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Form **990**

Department of the Treasury

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

Internal H							
			endar year, or tax year beginning 07-01-2012 , 2012, and ending 06- C Name of organization	-30-2013			
_		plicable	SOUTHERN CROP PRODUCTION		DEM	ipioyer ide	entification number
_	ress cha	-	ASSOCIATION Doing Business As	58	-084870	9	
Nan	ne chan	nge					
Inıtı	al returi	n	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Tel	ephone nun	nber
— Ten	nınated	ı	PO BOX 7000				
– _{Ame}	ended re	eturn	City or town, state or country, and ZIP + 4				
— _{App}	lication	pending	DAWSON, GA 39842		G Gro	oss receipts	¢ 645 676
		,	F Name and address of principal officer	111.		•	· · ·
			EDWARD W DUSKIN		Is this a greatfiliates?	oup returi	n for □ Yes 🔽 No
			398 7TH AVE				,,
			DAWSON,GA 39842				uded?
	-evemi	pt status	501(c)(3)		If "No," atta	ach a list	(see instructions)
		-		H(c)	Group exer	mption nu	mber ►
y We	ebsit e:	: ► ww	W SOUTHCROP ORG	(5)	·	·	
K Form	n of orga	anızatıon	Corporation Trust Association Other ►	L Yea	r of formation	1994 N	State of legal domicile G
	rt I		mary				-
Governance	-		TANDING OF CROP PROTECTION PRODUCTS Is box ▶ If the organization discontinued its operations or disposed	of more t	han 25% of	its net a	ssets
Activities & (,			1	ı
<u>ë</u>			of voting members of the governing body (Part VI, line 1a)			3	20
ጀ			of independent voting members of the governing body (Part VI, line 1	•		4	20
¥			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	4
			mber of volunteers (estimate if necessary)			6	
			related business revenue from Part VIII, column (C), line 12			7a	C
	b N	let unre	ated business taxable income from Form 990-T, line 34			7b	0
	8	C = = t = 1	subsequents (Doub VIII line 1 h)		Prior Year		Current Year
क	9		outions and grants (Part VIII, line 1h)	•	6.1	F 6 F 6 F	626 586
Revenue	10	_	m service revenue (Part VIII, line 2g)			56,565 17,323	626,586 9,465
Æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	•	9,178	9,625
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), li	ne —		9,178	9,023
	12		· · · · · · · · · · · · · · · · · · ·		68	33,066	645,676
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)				C
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)				C
بر	15		s, other compensation, employee benefits (Part IX, column (A), lines	5 –	2.0	37.475	204.02
Expenses		10)			23	97,475	294,927
<u> </u>	16a		sional fundraising fees (Part IX, column (A), line 11e)	•			(
<u>ت</u> ا	b		ndraising expenses (Part IX, column (D), line 25) •0				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,671	329,553	
	18		xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)			10,146	624,480
. 02	19	Reveni	ue less expenses Subtract line 18 from line 12			72,920	21,196
ලිව් මින				Beg	inning of Cu Year	ırrent	End of Year
7 de 1	20	Totala	ssets (Part X, line 16)			50,331	1,384,061
Not Assets or Fund Balances	21		53,675	66,209			
- E7			abilities (Part X, line 26)			96,656	1,317,852
2 <u>#</u>	22		sets or fund balances Subtract line 21 from line 20		_ ,		,, ,
	22 t II	Sign	sets or fund balances Subtract line 21 from line 20 ature Block				
Par Under my kn	t III penal	lties of p ge and b					
Par Under my kn	t III penal	lties of p ge and b	ature Block perjury, I declare that I have examined this return, including accompa pelief, it is true, correct, and complete Declaration of preparer (other nowledge			on all info	
Par Under my kn orepa	t III penal lowled rer has	Ities of p ge and b s any kr	ature Block perjury, I declare that I have examined this return, including accompa pelief, it is true, correct, and complete Declaration of preparer (other nowledge		er) is based	on all info	
Par Under my kn prepa Sign	t III penal lowled rer has	lties of p ge and b s any kr	ature Block Derjury, I declare that I have examined this return, including accompanielief, it is true, correct, and complete Declaration of preparer (other lowledge ** ture of officer ARD W DUSKIN EXECUTIVE VICE PRESIDENT		er) is based 2013-07-	on all info	
Par Under my kn prepa Sign	t III penal lowled rer has	lties of p ge and b s any kr Signa EDWA Type	ature Block Derjury, I declare that I have examined this return, including accompanielief, it is true, correct, and complete. Declaration of preparer (other nowledge ** ture of officer ARD W DUSKIN EXECUTIVE VICE PRESIDENT or print name and title.	than office	er) is based 2013-07-	on all info	
Par Under my kn	t III r penal r penal r penal r penal r penal	lties of programmer ge and be so any krown signature with the second state of the seco	ature Block Derjury, I declare that I have examined this return, including accompanielief, it is true, correct, and complete Declaration of preparer (other lowledge ** ture of officer ARD W DUSKIN EXECUTIVE VICE PRESIDENT		2013-07- Date	on all info	

Firm's address ► PO BOX 70427

Preparer

Use Only

Firm's name FGARLAND WILLIAMS & ASSOCIATES PC

ALBANY, GA 317080427

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

Firm's EIN 🕨

Phone no (229) 432-6762

Yes **No**

Part 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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Νο
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		Νo
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		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νο
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		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Νo
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		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	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		Νο
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Νο
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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)		
	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	No
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
	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	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
	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
	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)		
	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	No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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? Note. All Form 990 filers are required to complete Schedule O	38	No
		Form	990 (2012

d I	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	l
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3		res	NC
	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?	1 c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		N (
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	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?	F-		
	Does the organization have annual areas rescents that are recomplify area to the set of 0.0 0.00 and did the	5c		ь.
	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		
	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		
		1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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. Did the organization make any taxable distributions under section 49662	9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	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?	12-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	1/1~	! 	NI
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	it was a nee it that a form 7.71 to raport those neumants? If "No" provide an evaluation in Schedule O	1/lb		

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

heck if Schedule O contains a response to any question in this Part VI	

56	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		20		
	year					
	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	1b		20		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	1y 2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			. з		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	atıon's assets? .	5		No
6	Did the organization have members or stockholders?			. 6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one	or 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		nembers, stockhold	ers, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the	•		
а	The governing body?			. 8a	Yes	
ь	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule					No
Se	ection B. Policies (This Section B requests information about policies not i	reaui			ue Coo	le.)
Se	ection B. Policies (This Section B requests information about policies not i	requi			ue Cod Yes	le.)
	Did the organization have local chapters, branches, or affiliates?	requi				Γ΄
10a		 ıvıtıes	red by the Intern of such chapters,	al Rever		No
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti	· · ıvıtıes on's e	red by the Intern of such chapters, xempt purposes?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	 ıvıtıes on's e s gov	red by the Intern of such chapters, xempt purposes? erning body before f	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	 ivities on's e s gov 	red by the Intern of such chapters, xempt purposes? erning body before f	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov orm 9	red by the Intern of such chapters, xempt purposes? erning body before f	10a 10b 11a . 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9	red by the Intern of such chapters, xempt purposes? erning body before f of such chapters, xempt purposes? erning body before f of such chapters, erning body before f of such chapters, such chapters, of such chapters,	10a 10b 11ing 11a . 12a e . 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	on's eson's ess gov form 9 ty inte	red by the Intern of such chapters, xempt purposes? erning body before f of such chapters, xempt purposes? erning body before f from the such chapters f gold from the such chapters f olicy? If "Yes," desc	10a 10b 11a 12a e 12b rribe 12c	Yes	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 activa affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its the form? 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done.	ivities on's e s gov form 9 dy inte	red by the Intern of such chapters, xempt purposes? erning body before f of such chapters, xempt purposes? erning body before f of such chapters, gently	10a 10b 11a . 12a e . 12b rribe . 12c . 13	Yes Yes Yes Yes	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 activation and branches to ensure their operations are consistent with the organization of the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done. Did the organization have a written whistleblower policy?	on's e s gov form 9 ly inte the p	red by the Intern of such chapters, xempt purposes? erning body before f of such chapters, xempt purposes? erning body before f of such chapters, erning body before f of such chapters, for such chapt	10a 10b 11ling 11a . 12a e . 12b ribe . 13 . 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revi	ivities on's e s gov form 9 dy inte the p	red by the Intern	10a 10b 11a . 12a e . 12b ribe . 12c . 13 . 14	Yes Yes Yes Yes Yes	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 activation and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revisited persons, comparability data, and contemporaneous substantiation of the	ivities on's e s gov form 9 ily inte the p iew an e deli	red by the Intern	10a 10b 11a . 12a e . 12b ribe . 12c . 13 . 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 ily inte the p iew an e deli	red by the Intern	10a 10b 11ling 11a . 12a e . 12b rribe . 12c . 13 . 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 dy inte the p ew an e deli	red by the Intern	10a 10b 11a 12a e 12b r/be 12c 13 14 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization of the form? Bescribe in Schedule O the process, if any, used by the organization to review this F 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revisite persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	ivities on's e s gov	of such chapters, xempt purposes? erning body before for the could give the could give to example the could give to evaluate its sto safeguard the	10a 10b 11a 12a e 12b r/be 12c 13 14 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 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
 - Own 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 ►EDWARD W DUSKIN PO BOX 7000 DAWSON, GA (229) 995-2125

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	ustee	ss er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) EDWARD W DUSKIN	40 00			х				96,500	0	5,923
EXECUTIVE VI				_						
_										
-										
										Form 990 (2012)

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

														_		
	(A) Name and Title	me and Title A verage hours per week (list any hours A verage hours per week (list any hours A verage hours position (do not check more than one box, unless person is both an officer and a director/trustee) A verage hours position (do not check more than one box, unless compensation from the organization (W-							ation ne on (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima mount of compens from t	ted other ation ne			
		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)		2/1099-MISC)		rganizatio relate organizat	d
								<u></u>				-				
1b c	Sub-Total	s to Dart VII S	· ·		•			•				+				
d	Total (add lines 1b and 1c)			•	•	٠.	•	•		96,500		+		5,923		
2	Total number of individuals (in			to the	se l	ıste	d abov	e) w	l ho received							
	\$100,000 of reportable compe	-						,								
													Yes			
3	Did the organization list any fo							yee,	, or highest o	ompen	sated employee					
	on line 1a? If "Yes," complete S							•				3		N o		
4	For any individual listed on line organization and related organ															
	ındıvıdual					•		•				4		N o		
5	Did any person listed on line 1 services rendered to the organ									nization • •	or individual for	5		Νο		
											L					
	ction B. Independent Co		on	4		.al 1		n.e.k	+h-+		ro than #100 000	۰,				
1	Complete this table for your five compensation from the organization												ax year			
	N	(A) ame and business	address							Des	(B) cription of services		(C) Compen			
										2 00	,					
												-				

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

\$100,000 of compensation from the organization 🕨

Part V		Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			
		eneck is deficient of contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s ts	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b				
tributions, Giffs, Grants Other Similar Amounts	С	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
s, G mil.	e	Government grants (contributions) 1e				
ons Si	f	All other contributions, gifts, grants, and 1f		-		
outi her	-	similar amounts not included above		ļ		
iţi O ţ	g	Noncash contributions included in lines 1a-1f \$				
Cont and	h	Total. Add lines 1a-1f				
		Business Code				
enn	2a	MEMBERSHIP DUES	516,250	516,250		
Pæv	b	MEETINGS AND CONVENTIONS	110,336	110,336		
931	С					
Program Serwoe Revenue	d					
i Lue	e					
иво,	f	All other program service revenue				
<u></u>	g	Total. Add lines 2a-2f	626,586			
	3	Investment income (including dividends, interest, and other similar amounts)	9,465			9,465
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents Less rental				
	b	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) O ther Gross amount				
	74	from sales of assets other				
	L	than inventory Less cost or				
	b	other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
⊕ >0		of contributions reported on line 1c) See Part IV, line 18				
Ţ.		a				
the	b	Less direct expenses b				
δ	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	с	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	MISCELLANEOUS	9,625	9,625		
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶	9,625			
	12	Total revenue. See Instructions	645,676	636,211		9,465

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All		ions must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX	(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
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	96,500	86,850	9,650	
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	136,236	122,612	13,624	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,864	6,178	686	
9	Other employee benefits	36,516	32,864	3,652	_
10	Payroll taxes	18,811	16,930	1,881	
11	Fees for services (non-employees)				
а	Management				
b	Legal	25		25	
С	Accounting	1,900		1,900	
d	Lobbying				
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)				
12	Advertising and promotion				
13	Office expenses	13,568	12,211	1,357	
14	Information technology				
15	Royalties				
16	Occupancy	20,875	16,700	4,175	
17	Travel	74,369	59,495	14,874	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,926	84,926		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	INFORMATION SERVICES	70,495	70,495		
Ь	TELEPHONE	19,316	17,384	1,932	
c	PRINTING AND PUBLICATIONS	17,154	15,439	1,715	
d	EQUIPMENT RENTAL AND MAIN	15,266	12,213	3,053	
e	All other expenses	11,659	10,494	1,165	
25	Total functional expenses. Add lines 1 through 24e	624,480	564,791	59,689	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet	
	Charles Cabadula O	

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,338,952	1	1,364,691
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees. Complete P. Schedule L			5	
Assets	6	Loans and other receivables from other disqualified persons (as desection 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volubeneficiary organizations (see instructions) Complete Part II of Sc	and contributing ntary employee:		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	_
	9	Prepaid expenses and deferred charges		21,379	9	19,370
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		11		
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,360,331	16	1,384,061
	17	Accounts payable and accrued expenses			17	1,846
	18	Grants payable			18	
	19	Deferred revenue		63,675	19	64,363
	20	Tax-exempt bond liabilities			20	
c۸	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	
ilities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified	trustees,			
Liabili		persons Complete Part II of Schedule L			22	
	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 related and other liabilities not included on lines 17-24) Complete Part X	of Schedule		25	
	26	D		63,675	26	66,209
	20	Total liabilities. Add lines 17 through 25		63,675	20	66,209
A T		lines 27 through 29, and lines 33 and 34.	na complete			
	27	Unrestricted net assets		1,296,656	27	1,317,852
<u> </u>	28	Temporarily restricted net assets		28		
<u>-</u>	29	Permanently restricted net assets			29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.				
^	30	Capital stock or trust principal, or current funds			30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund			31	
í	32	Retained earnings, endowment, accumulated income, or other fund			32	
ž	33	Total net assets or fund balances		1,296,656	33	1,317,852
2	34	Total liabilities and net assets/fund balances		1,360,331	34	1,384,061

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1 645,676		
2	Total expenses (must equal Part IX, column (A), line 25)	2 624,480			
3	Revenue less expenses Subtract line 2 from line 1	3	3 21,196		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,2	296,656
5	Net unrealized gains (losses) on investments	5		•	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10 1,317,852		
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other 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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?				No
b	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.				

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(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 SOUTHERN CROP PRODUCTION ASSOCIATION Employer identification number

58-0848709

ldentifier	Return Reference	Explanation	
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO ACT AS A SPOKESPERSON FOR THE SOUTHERN CROP PROTECTION AND ALLIED INDUSTRIES AT STATE AND FEDERAL LEVELS IN LEGISLATIVE AND REGULATORY AFFAIRS, TO EDUCATE OUR MEMBERS ON LEGISLATION AND REGULATIONS, PROVIDE OPPORTUNITY FOR BUSINESS CONTACTS AND TO EDUCATE THE PUBLIC TOWARD A BETTER UNDERSTANDING OF CROP PROTECTION PRODUCTS	
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	THIS ACTIVITY PROVIDES THE MEANS BY SHICH THE ORGANIZATION MAY FINANCE THE PROGRAMS FURNISHING INFORMATION TO THE MEMBERSHIP AND THE GENERAL PUBLIC ON THE PROPER USE AND NECESSITY OF AGRICULTURAL CHEMICALS	
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY	
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS	
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS PREPARED BY CPA AND REVIEWED BY EXECUTIVE VICE PRESIDENT COPY IS MADE AVAILABLE TO BOARD PRESIDENT AND BOARD MEMBERS	
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE SALARY OF EXECUTIVE VICE PRESIDENT IS SET BY BOARD	
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE SALARIES OF ALL EMPLOYEES ARE SET BY THE BOARD UPON RECOMENDATIONS BY EXECUTIVE VICE PRESIDENT	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC	