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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

A	For the 2013 c	alendar year, or tax year beginning $08/01/13$ , and ending $07/31/14$		
В	Check if applicable	C Name of organization CORN GROWERS ASSOCIATION	D Emplo	oyer identification number
	Address change	OF NORTH CAROLINA, INC.	ے ا	1000707
	Name change	Doing Business As  Number and street (or P O box if mail is not delivered to street address)  Room/suite		-1220727
	Initial return		L Tolopi	ione ngmber
	Terminated	P O BOX 1655  City or town, state or province, country, and ZIP or foreign postal code	+	<del></del>
一	Amended return	ELIZABETHTOWN NC 28337	G Gross red	eipts \$ 833,182
$\vdash$		F Name and address of principal officer	G Gloss led	
$\Box$	Application pending	WADE BYRD JR	group return for s	ubordinates? Yes No
		1 aa	subordinates inclu	uded? Yes No
		CLARKTON NC 28433	lo," attach a list	(see instructions)
1	Tax-exempt status	501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		
<u>,                                      </u>	Website N		xemption numbe	r <b>&gt;</b>
K	Form of organization	X Corporation Trust Association Other ► L Year of formation	1977	M State of legal domicile NC
F	Part I Su	ımmary		
	1 Briefly de	scribe the organization's mission or most significant activities		
9	RESE	ARCH & DEVELOPMENT OF CORN AND CORN PRODUCTS		
Jan				
Governance				
ő	2 Check thi		1 1	100
2 2015 activities & C	1	of voting members of the governing body (Part VI, line 1a)	3	23
20 ities		of independent voting members of the governing body (Part VI, line 1b)	4	0
≈ <u>¥</u>	1	nber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
₩Å		nber of volunteers (estimate if necessary)	6 7a	0
Z	ra rotarum	elated business revenue from Part VIII, column (C), line 12	7a 7b	<del> </del>
JAN	b Net unrea	ated business taxable income from Form 990-T, line 34		Current Year
	8 Contributi	ions and grants (Part VIII, line 1h)		0
THE S	1		58,933	832,812
<b>₹</b>	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d) SU	547	370
K.R		enue (Part VIII, column (A), lines 5, 6d; 8c; 9c, 10c, and 11e)		0
SCANNED Revenue			59,480	833,182
30		The state of the s	61,182	431,293
		paid to or for members (Part IX, column (A), line 4)		0
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
Expenses	16a Profession	nal fundraising fees (Part IX, column (A) line 11)e)		<u> </u>
х	<b>b</b> Total fund	draising expenses (Part IX, column (D), line 25)	16 007	150 005
_	17 Other exp		16,887 78,069	158,085 589,378
			81,411	243,804
20.00		Beginning of C		End of Year
Assets or Balances	20 Total asse		16,511	653,791
Ass	21 Total liabi	lities (Part X, line 26)	9,798	3,274
Z Z	22 Net asset	s or fund balances Subtract line 21 from line 20	06,713	650,517
Р	art II Sig	gnature Block		
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b		wledge and belief, it is
tru	ue, correct, and co	emplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	је 	<del></del>
	_			12/19/14
Sig	, i .	ignature of officer	Date	,
He		FRED TATE // Ox July 1, Ox July TREASURER		
		ype or print name and title  Preparer's signature  Date		T <sub>r</sub> PTIN
Paid	.   ``		Check	LJ"
	narer Frithin	C PRESERVE POLICE & ACCOUNTABLE VID	3/14 self-em	ployed   P00233766 56-0731535
	Only	PO BOX 937	Firm's EIN	20 0/2123
_	Firm's add	TI TEADEMINIONI NO 00227 0402	Phone ac	910-862-3768
Mav		this return with the preparer shown above? (see instructions)	Phone no	X Yes No
For		ction Act Notice, see the separate instructions.		Form 990 (2013)
DAA				TY 1

Form 990 (2013) CORN GROWERS ASSOCIATION	56-1220727	Page 2
Part III Statement of Program Service Accomplishment		
Check if Schedule O contains a response or note to	o any line ın this Part III	X
1 Briefly describe the organization's mission RESEARCH & DEVELOPMENT OF CORN AND CO.	RN PRODUCTS	
	<del></del>	
2 Did the organization undertake any significant program services during the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	year which were not listed on the	Yes X No
3 Did the organization cease conducting, or make significant changes in how	it conducts, any program	
services?		Yes X No
If "Yes," describe these changes on Schedule O		
4 Describe the organization's program service accomplishments for each of it expenses. Section 501(c)(3) and 501(c)(4) organizations are required to rep the total expenses, and revenue, if any, for each program service reported.	i	
4a (Code ) (Expenses \$ 140,000 including graNATIONAL CORN GROWERS ASSOCIATION:		)
National corn research and market of	development.	
	1	
	4	
	i	
	•	
4b (Code. ) (Expenses \$ 95,000 including graund of the second of the sec		)
of U.S. grain products.		
4c (Code. ) (Expenses \$ 158,735 including grain NORTH CAROLINA STATE UNIVERSITY:  Corn growth and yield research.	nts of \$ 158,735 ) (Revenue \$	)
4d Other program services (Describe in Schedule O )	27 550	
(Expenses \$ 84,045 including grants of \$ 4e Total program service expenses ▶ 477,780	37,558 ) (Revenue \$	)

# Part IV Checklist of Required Schedules

			1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b>-</b>		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ľ		
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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		X
С	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		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		**
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1,0	x	
<b>L</b>	Schedule D, Parts XI and XII	12a		
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 and XII is optional	12b		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
о 4а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ī	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		l	
_	if "Yes," complete Schedule G, Part III	19		<u> </u>
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>d</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

1, 6	Checkist of Required Schedules (Continued)			
04			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		-	
44	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	·	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ī		
	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	- [	ļ	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			~-
	_ · · · · · · · · · · · · · · · · · · ·	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
••		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		I	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	ŧ	v
a		28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	ľ	x
		200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{1}{X}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-		
••	•	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
•		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
_	The state of the s	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,			37
	<del>-</del>	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	<b>.</b>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) CORN GROWERS ASSOCIATION

Pa	Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ı	
_	reportable gaming (gambling) winnings to prize winners?	1c	Ī	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	]	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	Ì	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶		1	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ļ ļ	ŧ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	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 as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	[ [	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	ŧ	X
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	- 1	x
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	10		
ď	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	Ī	x
e f	Did the organization receive any lunds, directly or indirectly, to pay premiums or a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	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		I	
	organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a ]	J	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			4
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-	
11	Section 501(c)(12) organizations. Enter.		Ì	
а	Gross income from members or shareholders		Ţ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		-	
	against amounts due or received from them )		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans  13b		ļ	
C	Enter the amount of reserves on hand	<del>   -  </del>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$-\!\!+$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	- 1	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 23 1b 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 X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3  $\overline{\mathbf{x}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 ĥ 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure NC 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the FRED TATE P O BOX 1655 organization >

ELIZABETHTHOWN

910-862-7008

NC 28337

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus  Officer and a director/trus  Or director  Or director  Individual Itusi		s both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Fred Tate	0.00									
Trongumen	0.00 0.00	x	1	x				6,000	0	0
Treasurer (2) Larry Boyd	0.00	^	_	Λ		╂╌╌╁		6,000		
(z) Edity Boyd	0.00									
Director	0.00	x						l	0	0
(3) Darren Armstrong			$\vdash$		_		_	<del>-</del>		
(1)	0.00					1 1			•	
DIRECTOR	0.00	X						0	0	0
(4) Rick Morgan										
_	0.00					}				
Director	0.00	X						0	0	0
(5) Christopher Jone		ľ	!			1 1				
	0.00		ŀ						_	_
Director	0.00	X				$\sqcup$		0	0	0
(6) Ronnie Burleson	0 00									
Discount of	0.00	3,							^	0
Director (7) Wade Byrd, Jr	0.00	X	-					0	0	
(/) wade byid, or	0.00									
President	0.00	x		x				o	0	0
(8) Guy Davenport	0.00	-								<del></del>
(s) cult burenges	0.00									
Director	0.00	x						ol	0	0
(9) Gerald Fryar										
_	0.00									
Director	0.00	X						0	0	0
(10)Ervin Lewis										
	0.00						ĺ	_ [		
Director	0.00	X						0	0	0
(11) Jimmy Harrell	0.00						-			
Dimastan	0.00	x							_	^
Director DAA	0.00	A					i	0	0	O Form <b>990</b> (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	y Er	npic	yees	s, an	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, uní	Pos check ess pe ind a c	rson I	than o s both r/truste	an 96)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amout othe compen from	ated nt of er sation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and rel organiza	ated	
(12) Scott Pitts	0.00	47							0				^
Director (13) Josh Gaddy	0.00	X	├		<del> </del>	-		0	0				0
_	0.00	.,		İ									^
Director (14) Alex Jordan	0.00	X	├	_		-		0	0	<del></del>			0
	0.00				ł								_
SECRETARY	0.00	X	-	X		<u> </u>		0	0	<u> </u>			0
(15) Paul Sodoma	0.00												•
(16) Franklin Lee	0.00	X	-			$\vdash$		0	0				<u> </u>
	0.00												
Director	0.00	X		<u> </u>				0	0		_		0
(17) Talmadge Mathis	0.00												
Dáma atam	0.00							0	o				0
Director (18) Sandy Ratcliffe	0.00	X						0					
(16) Sandy Raccillie	0.00	l											
Director	0.00	$ \mathbf{x} $						o	0				0
(19) Maurice Smithern			_								-		
	0.00												
Director	0.00	X						0	0				0
1b Sub-total							<b>&gt;</b>	6,000					
c Total from continuation shee	ts to Part VII, S	ectio	on A				<b>•</b>	6 000		<del></del>			
d Total (add lines 1b and 1c)  Total number of individuals (inc	leadana best mat lea	- 4 - 4	40.46				<u> </u>	6,000					
reportable compensation from t			0	ose	istec	abo	ve) v	who received more than \$10				Vaci	No
3 Did the organization list any for							oloye	ee, or highest compensated				Yes	No X
employee on line 1a? If "Yes," of 4 For any individual listed on line	1a, is the sum o	f repo	ortab	ie co	mpe	nsatı			n the		3		
organization and related organization	zations greater t	nan t	§150.	000	/ IT "'	res,"	com	npiete Schedule J for such			4	Ť	X
5 Did any person listed on line 1a for services rendered to the org									lividual		5	-	x
Section B. Independent Contractor		<u>., .</u>	<u> </u>	0.0 0					<del></del>				
Complete this table for your five compensation from the organization.	highest comper												
	(A) business address							Descript	(B) ion of services		Co	(C) mpensati	
Haire and	ousiless address			-				Descript	on or survices			препови	<u> </u>
	-							<u> </u>					
												_	
	<del> </del>												
				_							<del></del>	- <del></del>	
Total number of independent correceived more than \$100,000 or							ose I	listed above) who	0				

Form 990 (2013) CORN GROWERS ASSOCIATION 56-1220727 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) Reportable Estimated Name and title Average Position Reportable compensation from hours per (do not check more than one compensation amount of related week box, unless person is both an from other officer and a director/trustee) the organizations compensation (list any organization (W-2/1099-MISC) from the hours for Institutional trustee (W-2/1099-MISC) organization related ndividual trustee ir director gnest compen and related organizations employee organizations below dotted line) (12) Jay M Sullivan 0.00 X 0.00 0 0 PAST PRESIDENT X (13) Dennis Waller 0.00 0.00 X X 0 0 VICE PRESIDENT 0 (14) Jeff Sparks 0.00 0.00 X 0 0 Director (15) Stewart Turner 0.00 0.00 X 0 0 Director (16)(17)(18)(19)Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

P	art V		ment of Reve		tains a	response	or note to any line	in this Part VIII		П
				7			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
돲	1a	Federated can	npaigns	1a						
Contributions, Gifts, Grants	b	Membership d		1b						<u> </u>
S,	С	Fundraising ev		1c						# #
E S	d	Related organ	ızatıons	1d_						<b>‡</b>
in,	е	Government grants	(contributions)	1e			]	1		
tior	f	All other contribution								Į.
햠		and similar amounts	not included above	_1f			1			‡ ‡
ontr	g	Noncash contributio	ns included in lines 1a-	1f	\$			ł		<u> </u>
	h	Total. Add line	es 1a–1 <u>f</u>				70-1-1-11			<u> </u>
Program Service Revenue						Busn Code				
eve	2a		SESSMENT REV	ENUE		<u> </u>	832,812	832,812		
S.	b								<del></del>	ļ
ξ	C									ļ. <u> </u>
S	d									
Jran	e							<b></b>		
ŏ	í		am service reven	iue			022 012			
<u> </u>	3	Total. Add line	ome (including d				832,812			<u> </u>
	"	and other simil	=	ividerio	s, meres	st, 	370	370		
	4		ivestment of tax-	evemn	t hand no	abaan	370	370	<del></del>	<del> </del>
	5	Royalties	resument of tax-	cxcmp	bond pr	boccous				
	-		(i) Real		(11)	Personal	<u> </u>	<del></del>		
	6a	Gross rents						<u> </u>		1
	b	Less rental exps						‡		1
	C	Rental inc or (loss)					1			1
	d	Net rental inco	me or (loss)			<b></b>	Ī			†
	7a	Gross amount from	(i) Secunties		(11	) Other				
		sales of assets other than inventory						Ī		•
	b	Less cost or other						<b>‡</b>		
		basis & sales exps		_				Į.		1
	С	Gain or (loss)								
	d	Net gain or (los	ss)			<u> </u>				
<u>o</u>	8a	Gross income fro	m fundraising even	ts						<b>.</b>
Other Revenue		(not including \$								
Şe			eported on line 1c)					<b>‡</b>		
er		See Part IV, line		a						ŧ
듐		Less direct ex	•	ьĮ	<del></del>	<del></del>				<b>‡</b>
			(loss) from fundra	٦,	events					<u> </u>
	уа		m gaming activities							<b>‡</b>
	_	See Part IV, line		a b						<u> </u>
		Less: direct exp	penses (loss) from gamır	~ [						ŧ
		Gross sales of	· · · · · · · · · · · · · · · · · · ·	ig aciiv	illes					
	IVa	returns and allo	-	а						
	b	Less cost of ge		ь		·-·		•		
		-	(loss) from sales		ntory					
			cellaneous Revenue			Busn. Code	·			
	11a									
	b									
	С									
	d	All other revenu	Je							
	е	Total. Add lines	s 11a-11d							
	12	Total revenue.	. See instructions				833,182	833,182	0	0

Page **10** 

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respi	onse or note to any line in th	nis Part IX		
	ot include amounts reported on lines 6b, 8b, 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	<u> </u>			, , , , , , , , , , , , , , , , , , , ,
·	organizations in the U.S. See Part IV, line 21	431,293	431,293		
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	:	i		
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	6,000		6,000	
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	57,518	26,388	31,130	
18	Payments of travel or entertainment expenses			}	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,971	14,209	16,762	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	102		102	
23	Insurance				······································
24	Other expenses Itemize expenses not covered	]		1	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	45 000		4, 22	
а	CONTRACT LABOR	47,908	3,908	44,000	
b	AUDIT FEES	5,400		5,400	
C	TELEPHONE	3,080	1 000	3,080	
d	OTHER EXPENSE	1,982	1,982		
	All other expenses	5,124	477 700	5,124	
<u>25</u> 26	Total functional expenses Add lines 1 through 24e	589,378	477,780	111,598	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   following SOP 98-2 (ASC 958-720)				
	1511511111g 001 00 2 [A00 000-120]				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 76,408 225,994 1 Cash-non-interest bearing 300,313 350,480 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 27,090 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 39,583 50,122 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 5,247 10a other basis Complete Part VI of Schedule D 5,142 b Less accumulated depreciation 10b 207 10c 105 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 416,511 653,791 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 9,798 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 9,798 3,274 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 406,713 650,517 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 650,517 406,713 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 416,511 653,791

-orn	n 990 (2013) CORN GROWERS ASSOCIATION	56-1220727			Pa	ige <b>12</b>
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	n this Part XI				ĴĹ
1	Total revenue (must equal Part VIII, column (A), line 12)		_1			182
2	Total expenses (must equal Part IX, column (A), line 25)		2			378
3	Revenue less expenses Subtract line 2 from line 1		_3			<u>804</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colo	umn (A))	4	4	06,	713
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		_6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	ıal Part X, line				
	33, column (B))		10	6	50,	517
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	n this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accru	ual Other				
	If the organization changed its method of accounting from a prior year or checked	d "Other," explain in		_		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an indeper	ndent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	ear were compiled or		1		
	reviewed on a separate basis, consolidated basis, or both					-
	Separate basis Consolidated basis Both consolidated and	separate basis				
b	Were the organization's financial statements audited by an independent accounts	ant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year	ear were audited on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and	separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight				{
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during	ng the tax year, explain in				
	Schedule O	-				
За	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?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organiza	tion did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken	<del>-</del>		3ь		

Form 990 (2013)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	of the organia		[	mployer	identification number
		ROWERS ASSOCIATION		56_1	.220727
11 111	art I	IH CAROLINA, INC. Organizations Maintaining Donor Advised Fun			
• 1	A1	Complete if the organization answered "Yes" to Fo	orm 990 Part IV line 6.	Ounk	<b>.</b>
		Complete if the organization anowards from to the	(a) Donor advised funds		b) Funds and other accounts
1	Total nun	ober at end of year			
2		e contributions to (during year)			<del></del>
3		e grants from (during year)			<del></del>
4		e value at end of year			
5		ganization inform all donors and donor advisors in writing that th	ne assets held in donor advised		
•		the organization's property, subject to the organization's exclusi			☐ Yes ☐ No
6		ganization inform all grantees, donors, and donor advisors in wr	-		163 NO
٠		nantable purposes and not for the benefit of the donor or donor a			
		j impermissible private benefit?	divisor, or for any other purpose		Yes No
P	art II	Conservation Easements.			
• •	41 P 1+	Complete if the organization answered "Yes" to Fo	orm 990. Part IV. line 7.		
1	Purnose/	s) of conservation easements held by the organization (check all	<del></del>		<del></del>
•		ervation of land for public use (e.g., recreation or education)	Preservation of an historically import	ant land	d area
	_	ction of natural habitat	Preservation of a certified historic str		
	_	ervation of open space	Treservation of a sertified motorio da	uotu. o	
2		lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	,	
-	•	on the last day of the tax year	tion continuation in the form of a conservation	·	Held at the End of the Tax Yea
а		ber of conservation easements		2a	Tield de tille Ellid of tille Tax Tea
b		rage restricted by conservation easements		2b	
		f conservation easements on a certified historic structure include	nd in (a)	2c	
c d			• •	1	
u		f conservation easements included in (c) acquired after 8/17/06, ructure listed in the National Register	and not on a	2d	
3		f conservation easements modified, transferred, released, exting	ruished, or terminated by the organization du		
•	tax year		guished, or terminated by the organization du	iling the	•
4	•		atad N		
5		f states where property subject to conservation easement is loc-			
3		organization have a written policy regarding the periodic monitor and enforcement of the conservation easements it holds?	ing, inspection, nandling of		Yes No
_			conconviation assuments during the year		
6	Stati and	volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
7	Amazont a	f	and other assemble during the year		
7	Amount o	f expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	, ,				
8		h conservation easement reported on line 2(d) above satisfy the	requirements of section 170(1)(4)(b)		Yes No
9	• • •	ction 170(h)(4)(B)(ii)?	e in its revenue and evappes statement, and		
3		<ol> <li>describe how the organization reports conservation easement heet, and include, if applicable, the text of the footnote to the org</li> </ol>	•		
		on's accounting for conservation easements	anization's interior statements that describe	3 1110	
p <sub>2</sub>	art III	Organizations Maintaining Collections of Art, H	listorical Treasures or Other Sim	ilar A	Assats
•	17 <b>€</b> 247	Complete if the organization answered "Yes" to Fo			
1a	If the oras	nization elected, as permitted under SFAS 116 (ASC 958), not t		sheet	
	-	int, historical treasures, or other similar assets held for public ext	•		
		vice, provide, in Part XIII, the text of the footnote to its financial s		•.	
b	•	nization elected, as permitted under SFAS 116 (ASC 958), to re		eet	
~		int, historical treasures, or other similar assets held for public ext			
		vice, provide the following amounts relating to these items	assess, succession, or resource at further affect	J.	
	•	nues included in Form 990, Part VIII, line 1			.c
		s included in Form 990, Part X			\$ \$
2		·	per cimilar assets for financial gain, provide th	<b>,</b>	Ψ
-		nization received or held works of art, historical treasures, or oth imounts required to be reported under SFAS 116 (ASC 958) rela		ıc	
2	_	included in Form 990, Part VIII, line 1	aing to these items		¢
		luded in Form 990, Part X			♥ €
					w

CITE		ROWERS ASSOC			<u> 56-12</u>				Page
P	rt III Organizations Maintair	ning Collections of	Art, Historical 1	reasures,	or Other	Similar Assets	(continu	ued)	
3	Using the organization's acquisition, acce collection items (check all that apply).	ession, and other records,	check any of the follo	owing that are	a significant	use of its			
а	Public exhibition	d 🗌	Loan or exchange pr	rograms					
b	Scholarly research	е 🗌	Other						
C	Preservation for future generations	_							
4	Provide a description of the organization's	s collections and explain t	now they further the o	rganization's e	xempt purpo	se in Part			
	XIII								
5	During the year, did the organization solid	at or receive donations of	art, historical treasure	es, or other sin	nılar		_	_	_
	assets to be sold to raise funds rather that	in to be maintained as pa	rt of the organization'	s collection?	<del>-</del>		Y	es _	No
Pa	Escrow and Custodial Complete if the organiza 990, Part X, line 21.	•	' to Form 990, Pa	art IV, line 9	, or report	ed an amount o	on Form		
1a	Is the organization an agent, trustee, cust	odian or other intermedia	ny for contributions or	nther assets r	not	·- <u></u>			
	included on Form 990, Part X?	odian or other intermedia	Ty TO: CONTINUE IIONS OF	Other assets i			□ <b>v</b>	es 🗆	No
h	If "Yes," explain the arrangement in Part )	(III and complete the folia	wana tahla				□ ''		] '''
U	ii res, explain the arrangement in Falt /	viii and complete the lollo	Willy table				Amour	nt	
_	Recurring halange					1c	7411041		
C	Beginning balance					<u> </u>			
d	Additions during the year					1d			—
e	Distributions during the year					1e			
f n-	Ending balance	5 000 D (V)	10			1f	<del></del>		T
	Did the organization include an amount of				/III		Y	es 📙	No
	If "Yes," explain the arrangement in Part >	Cli Check here if the exp	lanation has been pro	ovided in Part 2	OII .				Ь_
<b>–</b> 8	rt V Endowment Funds.	tion annuaged "Mos"	to Com 000 Da		<b>-</b>				
	Complete if the organiza			_1		40.75	1		
	_	(a) Current year	(b) Pnor year	(c) Two yea	ars back	(d) Three years back	(e) Fol	ır years l	Dack
	Beginning of year balance								
b	Contributions		·						
С	Net investment earnings, gains, and losses					····			
d	Grants or scholarships					<u> </u>	<u> </u>		
е	Other expenditures for facilities and								
	programs					. <u></u>			
f	Administrative expenses						<u> </u>	_	
g	End of year balance								
2	Provide the estimated percentage of the o	current year end balance	(line 1g, column (a)) t	neld as					
а	Board designated or quasi-endowment	·	•						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c s	hould equal 100%							
3a	Are there endowment funds not in the pos	•	on that are held and a	administered fo	r the				
	organization by.							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		$\overline{}$
h	If "Yes" to 3a(ii), are the related organizati	one listed as required on	Schedule R2				3b		
4	Describe in Part XIII the intended uses of	•					0.5		<u></u>
	rt VI Land, Buildings, and E		ment lunus	<del></del>		<del></del>			
rø	Complete if the organiza		to Form 990 Pa	rt IV line 1	la Saa E	orm 000 Part Y	lina 10	1	
	Description of property			r other basis		cumulated	(d) Book		
	Description of property	(a) Cost or other b (investment)	· · · · · · · · · · · · · · · · · · ·	ther)		eciation	(a) Book	value	
4 -	Land	(invosuncin)	,,,			- I			
	Land				~				
	Buildings				-				
	I CO a chald impersorate	I				1			
С	Leasehold improvements	<del></del>		E 047		E 140		,	1 ^ -
c d	Equipment Other			5,247		5,142			105

Part VII	Investments—Other Securities.	- F 000 Dart IV km	44h Coo Form 000 Port V I 40	
	Complete if the organization answered "Yes" to			
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	
(4) 5	<del></del>		Cost of Brid-or-year Harket Value	
(1) Financial c			<del> </del>	
	eld equity interests	<del></del>	<del></del>	
(3) Other			<del> </del>	
(A)			<u> </u>	
(B)				
(C)				
(D)		··		
(E)				
(F)				
(G)				
(H)				<del></del>
	n (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	2 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				-
(7)		<del></del>		
(8)	<del></del>			
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13 )		· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.		<u> </u>	
* *** ***	Complete if the organization answered "Yes" to	Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description	71 OIII 000, 1 dit 14, iiile	(b) Book value	JA
(1)				
			<del></del>	
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
<u>(7)</u>				
(8)			<u> </u>	
(9)	<del></del>		<del></del>	
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	
	line 25.	<u></u> ,		
1.	(a) Description of liability	(b) Book value	4	
(1) Federal i	ncome taxes			
(2)				
(3)			]	
(4)			]	
(5)			]	
(6)			]	
(7)			1	
(8)			1	
(9)			1	
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶		1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

<u>4a</u> 4b

> <u>4c</u> 5

589,378

Part XIII Supplemental Information

b Other (Describe in Part XIII )c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2013 CORN GROWERS ASSOCIATION

56-1220727

Page 5

Part XIII Supplemental Information (continued)

16 PM	
N	
12/23/2014	
561220727	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public 2013 Inspection

OMB No 1545-0047

**≗** □

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. CORN GROWERS ASSOCIATION

Employer identification number X Yes 56-1220727 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance OF NORTH CAROLINA, INC. the selection criteria used to award the grants or assistance? Name of the organization Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	received more t	han \$5,00	00. Part II can be c	Juplicated if additi	onal space is ne	eded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		r applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) NATIONAL CORN GROWERS ASSOCIATION							
632 CEPI DRIVE							CORN RESEARCH
CHESTERFIELD MO 63005			140,000		_		
(2) U S GRAINS COUNCIL							
1400 K STREET NW							CORN RESEARCH
WASHINGTON DC 20005			95,000				
(3) N C STATE UNIVERSITY							
P O BOX 7653							CORN RESEACH
RALEIGH NC 27695			158,735				
(4) NC AGRICULTURAL FOUNDATION							
P O BOX 7653							CORN RESEARCH
RALEIGH NC 27695			8,616				
(5)							
(9)							
(2)							
(8)						:	
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed in	the line 1 t	able			!   	•

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (F	Schedule I (Form 990) (2013) CORN GROWERS ASSOCIATION	ASSOCIATION	LO.	56-1220727		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Individuals in the Ur	nited States. Comp	lete if the organizatior	answered "Yes" to Form 9	
	Part III can be duplicated if additional space is needed	nal space is needed				ė
	(a) Type of grant or assistance	(p) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
,		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					-	
-						
_ 2						
e						
,						
4						
2						
Œ						
7				-		
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information rec	quired in Part I, line	2, Part III, column (b)	and any other additional ir	nformation

561220727 12/23/2014 2 16 PM

SCHÉDULE O (Form'990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

CORN GROWERS ASSOCIATION OF NORTH CAROLINA, INC.

56-1220727

Employer identification number

Form 990, Part III, Line 4d - All Other Accomplishment

VARIOUS NORTH CAROLINA COUNTY EXTENSION & OTHER AGENCIES:

Corn growth and promotion within North Carolina.

Grants and allocations given to state and regional organizations for the purpose of research and education and market development of corn and corn products.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Directors elect the officers of the organization.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Governing Board has given Treasurer authority to review and approve Form 990 prior to its filing. Form 990 is available for Board Members' inspection at Board meeting following filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Except for the Treasurer, organization officals are not compensated.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Treasurer's compensation is deliberated by the budget committee, approved by
the board of directors and recorded in the organization's minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available in print upon request.

Form 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return

Name(s) shown on return

CORN GROWERS ASSOCIATION

Identifying number 56-1220727

OF NORTH CAROLINA, INC. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) 6 (a) Description of property (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 102 17 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 vrs MM S/L MM S/L Nonresidential real 39 yrs. property MM S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/I 40-year S/L 40 yrs Part IV Summary (See instructions ) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 102 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs