total net assets or fund balances			4,562,471	33	4,959,559
<u>-</u>	34	Total liabilities and net assets/fund balances			4,572,991	34	4,969,521

-orm	990 (2012)				age 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	Total revenue (must equal Port VIII. column (A.) line 13.)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	16,536
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3	313,454
3	Revenue less expenses Subtract line 2 from line 1	3		4	103,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,5	562,471
5	Net unrealized gains (losses) on investments	5			-5,994
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,9	59,559
Pari	t XIII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	MODIFIED				
	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
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?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493253008003

# OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I	ТОИ			Pā	ige <u>.</u>
	filed Form 5768 (election under section 501(h)).	(a	1)		(b)	
activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	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	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 <b>01</b> (c)	)(5), c	r se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			t III-	·A,
1	Dues, assessments and similar amounts from members	1			3,399	9,45
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				٦,	
a	Current year	2a			/:	3,19
Ь	Carryover from last year	2b				
	Total	2c			73	3,19
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Tayable amount of lobbying and political expenditures (see instructions)	5			7:	3 1 9

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493253008003

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

itemui	Trevenide Service F Attacil to For	ili 990. F See separate ilistructions.	Inspection	
	me of the organization RICAN SUGAR CANE LEAGUE OF THE USA		Employer identification number	
			72-0118440	
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the	
		(a) Donor advised funds	(b) Funds and other accounts	
L	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 advise funds are the organization's property, subject to the or		or advised Yes No	
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pai	t III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.	
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)  Preservation of an Preservation of a c	historically important land area ertified historic structure ne form of a conservation	
	casement on the last day of the tax year	Γ	Held at the End of the Year	
а	Total number of conservation easements	F	2a	
b	Total acreage restricted by conservation easements	F	2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d				
3	Number of conservation easements modified, transfer the tax year -	red, released, extinguished, or terminate	d by the organization during	
4	Number of states where property subject to conservat	ion easement is located ►	<del>_</del>	
5	Does the organization have a written policy regarding to enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No	
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year	
7	A mount of expenses incurred in monitoring, inspecting  • \$	g, and enforcing conservation easements	during the year	
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial		
ar	Complete if the organization answered "Y		or Other Similar Assets.	
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven its held for public exhibition, education, o	or research in furtherance of public	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	
2	If the organization received or held works of art, histor	ical treasures, or other similar assets fo	· ————————————————————————————————————	
	following amounts required to be reported under SFAS			

a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	TIL Organizations Maintaining Co	llections of Art	t, HIS	tori	cai ii	<u>easu</u>	res, or O	tne	r Similar As	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	ds, ch	eck 	·		_		_	of its	
а	Public exhibition		d	Г	Loan	or exch	nange progi	rams			
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ain how	v the	y furthe	er the o	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets		┌ Yes	
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ıng t	able						
									An	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Yes	No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	evnla	natio	n has	heen nr	ovided in F	art \	KIII		Γ
	rt V Endowment Funds. Complete										
		(a)Current year		Prior					Three years back	(e)Four	years back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships							+			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1 g	, colum	n (a)) h	neld as	•			
а	Board designated or quasi-endowment	·		_							
b	Permanent endowment ►										
c	Temporarily restricted endowment ▶										
3a	The percentages in lines 2a, 2b, and 2c shows the there endowment funds not in the possesses.		otion t	-b	ara bal	d and a	dministoro	d for	+h o		
Sa	organization by	ssion of the organiz	ationi	.iiat (	are ner	u allu a	ammstere	u 101	tile	Yes	No No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a(	ii)	
b	If "Yes" to 3a(II), are the related organizatio							•	3	) <u> </u>	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		, line :		(b)Cost or	othor	(c) Accumulate	4 (4)	Book value
	Description of property				sis (inve		basis (oth		depreciation	. (u)	
1a	Land						272	2,445			272,445
b	Buildings						392	2,718	194,4	55	198,263
c	Leasehold improvements										
d	Equipment						10:	1,087	88,6	47	12,440
	Other						156	5,426	114,3	95	42,031
	I. Add lines 1a through 1e (Column (d) must e								<b>. .</b>		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
			-
<b>-</b> 1.1 (2) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	<b>-</b>		
(-) (-),,, (-) (-)	o Form 000 Part V June :	12	
Part VIII Investments—Program Related. Se (a) Description of investment type	( <b>b</b> ) Book value	(c) Method of valuation	
(a) Beschption of investment type	(B) Book Value	Cost or end-of-year market	
Table (Calcare (b) and a said Fare 000 Bart V and (B) (and 40)	•		
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 )		<u> </u>	
(a) Descri		(b) Book	value
	•		
<b>7.1.1</b> (0) (1) (1) (2) (2) (2) (1) (2) (1)	- \		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.			
1 (a) Description of liability	(b) Book value		
<del></del>	(3) 200 10		
Federal income taxes	7.600		
DEFERRED INCOME	7,600		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	7,600		
2 Fin 48 (ASC 740) Footpote In Part XIII provide the te	yt of the footnote to the organ	nization's financial statements that ren	orts the

Identifier

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue	per kei	turn
1	Total revenue, gains, and other support per audited financial statements	1	3,710,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	-5,994
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,716,536
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	3,716,536
Part 2	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	leturn
1	Total expenses and losses per audited financial statements	1	3,313,454
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,313,454
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	3,313,454
Part	XIII Supplemental Information		
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV , lı	nes 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference

Explanation

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2012

DLN: 93493253008003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN SUGAR CANE LEAGUE OF THE USA

Employer identification number

MERICAN SUGAR CANE LEAC		s and Assistance				72-0118440	
Does the organization main the selection criteria used Describe in Part IV the org	ntaın records to sub to award the grants	estantiate the amount of to					
art II Grants and Othe	er Assistance t	o Governments and receive	Organizations in	the United States			ed "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1) LOUISISANA STATE JNIVERSITY LSU AGRICULTURAL CENTER PO BOX 28203 BATON ROUGE, LA 70894	72-6000848	501(C)(3)	589,537		,		RESEARCH
2) USDA HOUMA RESEACH STATION PO BOX 470 HOUMA,LA 70361	72-0564834	501(C)(3)	373,690				RESEARCH
3) AMERICAN SUGAR ALLIANCE 2111 WILSON BLVD ARLINGTON,VA 22201	52-1314447	501(C)(3)	888,362				RESEARCH
4) LOUISIANA SUGARCANE FESTIVAL PO BOX 9768 NEWIBERIA,LA 70562	72-1113069		5,000				RESEARCH
5) GRANTS UNDER 5000			17,189				RESEARCHRESEARCH
Enter total number of secti							

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part I'	V, line 22.
Part III can be duplicated if additional space is needed.	·

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I	I	I	I	1

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	•	SCHEDULE I, PART I, LINE 2 GRANTEE SUBMITS REPORT PROVIDING AN UPDATE ON THE PROGRESS OF EACH FUNDED PROJECT PRIOR TO RECEIVING FINAL DISBURSEMENT

Schedule I (Form 990) 2012

# OMB No 1545-0047

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization AMERICAN SUGAR CANE LEAGUE OF THE USA **Employer identification number** 

72-0118440

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	RICKY GONSOULIN - RONALD GONSOULIN (FAMILY RELATIONSHIP) JOEL LANDRY - TODD LANDRY (FAMILY RELATIONSHIP)
	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 PAY MENT 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 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 QUESTIONS 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
		THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

DLN: 93493253008003

2012

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Internal Revenue Service

Name of the organization
AMERICAN SUGAR CANE LEAGUE OF THE USA

Employer identification number

				72-01184	40
Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)	
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Part II 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.)

(a) Name, address, and EIN of related organization	<b>(b)</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	Section (13) co	
						Yes	No
(1) AMERICAN SUGAR CANE LEAGUE FOUNDATION	NONPROFIT	LA	501(C)(3)	509(G)(3) TYPE II			No
PO BOX 938					N/A		
THIBODAUX, LA 70302 72-0899319							
(2) AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	LA	501(C)(23)	N/A			No
PO BOX 938	COMMITTEE				N/A		
THIBODAUX, LA 70302 72-0852434							
(3) AMERICAN SUGAR CANE LEAGUE SUGAR POLITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	LA	527	N/A			No
PO BOX 938	COMMITTEE				N/A		
THIBODAUX, LA 70302 72-1184218							

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Yes No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
c	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
_							
	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		No
	Performance of services or membership or fundraising solicitations for related organization(s)				_		No
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
	Described and the solution of				1.0		No
	Reimbursement paid to related organization(s) for expenses				1p	Yes	NO
q	Reimbursement paid by related organization(s) for expenses				1q	res	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including co	overed relationships	and transaction thresholds			
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount i	nvolved	
<b>1)</b> A	ERICAN SUGAR CANE LEAGUE FOUNDATION	Q	27,731	CASH			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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														
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c)     (d)     (e)       Legal     Predominant     Are all partne       domicile     income     section       (state or     (related,     501(c)(3)       foreign     unrelated,     organizations		section 601(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
												1		

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 72-0118440

Name: AMERICAN SUGAR CANE LEAGUE OF THE USA

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93493253008003

See separate instructions.

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

FORM 990 PAGE 10

OMB No 1545-0172

2012

Attachment Sequence No **179** 

Name(s) shown on return

Business or activity to which this form relates

► Attach to your tax return.

Identifying number

AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 6,890 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · 0 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 500,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 500.000 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . . . . . . . . . 14 1,445 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 26.823 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property 5 0 НΥ 200 DB 229 **b** 5-year property 1.143 c 7-year property 302 7 0 ΗY 200 DB 43 d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 10.256 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 38,796 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	ce to support	the business/inve	stment use claim	ed? I Yes	l No		24	b If "Y	es," is th	ne ev	idence	written	?   Ye	es  N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basıs	Basis for (busines use			<b>(f)</b> Recovery period	Met	<b>g)</b> hod/ ention		<b>(h</b> Depreci deduc	ation/		(i) Electe section cost	ed 179
<b>5</b> Special depreciation allo	•		placed in service	during the	tax year	and u	sed more	than							
50% in a qualified busir	•	•							25						
26 Property used more				4 1	22	2 244 [		200 5	D UV	_		1.2	. F T		
007 FORD F-150 010 GMC	2007-07-17	100 000 %	23,34 <sup>4</sup> 32,89			3,344 2,896	5 0 5 0	200 E				1,34 2,95			
013 CHEVY	2010-03-13	100 000 %	29,80			9,807	5 0	200 0				5,96			
<b>7</b> Property used 50%			•	· I		,									
,		%						S/L -							
		%						S/L -							
		%						S/L -							
<b>28</b> Add amounts in co	əlumn (h), lır	nes 25 through	27 Enter here	and on lir	ne 21, <sub>l</sub>	page	1	28			10	,256			
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterher	e and on line 7	, page 1								29			
		Sect	ion B—Info	rmation	on U	lse o	of Veh	icles							
omplete this section															
you provided vehicles to	your employee	es, first answer the					n excepti I		mpleting I						
<b>30</b> Total business/inv	vestment mi	les drıven durır		(a) nicle 1	Vehi	<b>b)</b>	\ \v_0	(c) hicle 3	,   ,,	( <b>(</b>	l) cle 4	-	<b>e)</b> ıcle 5	e 5   Veh	
year ( <b>do not</b> includ	de commutir	ng miles) .	· Vei	licie I	Veill	cie z	T ve	ilicie 3	<u> </u>	em	16 4	ven	icle 5	Ven	icie
<b>34</b> T - t - l		4	_												
<b>31</b> Total commuting r		,												<u> </u>	
<b>32</b> Total other person	ıal(noncomm	nuting) miles di	riven												
33 Total miles driven through 32	during the y	ear Add lines	30												
<b>34</b> Was the vehicle av	vailable for p	ersonal use	Yes	No	Yes	No	Yes	N	y .	es	No	Yes	No	Yes	N
during off-duty ho	urs?							+					+		+
<b>35</b> Was the vehicle us	sed primarily	· · · · · · · · · · · · · · · · · · ·	n 5%												T
owner or related p			· ·			ļ								<u> </u>	╀
<b>36</b> Is another vehicle		*													
Section		stions for E	mployers V	Vho Pro	vide \	Vehi								<b>not</b> mo	re t
nswer these question			an exception t				B for ve	enicies	usea	by e	проу	ees wh	no <b>are</b>		
nswer these question % owners or related 37 Do you maintain a	persons (se written polic	e instructions) cy statement th		o complet	ting Se	ction							<u> </u>	'es	
nswer these question % owners or related	persons (se written polic	e instructions)		o complet	ting Se	ction							<u> </u>	<u> </u>	
nswer these question % owners or related 37 Do you maintain a employees?	persons (se written police written police	e instructions)  cy statement th	nat prohibits all	personal	use of	vehic	cles, inc	luding • •	comm · ·	utın • •	g, by <u>y</u>		<u> </u>	<u> </u>	
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Software ID: **Software Version:** 

**EIN:** 72-0118440

Name: AMERICAN SUGAR CANE LEAGUE OF THE USA

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	o not one son i er an trust	box s bo d a tee)	th	ı	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations				
JAMES H SIMON GENERAL MANAGER	40 00	х		х				132,014	0	8,238				
MIKE DAIGLE PRESIDENT	1 00	х		х				0	0	0				
MICHAEL MELANCON VICE PRESIDENT	1 00	х		х				0	0	0				
JACK PETTUS VICE PRESIDENT OF GOVERNMENT RELATIONS	1 00	х		х				0	0	0				
CHARLIE SCHUDMAK SECRETARY	1 00	х		х				0	0	0				
GREGORY GRAVOIS TREASURER	1 00	х		х				0	0	0				
ROBERT ALLAIN BOARD MEMBER	1 00	х						0	0	0				
LOUIS ANDOLSEK BOARD MEMBER	1 00	х						0	0	0				
JESSIE BREAUX BOARD MEMBER	1 00	х						0	0	0				
JEFF BROUSSARD BOARD MEMBER	1 00	х						0	0	0				
GREG BROWN BOARD MEMBER	1 00	х						0	0	0				
LONNIE CHAMPAGNE BOARD MEMBER	1 00	х						0	0	0				
ALAN CHATMAN BOARD MEMBER	1 00	х						0	0	0				
MICHAEL COMB BOARD MEMBER	1 00	х						0	0	0				
NEVILLE DOLAN BOARD MEMBER	1 00	х						0	0	0				
PETER DUFRESNE BOARD MEMBER	1 00	х						0	0	0				
DANIELS DUPLANTIS JR BOARD MEMBER	1 00	х						0	0	0				
JOHN F EARLES II BOARD MEMBER	1 00	х						0	0	0				
WALLACE ELLENDER III BOARD MEMBER	1 00	х						0	0	0				
MARK ENGEMANN BOARD MEMBER	1 00	х						0	0	0				
JOHN F GAY BOARD MEMBER	1 00	х						0	0	0				
RICKY GONSOULIN BOARD MEMBER	1 00	х						0	0	0				
RONALD GONSOULIN BOARD MEMBER	1 00	х						0	0	0				
GARY GRAVOIS BOARD MEMBER	1 00	х						0	0	0				
CHARLES GUIDRY BOARD MEMBER	1 00	х						0	0	0				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **(C)** Position (do not check (A) (B) (D) (E) (F) Name and Title Reportable Estimated amount Average Reportable hours more than one box, compensation compensation of other unless person is both per from the from related compensation week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) (lıst organization and related any hours organizations for

	for related organizations below dotted line)	adual trustae liector	titutional Trustee	Ā	emplo)ee	lest compensated to; ee	ner			
BRYAN HARANG BOARD MEMBER	1 00	х						0	0	0
WARREN HARANG III BOARD MEMBER	1 00	х						0	0	0
JIM HARPER BOARD MEMBER	1 00	х						0	0	0
ROBERT JUDICE JR BOARD MEMBER	1 00	×						0	0	0
SCOTT KESSLER BOARD MEMBER	1 00	X						0	0	0
SEAN KIDDER BOARD MEMBER	1 00	Х						0	0	0
JOEL LANDRY BOARD MEMBER	1 00	Х						0	0	0
TODD LANDRY BOARD MEMBER	1 00	Х						0	0	0
WILL LEGENDRE BOARD MEMBER	1 00	Х						0	0	0
ROBERT LEMANN JR BOARD MEMBER	1 00	Х						0	0	0
CHARLIE LEVERT BOARD MEMBER	1 00	Х						0	0	0
CHRIS MATTINGLY BOARD MEMBER	1 00	Х						0	0	0
FRANK MINVIELLE BOARD MEMBER	1 00	Х						0	0	0
GREG NOLAN BOARD MEMBER	1 00	Х						0	0	0
RIVERS PATOUT BOARD MEMBER	1 00	X						0	0	0
JOEY ROBICHAUX BOARD MEMBER	1 00	x						0	0	0
RANDALL ROMERO BOARD MEMBER	1 00	X						0	0	0
STEVEN SAVOIE BOARD MEMBER	1 00	X						0	0	0
BRYAN SIMON BOARD MEMBER	1 00	Х						0	0	0
FRANK SOTILE JR BOARD MEMBER	1 00	×						0	0	0
DAVID THIBODEAUX BOARD MEMBER	1 00	Х						0	0	0
GLENN VICE BOARD MEMBER	1 00	х						0	0	0
LANCE WEBER BOARD MEMBER	1 00	х						0	0	0