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DLN: 93493014000135

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 ca	lendar year, or tax year beginnin	g 09-01-2013 , 2013, and ending 08	-31-2014				
_		plicable	C Name of organization KENTUCKY CORN GROWERS ASSOC	TATION INC		D Employ	er ide	ntification number	
Add	Iress cha	ange	Doing Business As			61-11	5884	1	
Пап	ne chan	nge	boiling business As						
Init	ıal retur	'n		nail is not delivered to street address) Room/	suite	E Telepho	ne num	ber	
Ter	mınated	i	PO BOX 90			(502)	243-4	150	
☐ Am	ended r	eturn	City or town, state or province, cour EASTWOOD, KY 40018	ntry, and ZIP or foreign postal code		(302)	2 1 3 1	130	
☐ App	lication	pending				G Gross re	ceipts	2,297,550	
			F Name and address of prin	ncipal officer	H(a) I	s this a group	return		
			LAURA KNOTH PO BOX 90		s	ubordinates?		┌ Yes 🗸 No	
			EASTWOOD, KY 40018		H(b) A	re all subordir	nates	┌ Yes ┌ No	
	v ovem	nt statu				ncluded?	- 1 4	(<u></u>	
		pt statu		insert no) 4947(a)(1) or 527	- '	r No, attach	a iist	(see instructions)	
J W	ebsite	: ⊢ W	WW KYCORN ORG		H(c)	Group exempti	on nur	mber ►	
K Forr	n of org	anızatıo	n 🔽 Corporation 🦳 Trust 🦳 Associatio	n	L Year	of formation 198	32 M	State of legal domicile KY	
Pa	rt I	Sur	nmary						
	т	ORE		on or most significant activities TO INCREASE THE PROFITABILIT	YOFCORM	N PRODUCERS	SINT	HE STATE OF	
به	<u> </u>	<u>(ENTU</u>	CKY						
Governance	-								
Ë	_								
γoκ	2 0	heck	this box দ if the organization di	scontinued its operations or disposed	d of more th	an 25% of its	net as	sets	
] 3 N	lumbe	r of voting members of the govern	ing body (Part VI, line 1a)			з	26	
Activities &				of the governing body (Part VI, line 1			4	26	
Ĭ				calendar year 2013 (Part V, line 2a)			5	4	
Ş	6 ⊺	otal n	umber of volunteers (estimate if n	ecessary)			6	15	
	7a ⊤	otal u	nrelated business revenue from P	art VIII, column (C), line 12			7a	0	
	ь∧	let unr	elated business taxable income f	rom Form 990-T, line 34	<u> </u>		7b	0	
						Prior Year		Current Year	
a)	8		ributions and grants (Part VIII, li	23,5		13,796			
Rayenue	9		ram service revenue (Part VIII, li		1,657,6	-	2,258,432		
瓷	10 11			(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	•	5,5 21,7		6,337 18,985	
	12			(must equal Part VIII, column (A), li	ne —	21,7		10,505	
		12)	<u> </u>	<u> </u>		1,708,5		2,297,550	
	13			IX, column (A), lines 1-3)		963,2	_	1,090,402	
	14			X, column (A), line 4)			0	0	
\$8	15	5-10		ee benefits (Part IX, column (A), lines	,	276,1	.121 293,71		
803	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0	
Expenses	ь	Total 1	undraising expenses (Part IX, column (D), line 25) ▶ 0					
_	17	Othe	r expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		376,8	46	342,856	
	18		·	st equal Part IX, column (A), line 25)		1,616,1	-	1,726,970	
	19	Reve	nue less expenses Subtract line	18 from line 12		92,3		570,580	
Not Assets or Fund Balances					Begii	nning of Curren Year	it	End of Year	
See!	20	Tota	assets (Part X, line 16)			5,383,4	82	5,954,062	
A B	21						0	0	
žĒ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		5,383,4	82	5,954,062	
Pai	t II	Sig	nature Block						
my kı	nowled	ge and	belief, it is true, correct, and con knowledge ***	amined this return, including accompanies of the normal number (other		r) is based on a			
Sign		Sıgı	nature of officer			Date			
Here	e		RA KNOTH EXECUTIVE DIRECTOR se or print name and title						
		 	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN		
Paid	4	ļ	JON A MEYER			self-employed	P01379		
	pare	r	Firm's name F JONES NALE & MATTIN	GLY PLC		Firm's EIN 🕨 61	-04202	07	
	Onl		Firm's address - 642 SOUTH FOURTH S	Phone no (502)	ne no (502) 583-0248				

LOUISVILLE, KY 40202

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes No

4e Total program service expenses ►

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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? 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, 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 for which 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 1	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
LO	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 $\sqrt{2}$	10		Νo
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	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	Yes	
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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
L 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		No
L 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
L 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		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L 9	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
!0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 through 24d and complete Schedule K. If "No," go to line 25a	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? <i>If "Yes," complete Schedule L, Part I</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? If "Yes," complete Schedule L, Part I	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 disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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		1	
		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? If "Yes," complete Schedule L, Part IV	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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? If "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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19?	26	Yes	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	-, N
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		163	- '
	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		
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			
h	by this return	1		
ט	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		١
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		
a	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		N
Ь	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	1		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		١
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		١
С	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 as charitable contributions?	6a		1
b	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		١
b	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 required to			
	file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		1
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ſ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	 7g		
h	required?	/ <u>y</u>		
	Form 1098-C?	7h		
•	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
a	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 501(c)(29) qualified nonprofit health insurance issuers.]		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
۱.	Note. See the instructions for additional information the organization must report on Schedule O			
Ø	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			
С	Enter the amount of reserves on hand	1		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 O	contains a response	or note to any	Vine in this Part VI	_	 _	_	_	_	_	_	_	_	_		Ţ
Chicak ii Schicaale C	contains a response	or moce to an	, iiiic iii ciiio i aic v i	•	 •		•	•		•	•		•	•	-,

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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			
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 supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
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	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No

- 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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 organization ►LAURA KNOTH PO BOX 90 EASTWOOD, KY 40018 (502) 245-4150

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

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, or 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 per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) RUSSELL SCHWENKE	0 00	Х		х				0	0	0
PRESIDENT (2) RICHARD STRODE	0 00									
	0 00	х		х				О	0	0
VICE PRESIDENT (3) DALE APPELMAN	0.00				_					
(3) DALE APPELMAN SECRETARY	0 00	x		х				0	0	0
(4) MARK ROBERTS	0 00									
` '		Х		Х				0	0	0
TREASURER (5) HENRY SANGER	0 00									
	0 00	Х						0	0	0
DIRECTOR (6) STEPHEN KELLY	0.00									
	0 00	Х						О	0	0
DIRECTOR										
(7) JOE NICHOLS	0 00	х						o	0	0
DIRECTOR										
(8) JOE SISK	0 00	x						0	0	0
DIRECTOR		^						ŭ	· ·	
(9) DUSTIN WHITE	0 00	х						0	0	0
DIRECTOR		^							O .	U
(10) CHRIS PIERCE	0 00	v								
DIRECTOR		Х						0	0	0
(11) ANDY PERKINS	0 00									
DIRECTOR		Х						0	0	0
(12) MICHAEL BUCKMAN	0 00									
DIRECTOR		Х						0	0	0
(13) RICHARD PRESTON	0 00						Н			
DIRECTOR		Х						0	0	0
(14) JEFF RICE	0 00									
	0 00	Х						0	0	0
DIRECTOR (15) TRAVIS HANCOCK	0 00									
` '	0.00	х						0	0	0
DIRECTOR (16) JEFF HAWK	0.00									
	0 00	Х						0	0	0
								i		
DIRECTOR										
	0 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note boo	chec k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	nated of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	elated
(18) JOHN DANESI	0 00	х						0			0
DIRECTOR (19) CHARLIE CRAIG	0 00							_			
DIRECTOR		×						0			0
(20) PHILIP MCCOUN	0 00										
CHAIRMAN		X						0	'		0
(21) TERRY RHODES	0 00	х						0			0
VICE CHAIRMAN										1	
(22) RAY ALLEN MACKEY	0 00	x						0			0
FINANCIAL AGENT (23) BOB WHITE	0 00									<u> </u>	
DIRECTOR		×						o	,		0
(24) TRIPP FURCHES	0 00	†								<u> </u>	
DIRECTOR		Х						0			0
(25) DANNY WILKINSON	0 00	×						0			0
DIRECTOR (26) JOE NEAL BALLANCE	0 00										
DIRECTOR		×						0			0
(27) LAURA KNOTH	40 00									1	
CHIEF EXECUTIVE OFFICER				X		X		142,959	1		0
										<u> </u>	
1h Cub Tatal						<u> </u>		<u> </u>			
1b Sub-Total			•	•		-					
d Total (add lines 1b and 1c)				٠.		▶ ├		142,959	0		0
Total number of individuals (including \$100,000 of reportable compensation)	-			ed a	bove	e) who	rec	eived more than	'		
										Yes	No
3 Did the organization list any former of							r hıg	hest compensate	d employee		
on line 1a? If "Yes," complete Schedul									3		No
4 For any individual listed on line 1a, is organization and related organization individual									om the		No
5 Did any person listed on line 1a rece								_	ndıvıdual for		
services rendered to the organization	n? If "Yes," comple	te Sche	dule	J for	suc	th pers	on		5		No
Section B. Independent Contrac	ctors										
1 Complete this table for your five high	•										
compensation from the organization	(A)	tion for	the	cale	enda	ryear	end	ling with or within	(B)	s tax year	
Name an	d business address							Descripti	on of services	Compe	
2 Total number of independent contractors \$100,000 of compensation from the o		not lım	ited t	o th	ose	listed	dabo	ove) who received	more than		

	Check if Schedule O contains a res	police of flote to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ا ير م	Federated campaigns	1a				
Other Similar Amounts	Membership dues	1b 13,796				
5 E c	Fundraising events	1c				
and Other Similar A	Related organizations	 1d				
֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		le				
Siri S						
	All other contributions, gifts, grants, and similar amounts not included above	1f				
를 돌 g	Noncash contributions included in lines	į	j	į		j
and P	Total. Add lines 1a-1f		13,796			
<u>, e c</u>	Total Add Intest u 11	· · · · · •				
e	CHECKOLE ACCECCMENTS	Business Code	2 244 422	2 244 422		
Program Service Revenue	CHECKOFF ASSESSMENTS MANAGEMENT SEES	111000	2,211,432	2,211,432		
22 b	MANAGEMENT FEES COMPINE DENTAL	561000	30,000	30,000		1
Ş	COMBINE RENTAL	532420	17,000	17,000		
₹ d						
[e	All other programs as a series					
ੂੰ ਿ	All other program service revenue					
<u>주</u>	Total. Add lines 2a-2f		2,258,432			
3	Investment income (including dividend other similar amounts)		6,337	6,337		
4	Income from investment of tax-exempt be			•		
5	Royalties					
	(ı) Real	(II) Personal				
6a	Gross rents					
Ь	Less rental expenses					
с	Rental income					
d	or (loss) Net rental income or (loss)					
	(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other					
Ь	than inventory Less cost or					
	other basis and sales expenses					
с	Gain or (loss)					
d	Net gain or (loss)	. <u>.</u>				
8a	Gross income from fundraising events (not including					
	of contributions reported on line 1c See Part IV, line 18)				
<u>.</u> .		a				
Ь	Less direct expenses	b				
	Net income or (loss) from fundraisi					
34	Gross income from gaming activities See Part IV, line 19	= 9				
		а				
	Less direct expenses	b				
	Net income or (loss) from gaming a	ictivities				
10a	Gross sales of inventory, less returns and allowances .	a				
 b		b				
	Net income or (loss) from sales of i					
<u> </u>	Miscellaneous Revenue	Business Code				
11a	KY STATE FAIR CORN SAL	900099	18,985	18,985		
ь						
с						
d	All other revenue					
e	Total. Add lines 11a-11d		10.005			
12	Total revenue. See Instructions .		18,985			
- -		· · · · •	2,297,550	2,283,754		o

orm	990 (2013)				Page 10
	IX Statement of Functional Expenses				
ecti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)	 (c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,090,402			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	142,959			
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	114,558			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,594			
9	Other employee benefits	8,844			
10	Payroll taxes	20,757			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	8,700			
d	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)	28,777			
12	Advertising and promotion	64,192			
 13	Office expenses	36,658			
14	Information technology	30,030			
15	Royalties				
16	Occupancy	1,308			
-0 17	Travel	15,233			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,233			-
19	Conferences, conventions, and meetings	108,391			
20	Interest				
21	Payments to affiliates	12,125			
22	Depreciation, depletion, and amortization	48,209			
23	Insurance	12,718			
24	Other expenses Itemize expenses not covered 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)				
а	STATE FAIR EXPENSE	5,811			
b	BANK CHARGES	734			
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,726,970			
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the \ensuremath{I}	ııs Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,528,377	1	2,901,359
	2	Savings and temporary cash investments			515,559	2	518,313
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
Assets	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Pai Schedule L	t II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
88	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	426,817			
	ь	Less accumulated depreciation	10b	92,427	139,546	10c	334,390
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		2,200,000	12	2,200,000	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,383,482	16	5,954,062
	17	Accounts payable and accrued expenses				17	· · ·
	18	Grants payable				18	
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities	· •			20	
_	21	Escrow or custodial account liability Complete Part IV of Schee	ule D	•		21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus				
Liabilit		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	ed third	parties,			
		D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
ري م		Organizations that follow SFAS 117 (ASC 958), check here ▶ □	and o	omplete			
JCe s		lines 27 through 29, and lines 33 and 34.			5 000 400		5 054 000
<u> </u>	27	Unrestricted net assets		•	5,383,482	27	5,954,062
ă	28	Temporarily restricted net assets		•		28	
Ξ	29	Permanently restricted net assets		•		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	,				
Ş	30	Capital stock or trust principal, or current funds				30	
φ O	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
₹	33	Total net assets or fund balances			5,383,482	33	5,954,062
_	34	Total liabilities and net assets/fund balances			5,383,482	34	5,954,062

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2,2	297,550
2	Total expenses (must equal Part IX, column (A), line 25)	2		1 7	726,970
3	Revenue less expenses Subtract line 2 from line 1				
	Net accets on fined belonger at heavy many afficient (much any al Dart V, line 22, calculus (A.V.	3		5	570,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,3	383,482
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,9	954,062
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	n			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both	r reviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both	a separate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for ovaludit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plaın ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort Single Audit Act and OMB Circular A-133?	h ın the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a		3b		

DLN: 93493014000135

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

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), then ◆ 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 TUCKY CORN GROWERS ASSOCIATION	INC		Employer ide	entification number
			04/	61-115884	
		ganization is exempt under s			/ organization.
L		ganızatıon's dırect and ındırect politic	al campaign act	ivities in Part IV	
<u>!</u>	Political expenditures			▶	\$
	Volunteer hours				
a r	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	•	\$
	Enter the amount of any excise	e tax incurred by organization manage	ers under sectior	n 4955 🕨	\$
;	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
a r	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section 5	01(c)(3).
	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	ot function activities 🕨	\$
	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to oth	ner organizations	for section 527	\$
	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	m the filing organization's to a separate political org	s funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
_					

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
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 or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	and "Vee" recognize to lines to through to below r	arounds in Part IV a detailed description of the lebbying	(a	1)	(1	b)
	each "Yes" response to lines 1a through 11 below, p /ity.	rovide in Part IV a detailed description of the lobbying	Yes	No	Amo	ount
-	legislation, including any attempt to influence through the use of	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
a	Volunteers?					
)		ion in expenses reported on lines 1c through 1i)?				
:	Media advertisements?					
ı	Mailings to members, legislators, or the public Publications, or published or broadcast states	-				
e F	Grants to other organizations for lobbying pur	<u> </u>				
		·				
) 1	Direct contact with legislators, their staffs, go Rallies, demonstrations, seminars, conventio					
•	Other activities?	is, speeches, lectures, or any similar means?				
	Total Add lines 1c through 1i	-				
	_	tion to be not described in section 501(c)(3)?	ı			
,	If "Yes," enter the amount of any tax incurred					
2		by organization managers under section 4912				
	If the filing organization incurred a section 49		I			
		n is exempt under section 501(c)(4), section 5	501(c)(5), c	r sect	ion
	501(c)(6).					
	W 1 1 1 1 1 1 1 (000)			_	Y •	-
	Were substantially all (90% or more) dues re-	•		L	1	1
	Did the organization make only in-house lobb			L	2 Y e	_
		ing and political expenditures from the prior year?	-01(-)	\(\bullet\) =	3	1
EL		n is exempt under section 501(c)(4), section 5 BOTH Part III-A, lines 1 and 2, are answered "				
	Dues, assessments and similar amounts from	members	1			
	Section 162(e) nondeductible lobbying and poexpenses for which the section 527(f) tax was	olitical expenditures (do not include amounts of political as paid).				
1	Current year		2a			
)	Carryover from last year		2b			
3	Total	N4.V4.V	2c			
		e)(1)(A) notices of nondeductible section 162(e) dues	3			
		c exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	e reasonable estimate of nondeductible lobbying and	4			
	Taxable amount of lobbying and political expe	nditures (see instructions)	5			
2	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line irt II-B, line 1 Also, complete this part for any a	1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part II	-A, line	2, an
_	Return Reference	Explanation				
	l					

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		1 age -				
Part IV Supplemental Information	on <i>(continued)</i>					
Return Reference	Explanation					

Schedule D (Form 990) 2013

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DLN: 93493014000135

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai F	Revenue Service and its instruct	ions is at <u>www.irs.gov/rorm.550</u> .			Tiishecu	UII
	e of the organization UCKY CORN GROWERS ASSOCIATION INC			oloyer identifica 1158841	ntion number	•
Par	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complete	e if the
		(a) Donor advised funds		(b) Funds and	other accour	nts
-	Total number at end of year					
,	Aggregate contributions to (during year)					
,	Aggregate grants from (durıng year)					
,	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
art	Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the orgation Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year			1		
	Tabal assessing a second and a second a second and a second a second and a second a second and a second and a second and a		<u> </u>	Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	, ,	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferr the tax year 🛌	ed, released, extinguisned, or terminat	ea by tr	ne organization	auring	
	Number of states where property subject to conservati	ion easement is located 🕨				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?			f violations, and	│ ├ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year		
	 A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easement	ts durin	a the year		
	► \$,, and emoreing conservation easemen	.5 441111	g the year		
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
rt	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education	, or rese	earch in furthera		 c
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education	statem	nent and balanc		с
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historical following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
				-		
)	Assets included in Form 990, Part X			- ≯		

Part	Organizations Maintaining Colle	ections of Art,	His	<u>tori</u>	<u>cal Tr</u>	easu	res, or Ot	<u>ther</u>	<u> Similar Ass</u>	ets (c	ontinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other record	s,ch	ieck			_		significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's colle Part XIII	ections and explair	n hov	v the	y furthe	r the o	rganızatıon'	sex	empt purpose ır	1	
5	During the year, did the organization solicit or									_	_
Do	assets to be sold to raise funds rather than to								<u>'</u>	Yes	│ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an amo						ranswered	1 16	25 (0 F01111 9:	9 0,	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						r other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollov	ving t	:able						
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Forr	n 990, Part X, line	21?						Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	expla	anatı	on has	been pi	rovided in P	art >	(111		Г
Pa	rt V Endowment Funds. Complete if t										
1a	Beginning of year balance	(a)Current year	(b)	Prior	year	b (c)Tw	vo years back	(d)1	hree years back	(e)Four y	ears back
b	Contributions										
c	Net investment earnings, gains, and losses										
	_										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (lın	e 1 g	, colum	n (a)) h	neld as		· ·		
а	Board designated or quasi-endowment	,	•	J	•	. ,,					
ь	Permanent endowment ►										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c should	l equal 100%									
За	Are there endowment funds not in the possess	ion of the organizat	tion t	that	are helo	l and a	dmınıstered	fort	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i		
ь	(ii) related organizations								3b		<u> </u>
4	Describe in Part XIII the intended uses of the	•									<u> </u>
Par	t VI Land, Buildings, and Equipmen		ne o	rgar	ıızatıor	answ	rered 'Yes'	to	Form 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line 10			1 ,			(I-) Ct		(-) A	1 (4) 5	
	Description of property				a) Cost or sis (inves		(b)Cost or o basis (othe		(c) Accumulated depreciation	(a) B	ook value
4 -	l and			+			-				
	Land			\vdash							
	Buildings			\vdash							
	Leasenoid improvements		•	\vdash			426,	_{Ω17}	92,42	7	334 300
	0. th a		•				426,	01/	92,42	<u>'</u>	334,390
	I. Add lines 1a through 1e <i>(Column (d) must equ</i>	ıal Form 990. Part X.		mn (B), line	10(c).)				+	334,390
		/		1	,,	<i>\-/·/</i>			Schedule D	(Form 9	

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other	2 200 000	C
(A) INVESTMENT IN AFFILIATES	2,200,000	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,200,000	
Part VIII Investments—Program Related. Co		
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization		
Form 990, Part X, line 25.	inization answered Tes to	3 Tollin 990, Falt IV, line TTE of TTI. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
-		
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	the tout of the fortunity of the	annumber of Section 1.

Par	t XI		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :			ts Wi	th Re	venue	e per	Re	turn (Compl	ete ıf
1	Tota		r support per audited financial statements						1	1			
2	A mo	unts included on line 1 but	t not on Form 990, Part VIII, line 12										
а	Net	unrealized gains on invest	ments	2	2a								
b	Dona	ated services and use of fa	acılıtıes	2	2b								
c	Reco	veries of prior year grants	5	2	2c								
d	Othe	er (Describe in Part XIII)		2	2d								
e	Add	lines 2a through 2d .		$\overline{}$. 2	e			
3	Subt	ract line 2e from line 1 .							3	3			
4	A mo	unts included on Form 990	0, Part VIII, line 12, but not on line 1										
а	Inve	stment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4	la								
b	Othe	er (Describe in Part XIII)		4	łЬ								
c	Add	lines 4a and 4b		_					— 4	k			
5	Tota	l revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12) .				5	5			
Part	XII		kpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, lind			nts W	ith E	xpens	es pe	er F	leturi	n. Cor	nplete
1	Tota	l expenses and losses per	audited financial statements							1			
2	A mo	unts included on line 1 but	t not on Form 990, Part IX, line 25										
а	Dona	ited services and use of fa	icilities		2a								
b	Prior	year adjustments			2b								
С	Othe	rlosses			2c								
d	Othe	r (Describe in Part XIII)			2d								
e	Add	lines 2a through 2d							2	2e			
3	Subt	ract line 2e from line 1 .							:	3			
4	A mo	unts included on Form 990	0, Part IX, line 25, but not on line 1:										
а	Inve	stment expenses not inclu	uded on Form 990, Part VIII, line 7b	· L	4a								
b	Othe	r (Describe in Part XIII)		L	4b								
c	Add	lines 4a and 4b							4	4c			
5			nd 4c. (This must equal Form 990, Part I, lii	ne 18	3)					5			
Part	XIII	Supplemental Info	ormation										
Part		4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and							vide	any a	ddıtıon	al
	R	eturn Reference	Explanation										
PART	X, LIN	E 2	THE ORGANIZATION'S ACCOUNTING FROM AN UNCERTAIN TAX POSITION NOT THAT THE POSITION WILL BE SUSTED APPETECHNICAL MERITS MANAGEMENT BE POSITIONS RESULTING IN AN ACCRUA	MAY STAI ALS ELIE	BE NEC OR VES	RECO DUPO LITIG THE	GNIZ N EXA GATIO ORGA	ED WHE AMINAT N PRO(NIZAT)	EN IT I FION, CESSE ION H	IS M INC S, B AS I	ORE L LUDIN BASED	IKELY NG ON TH	THAN

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public

Internal Revenue Service	► Information	n about Schedule I (Fo	rm 990) and its instruct	ions is at <u>www.irs.gov/</u>	<u>form990</u> .		Inspection
Name of the organization	CIATIONING					Employer identificati	on number
KENTUCKY CORN GROWERS ASSO	CIATIONINC					61-1158841	
Part I General Information	on on Grants and	Assistance					
 Does the organization maintain the selection criteria used to at Describe in Part IV the organiz 	ward the grants or ass ation's procedures fo	r monitoring the use o	f grant funds in the Unite	ed States			√ Yes
Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	nent organizations list	ed in the line 1 table				
3 Enter total number of other orga		<u> </u>				_	
Enter total number of other orga	a2acion3 n3cca in th	chile rable					

I	Grants and Other Assistance to Individuals in the United States. Complete if the orga	inization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.		•

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion. Provide the info	ormation required in Pa	irt I, line 2, Part III, col	umn (b), and any other a	dditional information.

reit 10 Supplemental 1	Hornation: From the information required in fact 1, line 2, fact 111, column (b), and any other additional information.
Return Reference	Explanation
-,	AWARDS ARE DOCUMENTED IN THE MINUTES OF THE COMMITTEES AND THE BOARD OF DIRECTORS ALSO THE MAJOR RECIPIENTS GIVE AN ANNUAL REPORT AT A BOARD MEETING AND MAKE PRESENTATIONS IF THEY SEEK ADDITIONAL FUNDING THE ASSOCIATION WORKS
	VERY CLOSELY WITH MOST OF THE ORGANIZATIONS THAT RECEIVE AWARDS

Schedule I (Form 990) 2013

Additional Data

Software ID:

Software Version:

EIN: 61-1158841

Name: KENTUCKY CORN GROWERS ASSOCIATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CORN GROWERS ASSOCIATION 632 CEPI DRIVE CHESTERFIELD,MO 63005	42-0897662	501(C)(5)	400,000				TO SUPPORT RESEARCH, PROMOTION, MARKET DEVELOPMENT AND ADMINISTRATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 301 PETERSON SERVICE BLDG LEXINGTON, KY 40506	61-6033693	501(C)(3)	203,760				TO SUPPORT THE KY AGRICULTURAL LEADERSHIP PROGRAM FUND, THE KY AGRICULTURAL LEADERSHIP PROGRAM PROFESSORSHIP FUND, FUNDING FOR GREENHOUSE AND HIGH CLEARANCE SPRAYER, RESEARCH ON COMPARING CORN SYSTEMS IN WIDE AND NARROW ROWS

Form 990,Schedule 1, Pa	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY FFA FOUNDATION PO BOX 110 LEWISBURG,KY 42256	61-1126081	501(C)(3)	11,000				TO SUPPORT THE KENTUCKY FFA FOUNDATION AND PROGRAMS

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
US MEAT EXPORT FEDERATION 1855 BLAKE STREET DENVER,CO 80202	52-1067268	501(C)(6)	100,000				TO PROMOTE US MEAT EXPORTS, THE OPENING OF NEW MARKETS FOR US MEAT PRODUCTS THE GOAL IS TO USE MORE CORN PRODUCTS TO FEED US LIVESTOCK	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US GRAINS COUNCIL 1400 K STREET NW NO 1200 WASHINGTON, DC 20005	53-0260714	501(C)(6)	126,000				TO OPEN NEW MARKETS FOR EXPORTS OF CORN AND DRIED DISTILLERS GRAINS

Form 990,Schedule 1, Pai	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENSBORO COMMUNITY AND TECHNICAL COLLEGE 4800 NEW HARTFORD ROAD OWENSBORO,KY 42303	61-1109704	501(C)(3)	5,542				TO SUPPORT THE COBRA ETHANOL PROJECT

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US POULTRY & EGG EXPORT COUNCIL 2300 W PARK PLACE BLVD STONE MOUNTAIN, GA 30087	58-1636513	501(C)(6)	15,000				TO PROMOTE THE EXPORT OF POULTRY PRODUCTS

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY 4-H FOUNDATION 212 SCOVELL HALL LEXINGTON,KY 40546	23-7437297	501(C)(3)	36,000				TO PROMOTE THE 2013 KENTUCKY 4-H HORSE PROGRAM

Form 990,Schedule 1, Pai	Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
KENTUCKY YOUNG FARMERS ASSOCIATION 260 PHILLIPS STUECKER ROAD ELIZABETHTOWN, KY 42701	31-0916460	501(C)(3)	11,250				TO SUPPORT THE EDUCATIONAL ASSOCIATION INSTITUTE	

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DLN: 93493014000135

Supplemental Information to Form 990 or 990-EZ

2013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
KENTUCKY CORN GROWERS ASSOCIATION INC

Employer identification number
61-1158841

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE DIRECTOR EMAILS EACH BOARD MEMBER A COPY OF THE 990 FOR THEIR INDIVIDUAL REVIEW BEFORE THE RETURN IS SIGNED AND FILED
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS, WHICH IS DONE ON A YEARLY BASIS, IS FOR THE POSITION OF EXECUTIVE DIRECTOR HE LD CURRENTLY BY LAURA KNOTH THE PROCESS INCLUDES A COMPENSATION COMMITTEE THAT CONDUCTS A COMPENSATION SURVEY AND STUDY THIS COMMITTEE REACHES A CONCLUSION AND PRESENTS THEIR FIN DING TO THE BOARD FOR FINAL APPROVAL
FORM 990, PART VI, SECTION C, LINE 18	THE RETURN FOR THE ORGANIZATION IS AVAILABLE TO THE PUBLIC UPON REQUEST AND AT WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY

DLN: 93493014000135

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

KENTUCKY CORN GROWERS ASSOCIATION INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

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

61-1158841 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity			Total income	End of year accets	Direct controlling
Marrie, address, and EIN (II applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling
		or foreign country)		1	entity
				1	
				†	
				1	
				1	

Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it	had on	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3)		(13) co	512(b) ontrolled ity?
						Yes	No
PO BOX 90	SMALL GRAINS PROMOTION, EDUCATION AND RESEARCH IN THE STATE OF KENTUCKY	кү	501(C)(5)		N/A		No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	•	Cat No 5013	5 Y	•	Schedule R (Forn	n 990) 2	013

Part III	Identification of Related Organizations Taxable a	as a Partne	rship	Complete ı	f the organiz	ation ansv	vered "Ye	s" on Form	990, Part I	V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
	(a)	(b)	(a)	(4)	(0)	/f\	/a\	/h)	/:\	/÷\	

(a) Name, address, and EIN of related organization	(b) Primary activity	activity Legal Direction domicile contro	(d) Direct controlling entity	Direct controlling entity	Direct controlling r entity	Direct controlling entity	Direct controlling	Direct controlling	Direct controlling	Direct controlling entity	Direct controlling entity	Direct controlling i entity	Direct controlling entity	Direct controlling	Direct controlling entity	Direct e controlling r entity	Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	g income(related, t unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	aging ner?	(k) Percentage ownership
							Yes	No		Yes	No																
											<u> </u>	1															
									–																		

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	(b)	(a)	(4)	(a)	/6\	(a)	/h)		$\overline{}$
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro entr	13) olled
								Yes	No
(1) KY CORN PLUS INC PO BOX 90 EASTWOOD, KY 40018 82-0573145	ETHANOL PRODUCTION	КҮ	N/A	С			100 000 %		No
(2) KY CORN UTILIZATION CORPORATION PO BOX 90 EASTWOOD, KY 40018 20-4004283	FARM	КҮ	N/A	С			100 000 %		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	ınızatıons lıs	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, if						
	Name of related organization Transa	b) saction : (a-s)	(c) Amount involved	(d) Method of determining amo	unt in	ivolved	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013