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DLN: 93493182005445

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2014 ca	l <mark>endar year, or tax year b</mark> e	eginning 02-01-2014 , and endi	ng 01-31-201	.5			
B Che	ck if a	pplicable	C Name of organization AMERICAN SUGAR CANE LE	AGUE OF THE USA			D Emplo	yer ider	ntification number
☐ Add	ress ch	nange					72-01	18440)
┌ Nai	ne cha	nge	Doing business as						
┌ Init	ıal retu	rn					E Telepho	no numi	hor
_ Fin			Number and street (or P O PO DRAWER 938	box if mail is not delivered to street ad	ress) Room/si	uite			
_		mınated	PO DRAWER 936				(985)	448-3	707
☐ Am	ended	return	City or town, state or provide THIBODAUX, LA 703020938	nce, country, and ZIP or foreign postal c	ode		1		2.050.742
☐ App	lication	n pending	1111BODAOX, DA 703020938	•			G Gross re	eceipts \$	3,959,712
			F Name and address			H(a) Is th	■ ıs a group	return	for
			MICHAEL MELANCO PO DRAWER 938	N			rdınates?		┌ Yes ┌ No
			THIBODAUX,LA 70	3020938		H(b) Are a	all aubardı	natas	┌ Yes ┌ No
						inclu		nates	j řesj No
I Ta	k-exem	npt statu	501(c)(3) 5 01(c)	(5) ◀ (Insert no)	□ 527	If "N	o," attach	a lıst	(see instructions)
J W	ebsite	e: ► W	WW AMSCL ORG			H(c) Grou	ıp exempt	ıon nun	nber ►
K Forr	n of or	aanızatıo	n 🔽 Corporation 🗌 Trust 🗀 A	ssociation Other ►		L Year of fo			State of legal domicile LA
	rt I		nmary	ssociation) other P		L rear or re	illiation 19	22 14	State of legal doffficile LA
			-	mission or most significant acti	uties				
	-	TO DE	VELOP, ADVANCE AND E	NCOURAGE THE SUGAR CANE		AND PROCES	SSING AC	TIVIT	IES IN EVERY
e e	-	SENSE	<u>, AGRICULTURAL, MECH</u>	ANICAL, SCIENTIFIC, ETC					
Governance	-								
Ě									
Š	2 (Check	this box দ if the organiza	ition discontinued its operations	or disposed	of more than 2	25% of its	net as:	sets
	١.,		6 1 611					ا ہا	
ŝ			_	governing body (Part VI, line 1a				3	44
Ě				mbers of the governing body (Pa				4	44
Activities &				yed in calendar year 2014 (Part				5 6	6
4				rate if necessary) from Part VIII, column (C), line					
				come from Form 990-T, line 34				7a 7b	36,310
	В	ivet uiii	elated busiliess taxable ili	come nom Form 990-1, line 34			r Year	<u> </u>	Current Year
	8	Cont	ributions and grants (Part)	VIII, line 1h)			л теат	0	0
₽	9		- '	VIII, line 2g)			3,885,5		3,747,649
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						971	33,905
<u> </u>	11			nn (A), lines 5, 6d, 8c, 9c, 10c,			146,8		155,711
	12		,	ugh 11 (must equal Part VIII, co	•	ie			100/.11
				<u> </u>			4,062,3	347	3,937,265
	13	Gran	ts and sımılar amounts paı	d (Part IX, column (A), lines 1–3)		2,284,2	243	2,715,026
	14			(Part IX, column (A), line 4) .		•		0	0
ch	15	Salaı 5–10		mployee benefits (Part IX, colur	nn (A), lines		543,9	54	505,928
ğ	16a			art IX, column (A), line 11e) .				0	0
Expenses						•			
শ্ৰ	b		fundraising expenses (Part IX, co						
	17			nn (A), lines 11a-11d, 11f-24e)			1,239,4		1,614,990
	18		·	17 (must equal Part IX, column (4,067,6	_	4,835,944
	19	Reve	nue less expenses Subtra	ct line 18 from line 12			-5,3		-898,679
Not Assets or Fund Balances						_	g of Currei 'ear	nt	End of Year
9 Kg	20	Tota	assets (Part X, line 16)				4,954,1	.60	4,223,476
A A	21			· · · · · · · · · · · ·				285	174,265
ž	22			ubtract line 21 from line 20 .			4,949,8	-	4,049,211
Pai	t II		nature Block						· · ·
Unde	r pena	alties o	f perjury, I declare that I h	ave examined this return, includ	ng accompai	nyıng schedule	es and sta	tement	s, and to the best of
my kı	rowled	dge and	l belief, it is true, correct, a	and complete Declaration of pre					
prepa	rer na	as any	knowledge						
		***	***			20	015-06-16		
Sign		Sig	nature of officer				ate		
Here			E DAIGLE PRESIDENT						
			e or print name and title						
			Print/Type preparer's name WILLIAM G STAMM CPA	Preparer's signature WILLIAM G STAMM CPA			eck I if	PTIN P01263	176
Paid	ł	}		HRAPMANN HOGAN & MAHER LLP			-employed n's EIN ► 72		-
	pare								
Hea	0	l	Firm's address > 1615 POYDRAS	STREET SUITE 2100		Pho	ne no (504) 586-88	866

NEW ORLEANS, LA 70112

✓ Yes ☐ No

Form	1990 (2	2014)				Page						
Par	t III		t of Program Service A edule O contains a response	Accomplishments e or note to any line in this Part	III							
1	Briefl	y describe the	organization's mission									
			E AND ENCOURAGE THE S NICAL, SCIENTIFIC, ETC		PROCESSING ACTIVITIES IN	EVERY SENSE,						
2	the pr	or Form 990	or990-EZ?	rogram services during the yea		┌ Yes ┌ No						
	If "Y e	s," describe th	nese new services on Sched	ule O								
3				significant changes in how it co		┌ Yes ┌ No						
	If "Y e	If "Yes," describe these changes on Schedule O										
4	expen	ses Section 5		janizations are required to repo	nree largest program services, a rt the amount of grants and alloo							
4a	(Code	 e) (Expenses \$	including grants of \$) (Revenue \$)						
			OF THE LEAGUE SINCE IT'S INCEI BULLETIN ON A MONTHLY BASIS	PTION IS THE PROMOTION OF AGRICU	LTURAL RESEARCH OF SUGAR CANE PF	RODUCTION THE LEAGUE ALS						
4b	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)						
	ALLOC	CATION OF OTHER	R EXPENSE INVOLVED IN ADVERTIS	SING OF THE SUGAR BULLETIN AND OT	HER MEMBER SERVICES							
4c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)						
	PUBLI	IC AWARENESS AN	ND RELATIONS									
4d	Othe	er program ser	vices (Describe in Schedule	· O)								
	(Exp	enses \$	ıncludıng	g grants of \$) (Revenue \$)						
<u>4e</u>	Tota	l program serv	vice expenses 🕨									

art 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		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? <i>If "Yes," complete Schedule C, Part II</i>	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 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? <i>If "Yes," complete Schedule D, Part II</i>	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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
	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If "Yes," complete Schedule G, Part I</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
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 "Yes," complete Schedule J.</i>	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 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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
c	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? <i>If "Yes," complete Schedule M</i>	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

b En c Di ga 2a En Ta by b If No 3a Di d At ov ac b If Se (FI 5a Wa b Di	therefore the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1c 2b 3a 3b	Yes Yes Yes Yes	No
b En c Di ga 2a En Ta by b If No 3a Di d At ov ac b If Se (FI 5a Wa b Di	there the number of Forms W-2G included in line 1a. Enter -0- if not applicable. It displays the organization comply with backup withholding rules for reportable payments to vendors and reportable mining (gambling) winnings to prize winners? Inter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return. Inter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return. Inter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return. Inter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return. In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during the year? In the organization have unrelated business gross income of \$1,000 or more during t	2b 3a 3b	Yes	No.
c Diga 2a Entra by b If No 3a Di t If 4a At ov ac b If 5a Wa b Di	d the organization comply with backup withholding rules for reportable payments to vendors and reportable iming (gambling) winnings to prize winners?	2b 3a 3b	Yes	No_
ga 2a En Ta by b If No 3a DI b If 4a At ov ac b If Se (FI 5a Wa b DI	Anter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return	2b 3a 3b	Yes	No_
Ta by b If No 3a DI b If 4a At ov ac b If Se (FI 5a Wa b DI	ax Statements, filed for the calendar year ending with or within the year covered this return	3a 3b	Yes	No.
No Sa Di	the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) d the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority rer, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3a 3b	Yes	No
 b If 4a At ov ac b If Se (FI 5a Wa b DI 	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b 4a		No
 b If 4a At ov ac b If Se (FI 5a Wa b DI 	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b 4a		No_
4a At ov ac b If Se (FI 5a Wa b DI	as the organization a party to a prohibited tax shelter transaction at any time during the calendar year, did the organization have an interest in, or a signature or other authority fer, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? "Yes," enter the name of the foreign country			No
Se (FI 5a Wa b Di	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts BAR) as the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b Dı				
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
c If	,,,,,	5b		No
	"Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
org	pes the organization have annual gross receipts that are normally greater than \$100,000, and did the ganization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	6b		L
7 Or	rganizations that may receive deductible contributions under section 170(c).			
	d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ervices provided to the payor?	7a		No
b If	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to e Form 8282?	7c		No
d If	"Yes," indicate the number of Forms 8282 filed during the year			
	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit intract?	7e		No
f Di	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as quired?	7g		<u> </u>
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
Di	consoring organizations maintaining donor advised funds. d a donor advised fund maintained by the sponsoring organization have excess business holdings at any time iring the year?	8	111111111111111111111111111111111111111	l
9a Di	d the sponsoring organization make any taxable distributions under section 4966?	9a		
	d the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	ection 501(c)(7) organizations. Enter			
	itiation fees and capital contributions included on Part VIII, line 12 10a			
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11 Se	ection 501(c)(12) organizations. Enter			
a Gr	ross income from members or shareholders			
	ross income from other sources (Do not net amounts due or paid to other sources painst amounts due or received from them)			
12a Se	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
	"Yes," enter the amount of tax-exempt interest received or accrued during the			
-	ection 501(c)(29) qualified nonprofit health insurance issuers.	•		
a Is	the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O	13a		I
b En	which the organization is licensed to issue qualified health plans			
	nter the amount of reserves on hand			
14a Di	d the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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.

Se	ction A. Governing Body and Management						
			Yes	No			
1 a	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		N o			
6	Did the organization have members or stockholders?	6	Yes				
7a	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?						
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?						
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				
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, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
b	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?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		No			
14	Did the organization have a written document retention and destruction policy?	14		No			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Νo			
Ь	O ther officers or key employees of the organization	15b		N o			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se		16b					
Se 17	organization's exempt status with respect to such arrangements?	16b					
	organization's exempt status with respect to such arrangements?	16b					

State the name, address, and telephone number of the person who possesses the organization's books and records

►JAMES H SIMON

20

Form 990 (2014)	
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)	a	g	e	7
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(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
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector			organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	137,600	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			162	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(B) Description of services	(C) Compensation
	(B) Description of services

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 ►0

Part VIII		Statement of Revenue									
		Check if Schedule O contains a response or note t	o any lin		 ,	<u> </u>	<u> </u>				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
s છ	1a	Federated campaigns 1a									
antun	ь	Membership dues 1b									
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c									
ffs, r A	d	Related organizations 1d									
Gii ila											
ns,	е	Government grants (contributions) 1e		ļ							
itio er S	f	All other contributions, gifts, grants, and similar amounts not included above									
ig ∰	a	Noncash contributions included in lines	ŀ	i							
ntr d C		1a-1f \$									
S #	h	Total. Add lines 1a-1f	▶								
ē		Business	Code								
Program Serwce Revenue	2a	MEMBERSHIP DUES	900099	3,711,339	3,711,339						
Fev	ь	BULLETIN-ADVERTISING	541800	35,620		35,620					
93	С	BULLETIN-SUBSCRIPTIONS	541800	690		690					
er w	d										
ج 3	е										
grai	f	All other program service revenue									
P	a	Total. Add lines 2a – 2f	. 🕨	3,747,649							
1	3	Investment income (including dividends, interest,		3,747,043							
		and other similar amounts)		33,304			33,304				
	4	Income from investment of tax-exempt bond proceeds .	. ►								
	5	Royalties	▶								
	_	(I) Real (II) Pers	onal								
	6a	Gross rents Less rental									
	b	expenses									
	С	Rental income or (loss)									
	d	Net rental income or (loss)	. 🕨								
		(ı) Securities (ıı) Oth	ner								
	7a	Gross amount from sales of assets other than inventory	12,200								
	ь	Less cost or	11 500								
		other basis and sales expenses	11,599								
	С	Gain or (loss)	601								
	d	Net gain or (loss)	•►	601	601						
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)									
er Rev		See Part IV, line 18	8,751								
ž		Less direct expenses b	10,848	-2,097			3.003				
3	c 9a	Net income or (loss) from fundraising events . Gross income from gaming activities See Part IV, line 19	· ►	-2,097			-2,097				
	ь	Less direct expenses b									
		Net income or (loss) from gaming activities	▶-								
	10a	Gross sales of inventory, less returns and allowances .									
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory	•								
		Miscellaneous Revenue Business			.== ==.						
	11a	CROP RECEIPTS	541800	155,508	155,508						
	b	MISCELLANEOUS REVENUE	541800	2,300	2,300						
	С										
	d	All other revenue									
	е	Total. Add lines 11a-11d	►	157,808							
	12	Total revenue. See Instructions	•	3 937 265	3 869 748	36 310	31 207				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	organizations must complete all col	umns All other organizations must co	mplete column (A)
			2

Check if Schedule O contains a response or note to any line in this Part IX							
	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	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,715,026			<u> </u>		
2	Grants and other assistance to domestic individuals See Part IV, line 22	, ,					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	137,600					
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	320,301					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,737					
9	Other employee benefits						
10	Payroll taxes	33,290					
11	Fees for services (non-employees)						
а	Management						
b	Legal	8,940					
C	Accounting	12,100					
d	Lobbying	70,613					
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)	6,624					
12	Advertising and promotion	682,073					
13	Office expenses	55,764					
14	Information technology						
15	Royalties						
16	Occupancy	17,600					
17	Travel	38,395					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	27,356					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	42,162					
23	Insurance	125,830					
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	WASHINGTON OFFICE EXPEN	275,871					
b	HOUMA FARM EXPENSE	147,749					
c	STATE OFFICE EXPENSES	36,470					
d	EXCISE TAXES (LOBBYING	28,355					
e	All other expenses	39,088					
25	Total functional expenses. Add lines 1 through 24e	4,835,944					
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)				ırm 990 (2014)		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	ns Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			284,518	1	293,085
	2	Savings and temporary cash investments			4,090,304	2	3,364,931
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	27,954	4	27,954		
	5	Loans and other receivables from current and former officers, die employees, and highest compensated employees. Complete Par Schedule L		5			
ड़	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and country and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			54,345	9	51,900
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	907,863			<u> </u>
	ь	Less accumulated depreciation	10b	430,326	492,022	10c	477,537
	11	Investments—publicly traded securities			4,296	11	5,981
	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			721	15	2,088
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,954,160		4,223,476
	17	Accounts payable and accrued expenses			4,285	17	7,208
	18	Grants payable	,,	18	.,		
	19	Deferred revenue				19	167,057
	20	Tax-exempt bond liabilities		20	107,007		
				•		21	
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Scheo		21			
Liabiliti	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi					
画		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 relate and other liabilities not included on lines 17-24) Complete Part		25			
	26	D			4,285	26	174,265
	20	Organizations that follow SFAS 117 (ASC 958), check here ► □			4,200	20	174,200
φ		lines 27 through 29, and lines 33 and 34.	anu c	ompiere			
을	27	Unrestricted net assets		_	4,280,375	27	3,616,632
<u> </u>	28	Temporarily restricted net assets			669,500	28	432,579
С	29	Permanently restricted net assets			29	,-/-	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► ┌	and			
ō	30	Capital stock or trust principal, or current funds				30	
ę,	31	Paid-in or capital surplus, or land, building or equipment fund				31	
SS	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iiua		4,949,875	33	4,049,211
Š	34	Total liabilities and net assets/fund balances		•	4,954,160		4,223,476
	J-4	i otal napinties and het assets/fully paidlices		•	1 4,904,100	34	4,223,476

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		3 (937,265
2	Total	expenses (must equal Part IX, column (A), line 25)	2			835,944
3	Rever	nue less expenses Subtract line 2 from line 1	3			898,679
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			949,875
5	Net u	nrealized gains (losses) on investments	5		4,:	-1,985
6	Donat	ted services and use of facilities	6			-1,903
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, nn (B))	10		4 (049,211
Par	t XII				.,.	3 1 3 , 2 1 1
	t XII	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
					Yes	No
					162	140
1	Ifthe	MODIFIED unting method used to prepare the Form 990 Cash Accrual Other CASH organization changed its method of accounting from a prior year or checked "Other," explain in				
2a		the organization's financial statements compiled or reviewed by an independent accountant?		2a		l _{No}
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	ewed on			110
		eparate basis Consolidated basis Both consolidated and separate basis				
ь		the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
		eparate basis Consolidated basis Both consolidated and separate basis				
c	If"Ye	es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c		No
	Ifthe	organization changed either its oversight process or selection process during the tax year, explain dule O	ın			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne	3a		No
b	If"Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

EIN: 72-0118440

Name: AMERICAN SUGAR CANE LEAGUE OF THE USA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde				· · · u	StC.	C3, I	tc y		·	
week (list any hours for related		Posit more th persol and a	ion (nan o n is b	ne booth a	ox, u an of trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/2033 11200/	2,2033 112007	related organizations
(1) MIKE DAIGLE PRESIDENT	1 00	х		х				0	0	0
(1) MICHAEL MELANCON	1 00	x		x				0	0	0
VICE PRESIDENT (2) CHARLIE SCHUDMAK	1 00	×		x				0	0	0
SECRETARY (3) GREGORY GRAVOIS	1 00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		, , , , , , , , , , , , , , , , , , ,					0	
TREASURER (4) BRET ALLAIN	1 00	×		Х				0	0	0
BOARD MEMBER		х						0	0	0
(5) ANDY ANDOLSEK	1 00	х						0	0	0
BOARD MEMBER (6) JESSIE BREAUX	1 00	х						0	0	0
BOARD MEMBER (7) GREG BROWN	1 00	X						0	0	0
BOARD MEMBER (8) ALAN CHATMAN	1 00	^							0	
BOARD MEMBER		Х						0	0	0
(9) LONNIE CHAMPAGNEBOARD MEMBER	1 00	×						o	0	0
(10) MICHAEL COMB BOARD MEMBER	1 00	х						0	0	0
(11) PETER DUFRESNE BOARD MEMBER	1 00	х						0	0	0
(12) DANIELS DUPLANTIS JR	1 00	х						0	0	0
BOARD MEMBER (13) JOHN F EARLES II	1 00	×						0	0	0
BOARD MEMBER (14) WALLACE ELLENDER III	1 00	X						0	0	0
BOARD MEMBER (15) MARK ENGEMANN	1 00							0	0	
BOARD MEMBER (16) JOHN F GAY	1 00	Х						0	0	0
BOARD MEMBER		х						0	0	0
(17) RICKY GONSOULIN BOARD MEMBER	1 00	×						0	0	0
(18) RONALD GONSOULIN	1 00	х						0	0	0
BOARD MEMBER (19) GARY GRAVOIS	1 00	×						0	0	0
BOARD MEMBER (20) CHARLES GUIDRY	1 00									
BOARD MEMBER (21) WARREN HARANG III	1 00	X						0	0	0
BOARD MEMBER (22) JIM HARPER	1 00	X						0	0	0
BOARD MEMBER		×						0	0	0
(23) GLEN JUDICE BOARD MEMBER	1 00	x						0	0	0
(24) SCOTT KESSLER	1 00	х						0	0	0
BOARD MEMBER	1	I			<u> </u>	<u> </u>	<u> </u>	I		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **(C)** Position (do not check **(F)** Estimated amount **(E)** Reportable (A) (D) Name and Title Average Reportable hours per more than one box, unless compensation compensation of other

	week (list	perso	n ıs b	oth	an o	fficer	5	from the	from related	compensation
	any hours for related	and a 오글					Ţ	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and
	organizations below	Individual trustee or director	Institutional	Office	Key employee	Highest compensated employee	Former			related organizations
	dotted line)	[[[[[[]	IT ON		탕	80	ੈ			
		mest	^의 글		99(n pe				
		e.	Trustee			ensa				
			Φ.			E				
(26) SEAN KIDDER	1 00	x						0	0	0
BOARD MEMBER		^						Ů	0	
(1) JOEL LANDRY	1 00	l x						0	0	0
BOARD MEMBER										
(2) TODD LANDRY	1 00	×						0	0	0
BOARD MEMBER (3) WILL LEGENDRE	1 00									
		×						0	0	0
BOARD MEMBER (4) ROBERT LEMANN	1 00									
BOARD MEMBER		×						0	0	0
(5) CHARLIE LEVERT III	1 00									
BOARD MEMBER		×						0	0	0
(6) CHRIS MATTINGLY	1 00	.,								
BOARD MEMBER		X						0	0	0
(7) TRAVIS MEDINE	1 00	х						0	0	0
BOARD MEMBER		^						Ů	0	0
(8) FRANK MINVIELLE	1 00	l x						0	0	0
BOARD MEMBER								, and the second		
(9) GREG NOLAN	1 00	×						0	0	0
BOARD MEMBER (10) RIVERS PATOUT	1 00									
		×						0	0	0
BOARD MEMBER (11) JOEY ROBICHAUX	1 00									
BOARD MEMBER		×						0	0	0
(12) RANDALL ROMERO	1 00									
BOARD MEMBER		×						0	0	0
(13) STEPHEN SAVOIE	1 00							_	_	_
BOARD MEMBER		X						0	0	0
(14) BRYAN SIMON	1 00	x						0	0	0
BOARD MEMBER		_ ^						Ů	0	
(15) FRANK SOTILE	1 00	l x						0	0	0
BOARD MEMBER			ļ							
(16) DAVID THIBODEAUX	1 00	×						0	0	0
BOARD MEMBER (17) GLENN VICE	1 00					<u> </u>				
		×						0	0	0
BOARD MEMBER (18) LANCE WEBER	1 00									
BOARD MEMBER		×						0	0	0
(19) JAMES H SIMON	40 00									
GENERAL MANAGER				Х				137,600	0	0
(20) JACK PETTUS	1 00			U				_		
VICE PRESIDENT OF GOVERNME				Х				0	0	0
	· · · · · · · · · · · · · · · · · · ·									

DLN: 93493182005445

OMB No 1545-0047

Open to Public Inspection

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

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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ame of the organization IERICAN SUGAR CANE LEAGUE OF THE I	ISA		Employer ide	ntification number					
, ,,				72-0118440						
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.					
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaıgn act	ıvıtıes ın Part IV						
2	Political expenditures	▶	\$							
3	Volunteer hours									
Pa	ride: Complete if the or	ganization is exempt under	section 501(c)(3).						
1		e tax incurred by the organization und								
2	·	e tax incurred by organization manag			\$					
3	If the organization incurred a	section 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No					
4a	Was a correction made?				┌ Yes ┌ No					
b	If "Yes," describe in Part IV									
Pa	rt I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).					
1	Enter the amount directly exp	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$					
2	Enter the amount of the filing exempt function activities	organization's funds contributed to ot	her organizations	s for section 527	\$					
3	Total exempt function expend	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$					
4	Did the filing organization file	Form 1120-POL for this year?			⊤ Yes					
5	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.									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
		ee the instructions for Form 990 or 990								

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobbed Check F if the filing organization checked bo		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl					
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from 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 th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	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 lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	-				
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	a) 	(b)		
actıv		Yes	No	Aı	noun	t
1 a	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 Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	_				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), c	r se	ctior	1
	501(c)(6).			Τ,	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	-	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	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."					
1	Dues, assessments and similar amounts from members	1			3,711	,33
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).					
а	Current year	2a			70	61,6
b	Carryover from last year	2b				
_C	Total	2c			70	61,6
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	3				
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			70	61,6
	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lın	es 1	and
	Return Reference Explanation					

Part IV Supplemental Inf	ormation (continued)		
Return Reference	Explanation		
·	_		

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493182005445

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	e of the organization ICAN SUGAR CANE LEAGUE OF THE USA		Emp	ployer identification number
uri E R	ICAN SOUR CANELLAGUE OF THE USA		72-	0118440
ar	t I Organizations Maintaining Donor Adv			
	organization answered "Yes" to Form 990		T	(h) Funda and atherraceunts
		(a) Donor advised funds	1	(b) Funds and other accounts
	Total number at end of year		+	
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		 	
			+	
	Aggregate value at end of year		<u> </u>	
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or adv	⊤Yes
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef conferring impermissible private benefit?			
r	Conservation Easements. Complete if	the organization answered "Yes" to	Forr	n 990, Part IV, line 7.
	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	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		rically important land area d historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in t	he forr	n of a conservation
		[Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
	Number of conservation easements included in (c) acc historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization during
	the tax year ►			
	Number of states where property subject to conservat	ion easement is located be-		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— Iling of	f violations, and
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents	during the year
	· A mount of expenses incurred in monitoring, inspecting ▶ \$, and enforcing conservation easements	durın	g the year
	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı) Yes No
	In Part XIII, describe how the organization reports col balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial ents	state	ments that describes
ť	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or rese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenue included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	
	Revenue included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			▶ \$
	maacta meruucu mii Omi aaa, rait A			- Ψ

Part	Organizations Maintaining Collections of	Art, His	tori	cal Treas	sures, or Oth	ner Si	<u>imilar Asse</u>	ets (co	ntınued)
3	Using the organization's acquisition, accession, and other recollection items (check all that apply)	ecords, ch	necka	any of the fo	ollowing that are	e a sigi	nificant use of	fits	
a	Public exhibition	d	Γ	Loan or ex	change program	ns			
b	Scholarly research	е	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and e Part XIII	explain hov	w the	/ further the	e organızatıon's	exemp	pt purpose in		
5	During the year, did the organization solicit or receive donat					ımılar		V	_ N-
Par	assets to be sold to raise funds rather than to be maintained IV Escrow and Custodial Arrangements. Cor					"Yes"	<u> </u>	Yes	No
	Part IV, line 9, or reported an amount on Forn				on answered				
	Is the organization an agent, trustee, custodian or other intended on Form 990, Part X?				s or other asset	s not	Г	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and complete	e the follov	ving t	able					
_					<u> </u>	_	Amo	unt	
C C	Beginning balance				1				
d e	Additions during the year				10	+			
f	Distributions during the year				1	_			
	Ending balance Did the organization include an amount on Form 990, Part X	/ line 21	for a	Crow 07 5	<u> </u>		-v2	Yes	┌ No
2a	·						,	res	_ NO
	If "Yes," explain the arrangement in Part XIII Check here i								<u> </u>
Par	t V Endowment Funds. Complete if the organization (a)Current year)Prior		Two years back (e)Four ye	ears back
1a	Beginning of year balance				,	· •	·		
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end ba	alance (lın	ie 1g,	column (a)) held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ►								
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%	ō							
3a	Are there endowment funds not in the possession of the org	anızatıon	that a	re held and	l admınıstered f	or the			
	organization by (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations					٠	3a(ii)		
Ь	If "Yes" to $3a(II)$, are the related organizations listed as req	uired on S	ched	ule R? .			3b		<u> </u>
4	Describe in Part XIII the intended uses of the organization' $% \left(1\right) =\left(1\right) \left(1\right)$'s endowm	ent fu	ınds					
Par	VI Land, Buildings, and Equipment. Complete	e if the o	raan	ization an	swered 'Yes'	to For	m 990. Part	T1/ L.	
للنعب			rgan	ization an			550, . a	IV, III	ne
	11a. See Form 990, Part X, line 10. Description of property		(a	Cost or others (investment)	er (b) Cost or oth	er (c) Accumulated depreciation		ne ook value
	11a. See Form 990, Part X, line 10.		(a) Cost or othe	er (b) Cost or oth	ner (c	:) Accumulated		
1a L	11a. See Form 990, Part X, line 10. Description of property and		(a) Cost or othe	(b)Cost or other)	ner (c	:) Accumulated		ook value
1a L	11a. See Form 990, Part X, line 10. Description of property		(a) Cost or othe	(b)Cost or oth basis (other)	ner (c	Accumulated depreciation		ook value 272,445
1a L b E	11a. See Form 990, Part X, line 10. Description of property and		(a) Cost or othe	(b)Cost or oth basis (other)	der (c)	Accumulated depreciation	(d) Bo	ook value 272,445
1a L b E c L d E	11a. See Form 990, Part X, line 10. Description of property and		(a) Cost or othe	(b)Cost or oth basis (other) 272,4 392,7	45 18	Accumulated depreciation	(d) B	272,445 174,498

(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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
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Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	

Par		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line		nts With Revenue	per Re	turn Complete If
1		er support per audited financial statements			1	3,935,280
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-1,985		
b	Donated services and use of f	facilities	2b		1	
C	Recoveries of prior year grant	s	2c		1	
d	Other (Describe in Part XIII))	2d]	
е	Add lines 2a through 2d .				2e	-1,985
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	3,937,265
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII))	4b]	
c	Add lines 4a and 4b				4c	0
5		d 4c. (This must equal Form 990, Part I, line			5	3,937,265
Part		xpenses per Audited Financial St nswered 'Yes' to Form 990, Part IV, lin			s per l	Return. Complete
1		r audited financial statements			1	4,835,944
2	A mounts included on line 1 bi	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	. 2a			
b	Prior year adjustments		2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII))	2d		1	
e	Add lines 2a through 2d				2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	4,835,944
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII))	4b			
c	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, li	ne 18)		5	4,835,944
Part	t XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13	r age 3		
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		
l			
-			

Schedule D (Form 990) 2014

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493182005445

Open to Public

Department of the Treasury Internal Revenue Service

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization		Employer identification	ı number
AMI	ERICAN SUGAR CANE LEAGUE OF THE USA	72-0118440	
Pa	art I General Information on Grants and Assistance		
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or the selection criteria used to award the grants or assistance?	•	✓ Yes ┌

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY LSU AGRICULTURAL CENTER PO BOX 28203 BATON ROUGE, LA 70894	72-6000848	501(C)(3)	1,015,940				RESEARCH
(2) USDA HOUMA RESEACH STATION PO BOX 470 HOUMA,LA 70361	72-0564834	501(C)(3)	411,035				RESEARCH
(3) AMERICAN SUGAR ALLIANCE 2111 WILSON BLVD ARLINGTON,VA 22201	52-1314447	501(C)(3)	1,283,051				RESEARCH
(4) LOUISIANA SUGARCANE FESTIVAL PO BOX 9768 NEW IBERIA . LA 70562	72-1113069		5,000				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line	1 table
---	---------

Cat No 50055P

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

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

Part IV Supplemental In	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	GRANTEE SUBMITS REPORT PROVIDING AN UPDATE ON THE PROGRESS OF EACH FUNDED PROJECT PRIOR TO RECEIVING FINAL DISBURSEMENT

Schedule I (Form 990) 2014

DLN: 93493182005445

Open to Public

OMB No 1545-0047

SCHEDULE 0 (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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Inspection

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

990 Schedule O, Supplemental Information

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 CORPOR
	ATION 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 FACTO
	RY OR FACTORIES, PROCESSING SUGAR CANE, OR OPERATING A FARM AND A SUGAR FACTORY OR FACTORI
	ES GROWING AND PROCESSING SUGAR CANE ASSOCIATE MEMBER A SALARIED EXECUTVE, ADMINISTRATIVE
	OR PROFESSIONAL EMPLOYEE DESIGNATED BY EACH PRODUCER MEMBER AND EACH PROCESSOR MEMBER HO
	NORARY LIFE MEMBER AN INDIVIDUAL ELECTED BY THE BOARD OF DIRECTOR WITHOUT PAYMENT OF DUES
	COMMERCIAL MEMBER AN INDIVIDUAL, FIRM, CORPORATION, BANK, TRANSPORTATION COMPANY OR OTHE R 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
	SUG AR CANE
FORM 990, PART VI, SECTION A, LINE 7A	ASSOCIATE MEMBERS ARE ELECTED BY OTHER MEMBERS EACH PRODUCER MEMBER AND EACH PROCESSOR ME
	MBER MAY DESIGNATE ONE OR MORE OF HIS OR ITS SALARIED EXECUTIVE, ADMINISTRATIVE OR PROFESS IONAL 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 REVIE W BY THE BOARD, SHALL HAVE THE RIGHT TO APPROVE OR REJECT ANY APPLICATION FOR MEMBERSHIP U
	NDER SUCH RULES AND REGULATIONS AS MAY BE ADOPTED BY THE BOARD ALL MEMBERS OF THIS ASSOCI
	ATION, EXCEPT ASSOCIATE MEMBERS, SHALL BE ENTITLED TO ONE VOTE ON ALL QUESTIONS THAT MAY
	OME 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
FORM 990, PART XII, LINE 1	THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

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DLN: 93493182005445

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

72-0118440

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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) 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 ent	512(b) ntrolled
						Yes	No
(1) AMERICAN SUGAR CANE LEAGUE FOUNDATION PO BOX 938 THIBODAUX, LA 70302 72-0899319	NONPROFIT	LA	501(C)(3)	509(G)(3) TYPE II	N/A		No
	POLITICAL ACTION COMMITTEE	LA	501(C)(23)	N/A	N/A		No
	POLITICAL ACTION COMMITTEE	LA	527	N/A	N/A		No

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, because it had one or more related organizations treated as a partnership during the tax year.												
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership		

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

chedule	e R (Form 990) 2014		Pag	је З
Part \	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	36.		
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Durın	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gr	ıft, grant, or capıtal contribution to related organization(s)	1b		No
c Gif	ift, grant, or capital contribution from related organization(s)	1c		No
d Lo	pans or loan guarantees to or for related organization(s)	1d		No
e Lo	oans or loan guarantees by related organization(s)	1e		No
f Di	ividends from related organization(s)	1f		No
g Sa	ale of assets to related organization(s)	1 g		No
h Pu	urchase of assets from related organization(s)	1h		No
i Ex	change of assets with related organization(s)	1i		No
j Lea	ase of facilities, equipment, or other assets to related organization(s)	1j		No
k Le	ease of facilities, equipment, or other assets from related organization(s)	1k		No
I Per	rformance of services or membership or fundraising solicitations for related organization(s)	11		No
m Dai	erformance of services or membership or fundraising solicitations by related organization(s)	1m		No

- erformance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction
--

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN SUGAR CANE LEAGUE FOUNDATION	Q	27,954	CASH

No

No

No

No No

1q Yes

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

Name, address, and EIN of entity Name, address, and ent	[·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					لـــــــــا				163					ļ

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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Internal Revenue Service (99)

DLN: 93493182005445

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury

► Attach to your tax return.

		Information at	oout Form 4562 and its s	eparate instructio	ns is at <u>www.i<i>rs.g</i></u>	ov/form45	<u>62.</u>	Sequence No 179			
	e(s) shown on retur		Id	entifying number							
AMERICAN SUGAR CA		NE LEAGUE OF T	7	2-0118440							
Pai	rt I Election	1 To Expense (Certain Property U	Inder Section	179						
		•	isted property, comp			ete Part I.					
1	Maximum amount	(see instructions)					1	500,000			
2	Total cost of secti	on 179 property p	laced in service (see in	structions) • •			2				
3	Threshold cost of	section 179 prope	rty before reduction in l	ımıtatıon (see ıns	structions) •		3	2,000,000			
4	Reduction in limita	tion Subtract line	3 from line 2 If zero or	less, enter -0-			4				
5	Dollar limitation fo										
	separately, see ins	structions • •					5				
								_			
6	(a) Description of property (b) Cost (business use only) (c) Elected										
					.,,			1			
7	Listed property E	nter the amount fr	om line 29		. 7						
8	Total elected cost	otal elected cost of section 179 property Add amounts in column (c), lines 6 and 7									
9	Tentative deduction		9								
10	Carryover of disall		10								
11	Business income I	ımıtatıon Enter th	e smaller of business ir	icome (not less tl	han zero) or line !	5 (see					
	instructions)						11				
12	Section 179 exper	nse deduction Add	d lines 9 and 10, but do	not enter more t	han line 11		12				
13 C			015 Add lines 9 and 10		. 13						
			pelow for listed prop		ıse Part V.						
						lude listed	proper	ty) (See instructions)			
14	Special depreciation	on allowance for qu	ualified property (other	than listed prope	rty) placed in ser	vice during					
	the tax year (see i	nstructions) •					14	19,616			
15	Property subject to	o section 168(f)(1) election • •				15				
16	O ther depreciation	n (including ACRS)					16				
Part	MACRS I	Depreciation (Do not include listed	l property.) (Se	ee instructions.)		•			
				Section A							
	MACRS deduction	17	15,107								
18			ts placed in service du								
	asset accounts, cl	neck here				<u>▶ l</u>					
	Section B—As	sets Placed in	Service During 2	014 Tax Year	Using the Ge	neral De	preci	ation System			
(a) Classification of property		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions	period	(e) Convention (f) Met		nod	(g)Depreciation deduction			
19a 3	year property		in, see medactions	1							
	year property										
c 7-year property			19,617	7 70	HY	200 DB		2,802			
d 1	0-year property										
e 1	5-year property										
	0-year property	_									
g 2	25-year property			25 yrs		S/L					
	tesidential rental			27 5 yrs	MM	S/L					
property				27 5 yrs	MM S/L						
	onresidential real roperty					S/L S/L					
		tion C—Assets Pla	L ced in Service During 20	 114 Tay Year Ilsin	<u> </u>	L	n Svs	l tem			
20a (Class life	1				S/L	, 3				
	.2-year			12 yrs		S/L					
	0-year			40 yrs	ММ	S/L					
Par	t IV Summ	ary (see instruc	tions.)								
21 L	isted property Ente	er amount from line	28				21	4,637			
22 T	otal. Add amounts	from line 12, lines	14 through 17, lines 1	9 and 20 in colun	nn (g), and line 2	1 Enter					
	•		our return Partnership	•		tions • •	22	42,162			
	or assets shown ab		service during the curre	ent year, enter th	e 23						

Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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.
Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evider	nce to support	the business/in	estment ι	ise claimed	יף עes	Гпо		2	4b ∣f	"Yes,"	s the e	v idence	written	,	s V N	0
(a) Type of property (list vehicles first)	erty (list Date placed in Investment Cost o			(e) Basis for depreciation (business/investment use only)			(f) Recove period	'	(g) Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost		
25 Special depreciation allo		• •	erty placed	ın service d	during the	tax year	and u	ised mo	re tha							
50% in a qualified busi	•	•								25	<u> </u>					
26 Property used mor 2010 GMC	e than 50% 2010-03-15	ın a qualıfıed	business		1	21	0.26	F 0	1 2	00 DB H	, 		1 7	7E		
2010 GMC 2013 CHEVY	2010-03-13			32,896 29,808		21,836 5 0 29,808 5 0		_	200 DB-HY 200 DB-HY		1,775 2,862					
		%					,									
27 Property used 50%	orless in a	qualified bus	iness us	e												
		%						S/L - S/L -								
		%							S/L -		+	+		-		
28 Add amounts in c	olumn (h), lii	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, i	oage	1	28			4	,637			
29 Add amounts in c		_											29			
25 / dd dillodiles ili e	01411111 (17,7111		ction B			on U	se o	of Vel	nicle	es .	•	• •				
Complete this section If you provided vehicles to	for vehicles your employe	s used by a so	le propri	etor, part	ner, or o	ther "n	nore t	than 5	% ov	vner," d	r rela	ted per	son n for tho	se vehic	les	
				(a) (b)			(c)				d)		(e)		(f)	
30 Total business/investment miles driven during the year (do not include commuting miles)				Vehi	Vehicle 1 Vehicle 2			Vehicle 3			Vehicle 4		Vehicle 5		Vehicle 6	
31 Total commuting	mıles drıven	during the ye	ar .													
32 Total other person	nal(noncomr	nuting) miles	drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle available for personal use					No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hours?																1
35 Was the vehicle used primarily by a more than 5% owner or related person?																
36 Is another vehicle available for personal use? .																
Answer these questio	ns to detern		et an exc												not mo	re tha
5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									Y	es	No					
38 Do you maintain a employees? See t																
39 Do you treat all us						-		· ·								
40 Do you provide movehicles, and reta	ore than five	vehicles to y	our empl						emp	loyees	about	t the us	se of			
41 Do you meet the r				· · ·	• • • le demor	· ·	n us	• • • e? (Se	· e ins	· · tructio	ns)					
Note: If your answ	ver to 37, 38,	39, 40, or 41	ıs "Yes," (do not con	nplete Se	ection B	for tl	he cove	red v	ehicles						
Part VI Amo	rtization															
(a) (b) Date Description of costs amortization begins							(d) Code ection (e		ization od or A			(f) Amortization for this year				
42 A mortization of co	sts that be		ur 2014	tax year	(see ins	truction	ns)					1				
			T	,		T										
43 A mortization of co	sts that be	gan before vo	ur 2014 t	ax year							43	İ				
44 Total. Add amoun		-		•	ere to re	port					44					