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Form **990-EZ**

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

OMB No 1545 1150

**2010**

**Open to Public  
Inspection**

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning** 2010, **and ending** \_\_\_\_\_

**B** Check if applicable:  Address change,  Name change,  Initial return,  Terminated,  Amended return,  Application pending

**C** **AMERICAN CORN GROWERS ASSOCIATION**  
P.O. BOX 18157  
WASHINGTON, DC 20036

**D** Employer identification number: 52-1513597

**E** Telephone number: (202) 835-0330

**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: WWW.ACGA.ORG

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

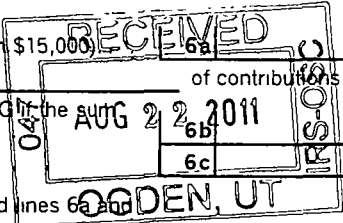
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 78,682.**

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

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>	52,950.
<b>2</b> Program service revenue including government fees and contracts		<b>2</b>	9,666.
<b>3</b> Membership dues and assessments		<b>3</b>	15,175.
<b>4</b> Investment income		<b>4</b>	
<b>5a</b> Gross amount from sale of assets other than inventory		<b>5a</b>	
<b>b</b> Less. cost or other basis and sales expenses		<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		<b>5c</b>	
<b>6</b> Gaming and fundraising events			
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)		<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		<b>6b</b>	
<b>c</b> Less. direct expenses from gaming and fundraising events		<b>6c</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		<b>6d</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances		<b>7a</b>	
<b>b</b> Less. cost of goods sold		<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O) <u>See Schedule O</u>		<b>8</b>	891.
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>9</b>	78,682.
<b>10</b> Grants and similar amounts paid (list in Schedule O)		<b>10</b>	
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	42,335.
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	2,500.
<b>16</b> Other expenses (describe in Schedule O) <u>See Schedule O</u>		<b>16</b>	25,737.
<b>17 Total expenses.</b> Add lines 10 through 16		<b>17</b>	70,572.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>18</b>	8,110.
<b>19</b> 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)		<b>19</b>	-55,472.
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		<b>21</b>	-47,362.

SCANNED SEP 12 2011



**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2010)

GS 15

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,111.	3,149.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	3,000.	3,000.
25 <b>Total assets</b>	5,111.	6,149.
26 <b>Total liabilities</b> (describe in Schedule O) <u>See Schedule O</u>	60,583.	53,511.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-55,472.	-47,362.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See Schedule O  
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, and 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 (describe in Schedule O) (Grants \$ -----) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (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 instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
<u>See Schedule O</u> ----- -----		0.	0.	0.
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 If the organization had income from business activities...
36 Did the organization undergo a liquidation, dissolution, termination...
37a Enter amount of political expenditures...
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer...
38b amount involved
39 Section 501(c)(7) organizations Enter.
39a Initiation fees and capital contributions...
39b Gross receipts...
40a Section 501(c)(3) organizations. Enter amount of tax imposed...
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage...
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax...
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax...
40e All organizations. At any time during the tax year...
41 List the states with which a copy of this return is filed

Table with columns Yes, No and rows 33, 34, 35a, 35b, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e

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

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

Table with columns Yes, No and rows 42b, 42c

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

- 44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?

Table with columns Yes, No and rows 43, 44a, 44b, 44c, 44d

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
  - a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)
  - 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 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
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 ▶

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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: Signature of officer: *Pamela S. Horowitz* Date: 8/8/11  
 Type or print name and title: PAMELA S. HOROWITZ, EX. DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: Sheri L. Henneberry Preparer's signature: *Sheri L. Henneberry* Date: 8/2/11 Check  if self employed PTIN: N/A  
 Firm's name: SHERI L. HENNEBERRY CPA Firm's EIN: N/A  
 Firm's address: 408 SOUTH MAIN STREET PRINCETON, IL 61356 Phone no: (815) 872-5515

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

**2010**

**Open to Public  
Inspection**

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.

Name of the organization

AMERICAN CORN GROWERS ASSOCIATION

Employer identification number

52-1513597

**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.

## AMERICAN CORN GROWERS ASSOCIATION

52-1513597

Form 990-EZ, Part I, Line 8  
Other Revenue

Misc Refunds			
		Total	\$ <u>891.</u>
			\$ <u>891.</u>

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

Advertising and Promotion	\$	254.
Dues & Subscriptions		345.
Insurance		2,633.
Interest		6,081.
Internet		1,431.
Office Expenses		709.
Office Storage		1,624.
PO Box Fee		395.
Service Charges - Bank/CC		797.
Telephone		2,841.
Texas Chapter Support		3,250.
Travel		4,773.
Workshops		604.
	Total	\$ <u>25,737.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 3,000.	\$ 3,000.
Total	\$ <u>3,000.</u>	\$ <u>3,000.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 11,891.	\$ 11,198.
Secured Mortgages and Notes Payable	48,692.	42,313.
Total	\$ <u>60,583.</u>	\$ <u>53,511.</u>

## AMERICAN CORN GROWERS ASSOCIATION

52-1513597

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
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.



## AMERICAN CORN GROWERS ASSOCIATION

52-1513597

Form 990-EZ, Part IV (continued)  
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.

Mailed 5-16-11

Form **8868**

(Rev. January 2011)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**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

<b>Type or print</b>	Name of exempt organization <b>AMERICAN CORN GROWERS ASSOCIATION</b>	Employer identification number <b>52-1513597</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>P.O. BOX 18157</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20036</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**03**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• 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 is for

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 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 10 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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 Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)