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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C AMERICAN CORN GROWERS ASSOCIATION P.O. BOX 18157 WASHINGTON, DC 20036	D Employer identification number 52-1513597
			E Telephone number (202) 835-0330
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			F Group Exemption Number ▶
I Website: ▶ WWW.ACGA.ORG			G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527			H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 132,123.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1	Contributions, gifts, grants, and similar amounts received	1	120,987.
2	Program service revenue including government fees and contracts	2	11,129.
3	Membership dues and assessments	3	
4	Investment income	4	7.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	132,123.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	68,740.
14	Occupancy, rent, utilities, and maintenance	14	2,385.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 1)	16	67,534.
17	Total expenses. Add lines 10 through 16	17	138,659.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,536.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-48,936.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-55,472.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,959.	2,111.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 2)	69.	3,000.
25 Total assets	10,028.	5,111.
26 Total liabilities (describe ▶ See Statement 3)	58,964.	60,583.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-48,936.	-55,472.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>See Statement 4</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
See Statement 5		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter.		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ PAM HORWITZ Telephone no ▶ (815) 646-4369
 Located at ▶ 18345 1250 N. AVE. TISKILWA IL ZIP + 4 ▶ 61368

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
▶ **43** | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . .
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here ▶ August 13, 2010
 Signature of officer Date
 ▶ Keith B. Bolin, President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>8-13-10</u>	Date	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
<u>Sheri L. Henneberry</u>			N/A
Firm's name (or yours if self employed), address, and ZIP + 4	EIN	Phone no ▶	
<u>SHERI L HENNEBERRY CPA</u> <u>408 SOUTH MAIN STREET</u> <u>PRINCETON, IL 61356</u>	N/A	<u>(815) 872-5515</u>	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

AMERICAN CORN GROWERS ASSOCIATION

52-1513597

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	6,025.
Dues & Subscriptions		665.
Information Technology		5,910.
Insurance		2,633.
Interest		5,797.
Misc Expense		70.
Office Expenses		5,430.
Speakers		16,124.
Telephone		3,348.
Texas Chapter Support		3,000.
Travel		18,072.
Workshops		460.
Total	\$	<u><u>67,534.</u></u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 3,000.
Prepaid Expenses and Deferred Charges	69.	0.
Total	<u>\$ 69.</u>	<u>\$ 3,000.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 6,837.	\$ 11,891.
Secured Mortgages and Notes Payable	52,127.	48,692.
Total	<u>\$ 58,964.</u>	<u>\$ 60,583.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The American Corn Growers Association (ACGA) is an organization of corn producers representing the mainstream of American production, agriculture and broad producer interests. ACGA develops and conducts programs on behalf of corn and other agricultural commodity producers including market development, research development, and representation in policy making at the local, state and federal levels.

Client ACGA

AMERICAN CORN GROWERS ASSOCIATION

52-1513597

8/16/10

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Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
KEITH BOLIN 222 94 925 EAST STREET SHEFFIELD, IL 61361	President 0	\$ 0.	\$ 0.	\$ 0.
KEITH DITTRICH 53495 840 RD TILDEN, NE 68781	Chairman 0	0.	0.	0.
TROY ROUSH 10180 E 700 NORTH VAN BUREN, IN 46991	Vice President 0	0.	0.	0.
LARS HERSETH 39949 11TH STREET HOUGHTON, SD 57449	Vice President 0	0.	0.	0.
MARK LOUNSBERY 16453 482ND AVENUE REVILLO, SD 57259	Treasurer 0	0.	0.	0.
DAVID DeCHANT 8029 CR 39 FT LUPTON, CO 80621	Secretary 0	0.	0.	0.
CHARLES MATTIS 12352 E 2100 N RD DANVILLE, IL 61834	BOARD MEMBER 0	0.	0.	0.
CARL KING 707 W GRANT DIMMITT, TX 79027	Chairman Emerit 0	0.	0.	0.
ROBERT KOSKAN RT 1 BOX 117 WOOD, SD 57585	BOARD MEMBER 0	0.	0.	0.
JOHN ADERMANN RR 3 BOX 55 RAMSEY, IL 62080	BOARD MEMBER 0	0.	0.	0.
HAROLD BOB BENNETT BOX 401 HART, TX 79043	PARLIAMENTARIAN 0	0.	0.	0.
ROGER RICHARDSON 1947 OLD FURNACE ROAD EDEN, MD 21822	BOARD MEMBER 0	0.	0.	0.

Client ACGA

AMERICAN CORN GROWERS ASSOCIATION

52-1513597

8/16/10

10.53AM

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TOM CURL 4048 KILMARTIN DR TALLAHASSEE, FL 32308	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
LOUIS SMITH 1538 CO RD 100 FREEMONT, OH 43420	BOARD MEMBER 0	0.	0.	0.
CORKY JONES 72983 647 AVENUE BROWNVILLE, NE 68321	BOARD MEMBER 0	0.	0.	0.
MARK KUHN 2667 240TH STREET CHARLES CITY, IA 50616	BOARD MEMBER 0	0.	0.	0.
GALE LUSH 12374 STATE HWY 4 WILCOX, NE 68982	BOARD MEMBER 0	0.	0.	0.
DAN McGUIRE 4540 OAKRIDGE CIRCLE LINCOLN, NE 68516	BOARD MEMBER 0	0.	0.	0.
VIRGINIA SOLHIEM 25289 483RD AVE GARRETSON, SD 57030	BOARD MEMBER 0	0.	0.	0.
STEVE WATERS 29964 286TH AVENUE CARTER, SD 57580	BOARD MEMBER 0	0.	0.	0.
JOHN DITTRICH 57397 840 ROAD MEADOW GROVE, NE 68752	POLICY ANALYST 0	0.	0.	0.
WAYNE DECKER 1901 CO RD 136 -- PO BOX 96 HUTTO, TX 78634	BOARD MEMBER 0	0.	0.	0.
EUGENE PAUL 45148 STATE HWY 109 DELAVAN, MN 56023	BOARD MEMBER 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization AMERICAN CORN GROWERS ASSOCIATION	Employer identification number 52-1513597
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions P.O. BOX 18157	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ PAM HORWITZ

Telephone No. ▶ (815) 646-4369 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 09 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.