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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 AMERICAN CORN GROWERS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO BOX 18157

City or town, state or country, and ZIP + 4
 WASHINGTON, DC 20036

D Employer identification number
 52-1513597

E Telephone number
 (202) 835-0330

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.ACGA.ORG

J Organization type (check only one) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **366,067**

- H and I are not applicable to section 527 organizations**
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	305,525	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>305,525</u> noncash \$ _____)		1d	305,525
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	32,880
	4	Interest on savings and temporary cash investments		4	1
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7	Other investment income (describe _____)		7		
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other
	Less cost or other basis and sales expenses		8a		
	Gain or (loss) (attach schedule)		8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c		8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c		
10a	Gross sales of inventory, less returns and allowances		10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11	Other revenue (from Part VII, line 103)		11	27,661	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	366,067	
Expenses	13	Program services (from line 44, column (B))		13	283,195
	14	Management and general (from line 44, column (C))		14	99,123
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	382,318
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-16,251
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	9,897
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	-6,354

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	95,001	95,001	
26	Other salaries and wages	26	25,730	25,730	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	3,942		3,942
32	Legal fees	32			
33	Supplies	33	41,804		41,804
34	Telephone	34	5,467		5,467
35	Postage and shipping	35	1,225		1,225
36	Occupancy	36	16,705		16,705
37	Equipment rental and maintenance	37			
38	Printing and publications	38	7,290		7,290
39	Travel	39	22,690		22,690
40	Conferences, conventions, and meetings	40	12,847	12,847	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	EDUCATION	43a	13,056	13,056	
b	COMMUNICATIONS	43b	26,133	26,133	
c	RESEARCH	43c	76,945	76,945	
d	MARKET DEVELOPMENT	43d	21,436	21,436	
e	BOARD MEETING	43e	6,097	6,097	
f	BENEFIT	43f	5,950	5,950	
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	382,318	283,195	99,123

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? **Yes** **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____, **(ii)** the amount allocated to Program services \$ _____, **(iii)** the amount allocated to Management and general \$ _____, and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ ALTERNATIVE USES OF CORN PRODUCT All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a TO PROMOTE ALTERNATIVE USES OF CORN AND BY PRODUCTS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	283,195
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	283,195

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	8,357	45	15,859
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis	1,540		
	b Less accumulated depreciation (attach schedule)		55c	1,540
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		57c	
	58 Other assets (describe <input type="checkbox"/> _____)		58	
59 Total assets (must equal line 74) Add lines 45 through 58	9,897	59	17,399	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	23,753
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	0	66	23,753	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	9,897	72	-6,354
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	9,897	73	-6,354	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	9,897	74	17,399	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	366,067
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	366,067
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (line 12) Add lines c and d ▶	e	366,067

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	382,318
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on line 20	b2	
3	Losses reported on line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	382,318
d	Amounts included on line 17, but not on line a :		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (line 17) Add lines c and d ▶	e	382,318

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI Other Information *(continued)*

	Yes	No
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82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	Yes	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	85b		No
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a List the states with which a copy of this return is filed			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b		
91a The books are in care of <u>LARRY MITCHELL</u> Telephone no <u>(202) 835-0330</u> Located at <u>PO BOX 18157 WASHINGTON, DC</u> ZIP + 4 <u>20036</u>			
b 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)?	91b	Yes No	No
If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
If "Yes," enter the name of the foreign country _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					32,880
95 Interest on savings and temporary cash investments					1
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>CONVENTION INCOME</u>					25,914
b <u>OTHER INCOME</u>					1,747
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					60,542
105 Total (add line 104, columns (B), (D), and (E))					60,542

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	DUES PROVIDE MEANS FOR TRACKING AND MAINTAINING MEMBERSHIP INTEREST INCOME IS INCIDENTAL TO PROPER CASH MANAGEMENT OF THE
95	ASSOCIATION'S FUNDS CONVENTION PROVIDED MEANS FOR MEMBERS TO BE EDUCATED AND COMMUNICATE
103A	WITH FELLOW MEMBERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: ***** Date: 2006-06-28

LARRY MITCHELL CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MARY C KALB CPA Date: 2006-06-28 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MCDERMOTT & MILLER PC
404 E 25TH STREET KEARNEY, NE 68847

Preparer's SSN or PTIN (See Gen Inst W)

EIN: Phone no: (308) 234-5565

Additional Data**Software ID:****Software Version:****EIN:** 52-1513597**Name:** AMERICAN CORN GROWERS ASSOCIATION**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KEITH DITTRICH 53495 840 RD TILDEN,NE 68781	CHAIRMAN 20 00	0	0	0
LARRY MITCHELL PO BOX 18157 WASHINGTON,DC 20036	CEO 40 00	59,001	0	0
MIKE ALBERTS 2004 E 24TH RD MARQUETTE,NE 68854	1ST VICE PRES 10 00	0	0	0
KEITH BOLIN 222 94 925 EAST STREET SHEFFIELD,IL 61361	PRESIDENT 10 00	0	0	0
DAVID DECHANT 8029 CR 39 FT LUPTON,CO 80621	SECRETARY 10 00	0	0	0
CHARLES MATTIS 21040 N 1220 EAST ROAD DANVILLE,IL 61834	TREASURER 5 00	0	0	0
CARL KING 210 WEST BEDFORD DIMMITT,TX 79027	CHAIRMAN EMERITUS 5 00	0	0	0
ROBERT KOSKAN RT 2 BOX 117 WOOD,SD 57585	BOARD MEMBER 5 00	0	0	0
EUGENE PAUL 45148 STATE HWY 109 DELAVAN,MN 50623	BOARD MEMBER 5 00	0	0	0
LYNDEN PETER 4009 DAVIS PLACE NW 3 WASHINGTON,DC 20007	BOARD MEMBER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN ADERMANN RR 3 BOX 55 RAMSEY, IL 62080	BOARD MEMBER 5 00	0	0	0
HAROLD BOB BENNETT BOX 401 HART, TX 79043	BOARD MEMBER 5 00	0	0	0
JOE BREWER RT 1 BOX 198 RAMSEY, IL 62080	BOARD MEMBER 5 00	0	0	0
ROGER RICHARDSON 1947 OLD FURNACE ROAD EDEN, MD 21822	BOARD MEMBER 5 00	0	0	0
TOM CURL 4048 KILMARTIN DR TALLAHASSEE, FL 32308	BOARD MEMBER 5 00	0	0	0
SAM DARWIN 191 DARWIN ROAD HUNTSVILLE, AL 35881	BOARD MEMBER 5 00	0	0	0
LOUIS SMITH 1538 CO RD 100 FREMONT, OH 43420	BOARD MEMBER 5 00	0	0	0
LARS HERSETH 39949 11TH STREET HOUGHTON, SD 57449	2ND VICE PRESIDENT 5 00	0	0	0
CORKY JONES 72983 647 AVENUE BROWNVILLE, NE 68321	BOARD MEMBER 5 00	0	0	0
MARK KUHN 2667 240TH STREET CHARLES CITY, IA 50616	BOARD MEMBER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARK LOUNSBERY 16453 482ND AVENUE REVILLO, SD 57259	BOARD MEMBER 5 00	0	0	0
GALE LUSH 12374 STATE HWY 4 WILCOX, NE 68982	BOARD MEMBER 5 00	0	0	0
DAN MCGUIRE 4540 OAKRIDGE CIRCLE LINCOLN, NE 68516	BOARD MEMBER 5 00	0	0	0
DENNIS MITCHELL 39831 117TH ST HOUGHTON, SD 57449	BOARD MEMBER 5 00	0	0	0
CHARLES PYATT 2637 FLOYD LINE STREET GREENE, IA 50636	BOARD MEMBER 5 00	0	0	0
VIRGINIA SOLHIEM 25289 483RD AVE GARRETSON, SD 57030	BOARD MEMBER 5 00	0	0	0
DON CLIFTON 306 WARNER ROAD MILFORD, DE 19963	BOARD MEMBER 5 00	0	0	0
VIC TOMKA 14824 210 STREET CARROLL, IA 51401	BOARD MEMBER 5 00	0	0	0
STEVE WATERS 29964 286TH AVENUE CARTER, SD 57580	BOARD MEMBER 5 00	0	0	0
DAVID SENTER PO BOX 18157 WASHINGTON, DC 20036	BOARD MEMBER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN DITTRICH 54397 840 ROAD MEADOW GROVE, NE 68752	POLICY ANALYST 5 00	0	0	0
LISA MILES PO BOX 18157 WASHINGTON, DC 20036	DIRECTOR 5 00	36,000	0	0

TY 2005 Investments - Land Schedule

Name: AMERICAN CORN GROWERS ASSOCIATION

EIN: 52-1513597

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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TY 2005 Officer Compensation Schedule

Name: AMERICAN CORN GROWERS ASSOCIATION

EIN: 52-1513597

LARRY MITCHELL

	Compensation	EE Benefit Plans	Expense Acct
Program Services	59,001		
Mgmt & General			
Fundraising			

LISA MILES

	Compensation	EE Benefit Plans	Expense Acct
Program Services	36,000		
Mgmt & General			
Fundraising			