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DLN: 93493306003021

Form **990**

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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A Fo	r the	2010 ca	lendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
B Che	eck ıf a	pplicable	C Name of organization SOUTH DAKOTA CORN GROWERS ASSOCIATION		D Empl	oyer	identification number
☐ Add	lress cl	hange			46-0	392	991
Г _{Nar}	ne cha	inge	Doing Business As		E Telep	hone	number
┌ Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(605	1334	4-0100
┌ Ter	mınate	ed	5109 S CROSSING PLACE	,	(003	, 55-	
┌ Am	ended	return	City or town, state or country, and ZIP + 4		G Gross	receip	ots \$ 1,432,749
- Apr	olication	n pending	SIOUX FALLS, SD 57108				
,			F Name and address of principal officer				
			GARY DUFFY PRESIDENT	H(a) Isthisag	group return	for affil	lates? Yes No
			21761 446TH AVENUE	H(b) Are all a	iffiliates ind	cluded	?
			OLDHAM,SD 57051	If"No,	" attach	a lıs	t (see instructions)
т Та	x-exen	npt status	501(c)(3)	H(c) Group	exempt	ion n	umber 🟲
			v sdcorn com				
K Forr	n of or	manization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	nation 19	60	M State of legal domicile SD
	rt I	_	mary	L real of follo	nation 19	00	M State of legal dofficile 35
			escribe the organization's mission or most significant activities				
ψ		PROMO	TE CORN AND CORN PRODUCTS and improve corn profitability, influer corn grown and new domestic products	ice public poli	cy and 11	ncrea	ase corn usage through
ě							
Activities & Governance							
¥0.	2	———— Check th	is box 📭 if the organization discontinued its operations or disposed of	more than 25	% of its	neta	assets
জ জ			of voting members of the governing body (Part VI, line 1a)		1	3	12
$\widetilde{\mathscr{C}}$			of independent voting members of the governing body (Part VI, line 1b)		ŀ	4	12
Ě			mber of individuals employed in calendar year 2010 (Part V, line 2a) .			5	9
Ę	6	Total nu	mber of volunteers (estimate if necessary)			6	0
4	7a	Total un	related business revenue from Part VIII, column (C), line 12		ľ	7a	0
	ь	Net unre	lated business taxable income from Form 990-T, line 34		l	7b	
				Prior	Year		Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		512,4	415	611,915
를	9	Progra	m service revenue (Part VIII, line 2g)		211,7	735	160,645
Ravenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		9,6	513	18,328
ά	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		559,	147	620,537
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,292,9	10	1,411,425
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		1,232,	10	0
	14		ts paid to or for members (Part IX, column (A), line 4)			\dashv	
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-			+	
\$	15	10)	ss, other compensation, employee benefits (Fart 1x, column (A), mes 3-		580,3	341	575,801
8	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0
Expenses	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕩				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		502,9	924	575,362
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,083,2	265	1,151,163
	19	Reven	ue less expenses Subtract line 18 from line 12		209,6	545	260,262
Net Assets or Fund Balances				Beginning		nt	End of Year
Sets Man	20	Total	assets (Part X, line 16)	Ye	1,039,4	105	1,995,863
A.S.	21		iabilities (Part X, line 26)		41,6	\rightarrow	737,728
2 E E	22		sets or fund balances Subtract line 21 from line 20		997,8	_	1,258,135
	22 1 III		ature Block		27/ ₁ 0	· / J	1,230,135
Unde know	· pena	lties of po and belie	ature block erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer)				
		****	**	201	1-10-12		
Sign	1	I B	ture of officer	Dat			
Here			DUFFY PRESIDENT				
			or print name and title				
		Print/Type preparer's			heck if sel	_	PTIN
Paid			CPA CPA CPA CPA	e	mployed I	<u> </u>	
Prepa	arer						Firm's EIN 🕨
Use (Firm's add	Iress F 707 W 11TH STREET				Phone no
	-		SIOUX FALLS, SD 57104				9111

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

ΓYes ΓNο

SPONSOR RESEARCH ON CORN PRODUCTION, UTILIZATION, AND MARKETING

Other program services (Describe in Schedule O) See also Additional Data for Description 4d (Expenses \$ including grants of \$) (Revenue \$

Total program service expenses►\$

Part IV	Checklist	of Red	uired	Schedu	les

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	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, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	1990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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? <i>If</i> "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, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

u i	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Talenthe combined from a W 2C model declaration to Enter Conference backless			
•	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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the arganization a party to a prohibited tay chalter transaction at any time during the tay year?	5a		N o
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		IN
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N (
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year Section F01/c)/29) qualified popprefit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
		\sqcup		
j	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			
	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N c
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	المعدد		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C							. 🗸

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
<i>,</i> a	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
_Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 LISA RICHARDSON 5109 S CROSSING PLACE

SIOUX FALLS, SD 57108 (605) 334-0100

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

Check if Schedule O contains a response to any question 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, and current key employees 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) KEVIN DEITER DIRECTOR	1 00	х						420	0	0
(2) KEITH ALVERSON DIRECTOR (SEC/TREAS BEGIN 1/2011)	1 00	х						120	0	0
(3) STEVE DOMM DIRECTOR	1 00	Х						0	0	0
(4) GARY DUFFY PRESIDENT	1 00	Х						3,360	0	0
(5) MARK KLUMB DIRECTOR	1 00	х						1,200	0	0
(6) JIM THYEN SEC/TREASURER TO JAN 2011	1 00	х						1,260	0	0
(7) JIM BURG DIRECTOR	1 00	х						1,380	0	0
(8) KURT STIEFVATER DIRECTOR	1 00	х						900	0	0
(9) BRIAN RENALT DIRECTOR	1 00	х						720	0	0
(10) DAVID LEISETH DIRECTOR TO JAN 2011	1 00	Х						480	0	0
(11) MARV SCHUMACHER DIRECTOR TO JAN 2011	1 00	Х						480	0	0
(12) MARK GROSS DIRECTOR (VICE PRES BEGIN 1/2011)	1 00	Х						240	0	0
(13) JAMES KRIER DIRECTOR TO JAN 2011	1 00	х						0	0	0
(14) TRAVIS MOCKLER DIRECTOR	1 00	х						120	0	0
(15) REED MAYBERRY DIRECTOR	1 00	х						0	0	0
(16) WALT BONES DIRECTOR TO JAN 2011	1 00	Х						1,260	0	0

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

	(A) Name and Title	(B) A verage hours		tion (che		II		(D) Reportable compensation from the	(E) Reportable compensatior from related	ו	(F) Estima amount o	ited fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from t organizati relate organiza	he on and ed
(17) ⁻ DIRE	TROY KNECHT CTOR	1 00	х						360		0		0
	LISA RICHARDSON UTIVE DIRECTOR	40			х		х		158,358				
(19)	TEDDI MUELLER ative/Industry Affairs Director	40					Х		153,138				
1b	Sub-Total					•		►					
С	Total from continuation sheets t	o Part VII, Sect	ion A				+						
d	Total (add lines 1b and 1c)							F	323,796				
2	Total number of individuals (inclu \$100,000 in reportable compens					ed a	bove)	who	received more tha	n			
										Г		Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sche				, ke •	y en	nploye •	e, oi	r highest compensa	ated employee	3		Νο
4	For any individual listed on line 1 organization and related organization												
_	Individual				•	• •					4	Yes	
5	Did any person listed on line 1a re services rendered to the organiza		•						_	rindividual for .	5		No
Se	ection B. Independent Cont	ractors											
1	Complete this table for your five h \$100,000 of compensation from t	the organization		depe	nde	nt co	ontrac	tors	that received more				
	Name	(A) e and business addi	ress						Descri	(B) ption of services		(C) Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕨

		(2010)					P	age 9
Part '	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								513, or 514
\$ \$\$	1a	Federated campaigns	1a					91.
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	141,915				
ts, €	С	Fundraising events	. 1c					
팔	d	Related organizations	. 1d					
Sir. Sim	e	Government grants (contributions)	1e	400,000				
ig ig	f	All other contributions, gifts, grants similar amounts not included above	, and 1f	70,000				İ
돌	g	Noncash contributions included in li						
a Cor	h	Total. Add lines 1a-1f			611,915			
				Business Code				
Program Service Revenue	2a	SPONSORSHIPS		115110	149,695			
æ		SHOWPLOTS		115110	10,950			
45.e	C							
<u> </u>	d e							
Ë		All other program service rev	venue					
Ş								
	д 3				160,645			
		Investment income (including and other similar amounts)		-	18,328			18,32
	4	Income from investment of tax-ex						
	5	Royalties						
			(i) Real	(II) Personal				
		Gross Rents Less rental	18,000					
		expenses Rental income	18,000					
		or (loss)	·		10.000	10.000		
	a	Net rental income or (loss)	(ı) Securities	(II) O ther	18,000	18,000		
		Gross amount from sales of assets other than inventory Less cost or	(i) occurrence	(ii) o eller				
		other basis and sales expenses						
		Gain or (loss)						
ψ		Net gain or (loss)						
Other Revenue		(not including \$ of contributions reported on See Part IV , line 18	line 1c)					
her		,	a	60,970				
ರ		Less direct expenses		21,324	20.646			20.54
	_	Net income or (loss) from fur	ctivities See Part IV, line 19 . a		39,646			39,64
				ь				
		Net income or (loss) from ga						
	10a	a Gross sales of inventory, les returns and allowances .	s a					
		Less cost of goods sold .						
	С	Net income or (loss) from sa	les of inventory 🟲					
	11-	Miscellaneous Revenue		Business Code 115110	527 ዐደደ	527,988		
		MANAGEMENT FEES		115110	34,903	34,903		
	"	MISC INCOME			3.,,503	,505		
		d All other revenue	<u> </u>					
		Total. Add lines 11a-11d			_			
			►		562,891			
	12	Total revenue. See Instruction	ons		1,411,425	741,536		57,97

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to c ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	189,432			
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	310,871			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,244			
9	Other employee benefits	24,911			
10	Payroll taxes	29,343			
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting	30,931			
d	Lobbying	49,099			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,966			
2	Advertising and promotion	577			
3	Office expenses	93,262			
4	Information technology				
5	Royalties				
.6	Occupancy	78,095			
.7	Travel	60,373			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings	196,137			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	27,645			
:3	Insurance	9,899			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а					
Ь					
c d					
e					
f	All other expenses	27,378			
25	Total functional expenses. Add lines 1 through 24f	1,151,163			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 928.006 2 2 1.317.823 3 3 22,560 4 7,320 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 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) Assets 7 Notes and loans receivable, net 8 8 22,431 9 16,194 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 781.541 10a Part VI of Schedule D 130.671 ь Less accumulated depreciation 10b 63.129 10c 650.870 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3.369 15 3,656 15 16 1,039,495 16 1,995,863 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 41.622 17 69.291 17 Accounts payable and accrued expenses . 18 18 19 19 668.437 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 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 25 Other liabilities Complete Part X of Schedule D 26 41.622 26 737,728 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 997.873 1,258,135 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 997,873 33 1,258,135 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.039.495 1.995.863

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	111,42
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		2	260,26
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ġ	997,87
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,2	258,13
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				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
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

DLN: 93493306003021

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

	me of the organization JTH DAKOTA CORN GROWERS ASSOCIA	ATION		Employe	rıden	tification number
				46-0392		
a ri	Complete if the or	ganization is exempt und	er section 501(c) or is a section	527	organization.
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ıvıtıes ın Part IV		
	Political expenditures			•	•	\$
	V olunteer hours					
ar	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).		
	Enter the amount of any excis	e tax incurred by the organization	under section 4955	i	F	\$
	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955	•	\$
	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?			┌ Yes ┌ No
a	Was a correction made?					┌ Yes
b	If "Yes," describe in Part IV					
ar	t I-C Complete if the or	ganization is exempt und	er section 501(c) except sectior	า 501	L(c)(3).
	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	ot function activities	F	\$
		organization's funds contributed to	o other organizations	s for section 527	.	\$
	exempt funtion activities				-	
	·	tures Add lines 1 and 2 Enter he	ere and on Form 112	0-POL, line 17b	.	¢
	Total exempt function expending Did the filing organization file I Enter the names, addresses a	Form 1120-POL for this year? nd employer identification number	r (EIN) of all section	527 political organiz		
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fro nd directly delivered	527 political organiz om the filing organizat to a separate politica	ion's f il orga	s to which the filing funds Also enter the nization, such as a
	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification number For each organization listed, ente ns received that were promptly ar	r (EIN) of all section r the amount paid fro nd directly delivered	527 political organiz om the filing organizat to a separate politica	ion's f il orga format from n's	s to which the filing funds Also enter the nization, such as a
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
•	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	527 political organization the filing organization a separate politica is needed, provide inf	ion's f il orga format from n's	to which the filing funds Also enter the nization, such as a tion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

0110 d d 10 0 (1	om 550 or 550 EL/Loro		i age
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		(2)	(h)

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i		•	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		•	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	141,915
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	49,099
b	Carryover from last year	2b	
С	Total	2c	49,099
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	141,915
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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

DLN: 93493306003021

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal F	evenue Service	orm 990. ► See separate instructions.			Tusbec	tion
	e of the organization H DAKOTA CORN GROWERS ASSOCIATION		Emp	loyer identificat	ion numbe	er
,001	T DAKOTA COKN GROWERS ASSOCIATION		46-0	0392991		
ar	Organizations Maintaining Donor A		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99			b) Funds and ot	h = = = = = =	
	otal number at end of year	(a) Donor advised funds	,	b) Funds and ot	ner accou	nts
	aggregate contributions to (during year)					
	aggregate contributions to (during year)					
	aggregate value at end of year					
	Old the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•		┌ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV,	, lıne 7.	
	Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	Preservation of a c	ertifie	d historic structi	ure	
				Held at the B	nd of the	Year
_	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	5	2b			
	Number of conservation easements on a certified his	` ,	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	Number of conservation easements modified, transfective taxable year Number of states where property subject to conserve to conserve to conserve to conserve to conserve the organization have a written policy regarding the conservation easements it holds	ation easement is located F			☐ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, ins		ients d	uring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easements	during	g the year ► \$ _		
	Does each conservation easement reported on line : 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports ob calance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	the footnote to the organization's financial	•	•		
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar A	ssets.	
	If the organization elected, as permitted under SFA S art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	d for public exhibition, education or researc	ch ın fu			e,
_	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$		
	(ii) Assets included in Form 990, Part X			F \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan			
	Revenues included in Form 990, Part VIII, line 1	-		► \$		
				· +		

b Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	<u>cal Tre</u>	asur	es, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	at are	a significa	ant u	se of its co	llectioi	า	
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's content XIV	ollections and expla	aın hov	w the	y further	the or	ganızatıon	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					ular	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar		•									
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ons or	other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ing t	able		_					
							-	_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior `	Year	(c) Two	Years Back	(d)	Three Years B	ack (e	Four Ye	ears Back
a	Beginning of year balance											
Ь	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
:	Provide the estimated percentage of the year	r end balance held :	as									
а	Board designated or quasi-endowment											
_	·											
b	Permanent endowment 🕨											
c la	Term endowment ► Are there endowment funds not in the posse	aaian af tha araania		+ h = + =	ara baldı		ministara	d 6 0 =	+ h.a			
a	organization by	ssion of the organiz	ation	tiiat e	are nero a	allu au	iiiiiis teret	u 101	tile		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		
b	If "Yes" to 3a(II), are the related organization	•							[3Ь		
	Describe in Part XIV the intended uses of th											
a l	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99				ı			
	Description of investment				a) Cost or o		(b) Cost or o basis (oth		(c) Accumu depreciat		(d) Bo	ok value
a	Land						230),400				230,400
b	Buildings		•				345	5,579				345,579
c	Leasehold improvements		•				25	5,590		10,771		14,819
d	Equipment						179	9,972	1	.19,900		60,072
e	Other											

650,870

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation
(1)Financial derivatives		Cost of end-of-	year market value
(2)Closely-held equity interests Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See	Form 990, Part X, line		l -6lb
(a) Description of investment type	(b) Book value		d of valuation year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Dart N Other Accete See Form 990 Dart V lin	ne 15.		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
(a) Descrip			(b) Book value 3,656
(a) Descrip			
(a) Descrip	tion		
(1) ACCRUED INTEREST RECEIVABLE	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	, , , , , , , , , , , , , , , , , , ,	3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	, , , , , , , , , , , , , , , , , , ,	3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656
(a) Descrip (1) ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		3,656

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,411,425
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,151,163
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	260,262
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,603
9	Total adjustments (net) Add lines 4 - 8	9	17,603
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	277,865
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	1,452,861
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 41,436		
e	Add lines 2a through 2d	2e	41,436
3	Subtract line 2e from line 1	3	1,411,425
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,411,425
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1 1	1,174,996
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 23,833	1	
e	Add lines 2a through 2d	2e	23,833
3	Subtract line 2e from line 1	3	1,151,163
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,151,163
Pa	rt XIV Supplemental Information		
C			- 46 4 26

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
Pt XII Line 2d		POLITICAL ACTION COMMITTEE REVENUES REPORTED ON SEPARATE 990EZ
Pt XIII Line 2d		POLITICAL ACTION COMMITTEE EXPENSES REPORTED ON SEPARATE 990EZ
Pt XI Line 8		\$17,603 INCREASE IN NET ASSETS RELATED TO POLITICAL ACTION COMMITEE ACTIVITY REPORTED ON A SEPARATE 990EZ

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DLN: 93493306003021

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** SOUTH DAKOTA CORN GROWERS ASSOCIATION 46-0392991 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

 Indicate whether the organ Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least 	licitations a written or oral agree Form 990, Part VII) t paid individuals or t \$5,000 by the orga	ement wi or entity entities (inization	e f g th any ind in conne (fundraise Form 99	IIVIDU ctior ers) p 0-EZ	Solicitation of nor Solicitation of gov Special fundraising al (including office with professional for fursuant to agreement	n-government grants vernment grants ng events rs, directors, trustees fundraising services? ents under which the fur ired to complete this tal	ble
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	_) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total			>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Corn Cob Open Golf Event (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
φ						60,970
Revenue	1 2	Gross receipts Less Charitable	60,970) 		60,970
Æ	_	contributions				
	3	Gross income (line 1 minus line 2)	60,970)		60,970
	4	Cash prizes	1,889			1,889
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages	6,188	3		6,188
_ ⊡reg	8	Entertainment	7,873	3		7,873
Δ	9	Other direct expenses .	5,374	1		5,374
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	21,324
	11	Net income summary Combine lir	nes 3 and 10 ın column (d)		39,646
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganızatıon answered e 6a	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ច ចូ	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes % ┌ No	┌ Yes %	_
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary Com	oine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ent	er the state(s) in which the organiza	tion operates gaming ac	tivities		
a		the organization licensed to operate				· Fyes F No
Ь	If "	No," Explain				
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes FNo

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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DLN: 93493306003021

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

•			
Name of the organization SOUTH DAKOTA CORN GROWERS ASSOCIATIO	N	Employer identif	ication number
		46-0392991	
Part I Questions Regarding	Compensation		

1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed in form 990, Part VII, Section A, Ine 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Did the organization requires substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations PApproval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization or a related organization? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 Participate in, or receive payment from, an equity-based compensation arrangement? 8 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 10 Part	Yes	Νo
Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Officers, directors, trustees, and the CEO / Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO / Executive Director Check all that apply Compensation ormittee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Teves, to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization or a related organization? A Receive a severance payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VIII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? A The organization? The organization? A The organization? A The organization? For persons listed in form 990, Part VIII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III For persons listed in Form 990, Part VIII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any a		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 Any related organization? 16 For persons listed on from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 5 For persons listed on from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 For persons listed on from 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 For persons listed on form 990, Part VI		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filling organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a The organization? 5b If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization on thingent on the net earnings of The organization on thingent on the net earnings of The organization on thingent on the net earnings of The organization on thingent on the net earnings of The organization on the form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described i		
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		_
section 53 4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		T			_		T	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LISA RICHARDSON	(I) (II)	133,358	25,000			4,600	162,958	
(2) TEDDI MUELLER	(I) (II)	114,927	38,211			10,666	163,804	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
					ı			

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493306003021

OMB No 1545-0047

2010

Inspection

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization SOUTH DAKOTA CORN GROWERS ASSOCIATION Employer identification number

46-0392991

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		The Association is a non-profit corporation that has three classes of

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		members designated as "Regular", "Associate", and "Corporate"

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		All members are required to complete an application and pay annual dues

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		Membership application are approved by the Board of Directors

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		Regular - any individual or business engaged in the production of corn in S. Dakota

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		Associate-any individual or business not engaged in the production of corn in S. Dakota

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		Corporate-any business engaged in the interest of agricultue production in S. Dakota

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		The Association also has a 1 year student membership which entitles

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		the student to special rates at Association events, but students do

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		not have voting rights Only regular members have voting rights

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		Each regular member has one vote and is entitled to vote in person at any

Identifier	Return Reference	Explanation
Pt VI-A, Line 6		regular, special meeting, and annual meeting of the Association

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		One regular member shall be elected as a director from each of the

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		nine (9) districts of the Association Elections are held during

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		the annual meeting. Up to two industry directors will

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		also be appointed by the Board of Directors

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7a		See explanation for Part VI-A, Line 6 regarding directors elected

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7a		from each district by the regular members at the annual meeting,

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7a		and industry directors appointed by the Board of Directors

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7a		Vacancies occurring on the board are filled by the Board of Directors

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7b		At the annual meeting, members vote on proposed resolutions. Any

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7b		changes to the bylaws may be rescinded by the general membership

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11a		The board of directors review the Form 990 and must

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11a		approve of the completed Form 990 prior to filing with the IRS

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		If a board member cannot meet the IRS definition to be an independent

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		board member, they must disclose to the Association's board of directors

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d		ENHANCE THE LIVELIHOOD OF SOUTH DAKOTA CORN PRODUCERS

ldentifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		VEHICLE LEASE AND EXPENSE 22752 MISCELLANEOUS 4626

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		the conflict present and must abstain from voting on the transaction

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		for which a conflict of interest exists. Each board member will be asked

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		to sign a Corn Board Code of Conduct that asks for them to disclose any

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		potential conflicts

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		The Association's process to determine compensation of the Executive

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		Director is to set the base salary based on experience, qualifications,

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		skills, leadership, communication ability and industry standards

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		The Association's officers conduct an annual review of the Executive

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		Director with input from the Board to determine any salary or bonus based on

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		leadership, communication, decision making, accountability, and other

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		factors as deemed necessary Key employee compensation is determined

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		by an evaluation process overseen by the Executive Director Base salary

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		and the range for merit raises are set by the Executive Director based on job

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		responsibilities, experience, qualifications and industry standards. In evaluating

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		potential merit raises, the Executive Director annually will look at a variety

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		of skills and factors including but not limited to leadership abilities, know ledge

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		of the association and industry, communication and decision making abilities

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		A written performance appraisal is used in evaluating key employees

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		Year-end financials statements are available at the annual meeting

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		The Association does not have a policy as to whether the governing

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		documents and conflict of interest policy are available to the public

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

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493306003021

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate i	inst ruct ions	s. 🕨 Attach (to your	tax re	et urn.			Sequence No 67
Name(s) shown on return SOUTH DAKOTA CORN	GROWERS ASSO	CIATION	Business	or activity to w	hich th	ns forr	n relates		Id	dentifying number
SOUTH DAROTA CORN	GRO WERS ASSE	CIATION	Form 990	0 / Form 990EZ					4	6-0392991
Part I Election	To Expense (Certain Pro	perty Un	der Section	179				•	
Note: If y	ou have any li	sted propert	y, comple	te Part V befo	re yo	u con	nplete P	art I.		Г
1 Maximum amount See	the instructions	for a higher li	mıt for cert	aın busınesses	•				1	\$ 500,000
2 Total cost of section 1	.79 property plac	ced in service	(see ınstru	ctions) .					2	
3 Threshold cost of sect	tion 179 property	y before reduct	tion in limit	atıon (see ınstr	uctions			. [3	\$ 2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If	zero or les	s, enter - 0 -					4	
5 Dollar limitation for ta	x year Subtract	line 4 from line	e 1 Ifzero	or less, enter - ()- If m	arried	filing			
separately, see instru	ctions								5	
6 (a)	Description of pi	roperty		(b) Cost (bu		use	(c) E	lected co	ost	
				on	<u> </u>					
7 Listed property Enter	the amount from	ılıne 29 .			•	7				
8 Total elected cost of s	ection 179 prop	erty Addamo	unts ın colı	ımn (c), lınes 6	and 7	•			8	
9 Tentative deduction E	nter the smaller	of line 5 or line	e 8 .						9	
10 Carryover of disallowe	d deduction from	ı lıne 13 of you	ır 2009 For	rm 4562 .					10	
11 Business income limitation	Enter the smaller of	business income	(not less than	n zero) or line 5 (se	ee instru	ctions)		. [11	
12 Section 179 expense	deduction Add I	ines 9 and 10,	but do not	enter more thai	n line 1	1 .		. [12	
13 Carryover of disallowe	d deduction to 2	011 Add lines	9 and 10,	less line 12		13				
Note: Do not use Part	II or Part III b	pelow for list	ed proper	ty. Instead, u	se Pai	t V.	1			
Part III Special D							ınclude	listed pr	opert	y) (See instructions)
14 Special depreciation a tax year (see instruction)		lified property	(other than	listed property) place	d in se	ervice du	rıng the	14	
15 Property subject to se	ction 168(f)(1) e	election .						.	15	
16 Other depreciation (in									16	154
•	preciation (I	Do not inclu	de listed r	property.) (Se	e inst	ructio	ns.)			
	,			ction A			,			
17 MACRS deductions fo	r assets placed ı	n service in ta	x years be	ginning before 2	010				17	19,610
18 If you are electing	to group any a	ssets placed	ın service	e during the ta	ax vea	ar into	one or	more		•
general asset acco		•		_	-			.▶□		
Section B-Ass									ecia	tion System
		(c) Bası	s for							
(a) Classification of	(b) Month and	deprecia		(d) Recovery (e) Convention (f) Metl		6) M - 4 b -	.	(g)Depreciation		
property	year placed in service	(business/in		period	(e) C	onvent	tion (1	f) Metho	a	deduction
		only—see ins								
19a 3-year property										
b 5-year property			39,406	5	HY 200 DB			7,881		
c 7 - year property										
d 10-year property										
e 15-year property										
f 20-year property	4			0.5						
g 25-year property				25 yrs	ļ .	4.54		S/L	-	
h Residential rental property				27 5 yrs	·		S/L			
i Nonresidential real				27 5 yrs 39 yrs	 	MM S/L MM S/L		S/L		
property				39 y 13		1 M		S/L		
	on C—Assets Plac	l ced in Service l	During 2010) Tax Year Using			tive Den		Syst	em
20a Class life	S/L									
b 12-year	1			12 yrs						
c 40-year				40 yrs		мм		S/L	1	
· · · · · · · · · · · · · · · · · · ·	ry (see instruc	tions)		· · · · · · · · · · · · · · · · · · ·						
21 Listed property Enter									21	
22 Total. Add amounts fro								ter here	22	27,645
23 For assets shown aborton of the basis at	ve and placed in	service during	the curren	t year, enter the	9	23				

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24 <i>a,</i> 24 <i>b,</i> Co															
Section A—Depre								nstr									
24a Do you have evider	nce to support	the business/inv	estment u	ise claimed	d? I Yes	l No			241	olf "Ye	es," is t	he ev	dence	written?	l Ye	s I No)
(a) Type of property (list vehicles first)	ype of property (list Date placed in investment Cost of		other (husiness/investment)			(f) Recov perio	ery	(g) / Method/ Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost			
25 Special depreciation allo	•		ty placed	ın service (during the	tax year	and u	ised n	nore	than	25						
26 Property used mor			ousiness	use													
		%							П						T		
		%													\perp		
37 Property used E0%	- orlace in a	% %	IDAGG IIG	•													
27 Property used 50%	o or less in a	quanned busined busine	iness us	<u>e</u>						6/L -		Т			$\overline{}$		
		%							$\overline{}$	5/L -							
		%							9	6/L -					그ㅡ		
28 Add amounts in c	olumn (h), lır	nes 25 through	n 27 En	ter here a	and on lir	ne 21, _l	page	1		28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1								29				
				—Infor													
Complete this section If you provided vehicles to															a vahic	lo c	
i you provided verticles to	your employee	es, mscanswer u	ie questioi		a)		b)	II EXC		(c)	Inpletin	<u>g (ilis</u> (d		(e	_		f)
30 Total business/invyear (do not inclu			ing the •		cle 1	Vehi	•			nicle 3	· \	/ ehic		Vehic	•	-	cle 6
31 Total commuting	mıles drıven	during the yea	ar.														
32 Total other person	nal(noncomn	nuting) miles d	driven														
33 Total miles driver through 32	during the y	ear Add lines	30														
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	'es	No	, Y	es	No	Yes	No	Yes	No
during off-duty ho	urs? .																
35 Was the vehicle u owner or related p		by a more th	an 5%														
36 Is another vehicle			e? .														
Section	on C—Oue	stions for	Employ	vers W	ho Pro	vide \	/ehi	cles	fo	r Us	e bv	The	ir En	volar	ees		
Answer these question 5% owners or related	ns to determ	ine if you mee	t an exc													not mo	re tha
37 Do you maintain a				nibits all	personal	use of	vehi	cles,	ıncl	luding	comn	nutınç	ı, by y	our	$\top_{\mathbf{Y}}$	es	No
employees?													•	•	<u> </u>		-110
20.5										1					-		
38 Do you maintain a employees? See t																	
39 Do you treat all us																	
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fror	n yo	ure	mploy • •	ees al	out t	he us	e of the	,		
41 Do you meet the r	equirements	concerning q	ualıfıed a	automobi	le demor	nstratio	n us	e? (S	ee ı	nstru	ctions) .	•				
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 ıs "Yes	s," do no	t comple	te Sect	ion B	fort	the o	cover	ed veh	ıcles					
Part VI Amo	rtization																
		(b)		(0	٠)			(d)			(e)				(f)		
(a)		Date		A mort				Code		- 1	nortiza			A mor	rtizatio	n for	
Description of c	osts	amortization begins		amo	unt		se	ectio	n		eriod rcenta			th	nis yea	ar	
42 A mortization of co	sts that her		ır 2010	tax vear	(see inc	truction	15)			1 50		ə- <u> </u>					
		adming you	1	-un year	,500 1115	-, action	,			Т							
										+		+					
43 A mortization of co	sete that he	an hefore yer	r 2010 ±									42					
A IIIOILIZALION OF CO	osis illat beg	an belote you	. ZUIU [.ax year		•	•	•	•		· '	43					

44 Total. Add amounts in column (f) See the instructions for where to report

44

Additional Data

Software ID: 10000104

Software Version:

EIN: 46-0392991

Name: SOUTH DAKOTA CORN GROWERS ASSOCIATION

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

4d. Other program services								
(Code) (Expenses \$	including grants of \$) (Revenue \$)				
ENHANCE THE LIV	VELIHOOD OF SOUTH DAKOTA	CORN PRODUCERS						