

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493259013626

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 F	or the 201	l5 ca <u>lendar year, or tax y</u> e		01-2015 , and endin	g 06-30-20	016				
	eck if applica	SOUTHERN CROP PRO					D Emplo	yer iden	tification number	
_	dress change	e ASSOCIATION					58-0	348709		
	me change	Doing business as								
	tial return	Number and street (or	r P O hov if mail is n	ot delivered to street addre	ess) Room/s	suite	E Teleph	one numb	er	
_	urn/termina	ted PO BOX 1586				suite				
	iended retur plication pen	REIDSVILLE, NC 2732		d ZIP or foreign postal cod	e		G Gross	receipts \$	683,780	
		F Name and add	dress of principal	officer		H(a) I	s this a group	return 1		
		JEFF CASSADY PO BOX 1586					ubordinates?		□Yes □No	
		REIDSVILLE, NC	27323				re all subord ncluded?	ınates	□Yes □No	
						I	f "No," attacl	nalıst (see instructions)	
		tatus 501(c)(3) 50		no) 4947(a)(1) or	527	H(c)	Group exemp	tion num	ber ►	
		zation Corporation Trust	Association 0	ther 🕨		L Year	of formation 1	994 M 9	State of legal domicile GA	
Pa		Summary y describe the organizatio								
Governance	FEDE REGU	CT AS A SPOKESPERSO RAL LEVELS IN LEGISLA JLATIONS, PROVIDE OF ERSTANDING OF CROP	ATIVE AND REG PPORTUNITY FO	ULATORY AFFAIRS, R BUSINESS CONTA	TO EDUC	ATE OUR	MEMBERS O	N LEGIS	SLATION AND	
	2 Chec	ck this box 🚩 if the orga	nızatıon dıscontı	nued its operations or	disposed	of more th	an 25% of its	net ass	ets	
Activities &	3 Num	ber of voting members of	the governing bo	dv (Part VI. line 1a)				3	20	
Ě	I	iber of independent voting						4	20	
្វ	5 Tota	ıl number of ındıvıduals en	nployed in calend	ar year 2015 (Part V	, line 2a)			5	4	
•	6 Tota	ıl number of volunteers (e	stımate ıf necess	ary)				6		
		ıl unrelated busıness reve						7a	0	
	b Netu	nrelated business taxable	e income from Foi	m 990-T, line 34 .		<u> </u>		7b		
							Prior Year		Current Year	
a)		ontributions and grants (F				•			0	
Revenue		rogram service revenue (F					622		665,702	
₽¥		nvestment income (Part V ther revenue (Part VIII, o				·		069 172	7,720 10,358	
	12 T	otal revenue—add lines 8 2)			•	ne	637		683,780	
		rants and similar amounts	s paıd (Part IX, c	olumn (A), lines 1–3)					0	
		enefits paid to or for mem							0	
70		alarıes, other compensatı	324	296	399,595					
Expenses		5-10) Professional fundraising fees (Part IX, column (A), line 11e)							0	
훒	b To	otal fundraising expenses (Part	IX, column (D), line	25) ► 0						
	17 0	ther expenses (Part IX, c		353	563	424,458				
	18 T	otal expenses Add lines	13–17 (must equ), line 25)		677,859 824,				
	19 R	evenue less expenses Su	ubtract line 18 fro	m line 12		•	-40	473	-140,273	
Net Assets or Fund Balances							ing of Current		End of Year	
45.55 B.25.	ı	otal assets (Part X, line 1					1,358		1,131,743	
1 PM 1	I	otal liabilities (Part X, line						693	4,598	
		et assets or fund balance Signature Block	s Subtract line 2	1 from line 20			1,267	418	1,127,145	
Unde my k	r penaltie nowledge arer has a	s of perjury, I declare tha and belief, it is true, corre ny knowledge ****** Signature of officer	ect, and complete							
_										
_		JEFF CASSADY EXECUTIVE VP Type or print name and title								
_		Type or print name and title Print/Type preparer's name	e Prej	arer's signature		Date 2016 00 15	Check If	PTIN	5/15	
Her	e	Type or print name and title Print/Type preparer's name WH WILLIAMS JR	e Prej WH	WILLIAMS JR		Date 2016-09-15	self-employed	P01404		
Her —— Paid Pre	d parer	Print/Type preparer's name WH WILLIAMS JR Firm's name GARLANE	e Prej WH D WILLIAMS & ASSOC	WILLIAMS JR			self-employed Firm's EIN F 5	P014045 8-251060	8	
	e)	Type or print name and title Print/Type preparer's name WH WILLIAMS JR Firm's name ► GARLAND Firm's address ► PO BOX 7	e Prej WH D WILLIAMS & ASSOC	WILLIAMS JR			self-employed	P014045 8-251060	8	

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

Form	n 990 (2015)				Page 2
Par	t IIII Statement of Pro	gram Service /	Accomplishments		
			e or note to any line in this Part III	<u> </u>	기
1	Briefly describe the organiza				
LEV PRO	ELS IN LEGISLATIVE AND R	EGULATORY AFFA USINESS CONTAC	RN CROP PROTECTION AND ALLIE SIRS, TO EDUCATE OUR MEMBERS CTS AND TO EDUCATE THE PUBLIC	ON LEGISLATION AND REGULA	TIONS,
2	Did the organization underta the prior Form 990 or 990-E	, -	program services during the year whic	h were not listed on Yes	▽ No
	If "Yes," describe these new	services on Sched	ule O		
3	Did the organization cease of services?	onducting, or make	significant changes in how it conduct	ts, any program	▽ No
	If "Yes," describe these cha	nges on Schedule C)		
4) and 501(c)(4) org	complishments for each of its three la janizations are required to report the a n program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			TO MEMBERS ALLOW THE CONDUCTION OF ECTORS CONDUCT BOARD MEETING TO ELEC		RIBUTORS OF AG
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	CONDUCT COMMITTEE MEETING: REGULATIONS	S AND ACTIVITIES COOL	RDINATE AND EXCHANGE INFORMATION RELA	ATED TO COMPLIANCE WITH STATE AND FE	EDERAL
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	BOARD AND STATE ASSOCIATION ISSUES WHICH AFFECT OUR IND		ASHINGTON, DC WHICH ALLOWS US TO PROV	IDE OUR VIEWPOINT TO CONGRESSMEN A	ND SENATORS ON
	See Additional Data				

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

4d

(Expenses \$

Part TV	Checklist	of Regu	ired S	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? 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		No
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		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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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	No
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	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
	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? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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
D	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	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 "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?	38	No

	990 (2013)					Page		
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			.⊏		
					Yes	No		
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	3					
	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 t gaming (gambling) winnings to prize winners?		dors and reportable	1c	Yes			
2a	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	2a	4					
b	If at least one is reported on line 2a, did the organization file all required federal employee. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year?	3a		Νo		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation $I(S) = I(S) + I(S)$	on in S	Schedule O	3b				
4a	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)?							
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	k and	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	etax year?	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$1			5c 6a		No		
b	organization solicit any contributions that were not tax deductible as charitable contributions, and the organization include with every solicitation an express statement the state of the deductible.	hatsu	ich contributions or gifts	6b				
7	were not tax deductible?			OD				
а	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?			7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to					
d	file Form 8282?	7d	 	7c				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	persor	nal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal content of the property of the prop	onal b	enefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organized?		zatıon file Form 8899 as	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	ısınes • •	s holdings at any time	8				
9a	Did the sponsoring organization make any taxable distributions under section 4966	? .		9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b				
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	eu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. S	See the instructions for	13a				
b	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	13b						
c	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax	x year	·?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	ation ii	n Schedule O	14b				

Se	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 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 1b 20			
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		No
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		N o
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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		No
13	Did the organization have a written whistleblower policy?			
14		13	Yes	
	Did the organization have a written document retention and destruction policy?	13 14	Y es Y es	
15	Did the organization have a written document retention and destruction policy?	\vdash		
	Did the process for determining compensation of the following persons include a review and approval by	\vdash		
a	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?	14	Yes	
a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a	Yes Yes	
a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a	Yes Yes	No
a b 16a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	No
a b 16a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b	Yes Yes	No
a b 16a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	No
a b 16a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	No

Part VII 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

F 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 organizations below dotted line)	more pers	than on is	one bot recto	not box h ar or/tr	office	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JEFF CASSADY EXECUTIVE VP	40 00			х				0	0	0
										Form 990 (2015)

s (continued

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one l both	box, an d	heck unless officer stee)	3	Report comper from organiza	the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total						<u> </u> ▶					
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	٠.						
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose	lıste	d abov	e) w	ho receive	d more th	an	
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					-	-		or highes	· ·	sated employee	Yes No
4	For any individual listed on line organization and related organ individual											4 No
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5 No
	ection B. Independent Co			٠٠		J - '	L		11		+100 000	- 4
1	Complete this table for your five compensation from the organization from the organizati	zation Report co									thin the organizatio	n's tax year
	N	(A) lame and business	address							Des	(B) cription of services	(C) Compensation

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 o						_
		Check If Sched	ule O contains a respo	nse or note to any lii	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						revenue		sections 512-514
w s	1a	Federated cam	paıgns 1a					
unt	b	Membership du	ıes 1b					
ons, Gifts, Grants Similar Amounts	С	Fundraising eve	ents 1c					
Σğ	d		zations 1d					
Giffs, iilar A								
ns,	е	Government grant	s (contributions) 1e					
er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
tributio Other	g		ons included in lines					
Contributions, and Other Sim		1a-1f \$. 1 . 1 .					
<u>a</u> C	n	Total. Add lines	Sia-ir	•				
e E	_			Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUE			553,000	553,000		
	b	MEETINGS AND CO	ONVENTIONS		112,702	112,702		
ИСе	С							
Seri	d							
E	е							
100 100	f	All other progra	am service revenue					
Č	g	Total. Add lines	s 2a-2f	+	665,702			
	3		ome (including dividen		7,720			7,720
	4		ar amounts) stment of tax-exempt bond		7,720			7,720
	4 5		-	` <u> </u>				
	,	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteal	(ii) i ersonar				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d		ss)					
Other Revenue	8a	events (not inc \$	 s reported on line 1c)					
<u>.</u>		500 i aic I V , iii	a a					
듄	b	Less direct ex	penses b					
_	С	Net income or i	(loss) from fundraising	events 🛌				
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
			oods sold b					
	С		(loss) from sales of inv					
		Miscellaneou		Business Code		6.60-		
		REIMBURSED			6,638	6,638		
	b	MISCELLANEO	ous		3,720	3,720		
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	•	10,358			
	12	Total revenue.	See Instructions .	· · · · •	683,780	676,060		7,720

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u> </u>
	t include amounts reported on lines 6b, , 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	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				
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	251,233	226,110	25,123	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,370	6,633	737	
9	Other employee benefits	116,040	104,436	11,604	
10	Payroll taxes	24,952	22,457	2,495	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	6,550		6,550	
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)				
L2	Advertising and promotion				
L3	Office expenses	18,529	16,676	1,853	
L4	Information technology				
. 5	Royalties				
L6	Occupancy	24,915	19,932	4,983	
.7	Travel	85,756	68,605	17,151	
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	112,114	112,114		
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	TRANSITION EXPENSE	65,086	65,086		
b	INFORMATION SERVICES	51,544	51,544		
c	COMPUTER EXPENSE	20,551	18,496	2,055	
d	EQUIPMENT RENTAL AND MAIN	14,778	11,822	2,956	
e	All other expenses	24,635	22,171	2,464	
25	Total functional expenses. Add lines 1 through 24e	824,053	746,082	77,971	
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 Fig. 1 following SOP 98-2 (ASC 958-720)	,	, -	, -	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1,342,514 1,124,743 Cash-non-interest-bearing 1 2 Savings and temporary cash investments . 2 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use . . . 8 9 15,597 7,000 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c b Less accumulated depreciation . 10b 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 **15** 15 16 1,358,111 16 1,131,743 **Total assets.**Add lines 1 through 15 (must equal line 34) . . **17** 17 4,598 Accounts payable and accrued expenses . 18 Grants payable 18 90,693 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 90.693 4.598 26 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 1,267,418 1,127,145 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 1,267,418 1,127,145 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 1.358.111 34 1,131,743

	330 (2013)				aye 12
Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 	•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		(583,780
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	3 2 4 ,0 5 3
3	Revenue less expenses Subtract line 2 from line 1	3		-:	140,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		1,2	267,418
5	Net unrealized gains (losses) on investments	5			
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		1,:	127,145
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 sep basis, consolidated basis, or both	arate			
	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 oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	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?	ne	3a		
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		3b		

Additional Data

Software ID:

Software Version:

EIN: 58-0848709

Name: SOUTHERN CROP PRODUCTION

ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$

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

DLN: 93493259013626

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization SOUTHERN CROP PRODUCTION ASSOCIATION

Employer identification number

58-0848709

990 Schedule O, Supplemental Information

Return Reference	Explanation
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
FORM 990, PAGE 2, PART III, LINE 4D	THIS ACTIVITY PROVIDES THE MEANS BY SHICH THE ORGANIZATION MAY FINANCE THE PROGRAMS FURNIS HING INFORMATION TO THE MEMBERSHIP AND THE GENERAL PUBLIC ON THE PROPER USE AND NECESSITY OF AGRICULTURAL CHEMICALS
FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY
FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS
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
FORM 990, PAGE 6, PART VI, LINE 15A	THE SALARY OF EXECUTIVE VICE PRESIDENT IS SET BY BOARD
FORM 990, PAGE 6, PART VI, LINE 15B	THE SALARIES OF ALL EMPLOYEES ARE SET BY THE BOARD UPON RECOMENDATIONS BY EXECUTIVE VICE PRESIDENT
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC