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Department of the Treasury

Return of Organization Exempt From Income Tax

2014 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Inspection Information about Form 990 and its instructions is at www irs gov/form990. For the 2014 calendar year, or tax year beginning 08/01/14, and ending 07/31/15 D Employer identification number C Name of organization CORN GROWERS ASSOCIATION Check if applicable Address change OF NORTH CAROLINA, INC. 56-1220727 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number P O BOX 1655 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ELIZABETHTOWN NC 28337 691,232 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending WADE BYRD JR 697 EVERETT BYRD ROAD H(b) Are all subordinates included? If "No," attach a list (see instructions CLARKTON NC 28433 501(c)(3) 501(c) 4947(a)(1) or 527 Tax-exempt status Website. H(c) Group exemption number X Corporation Year of formation 1977 M State of legal domicile Form of organization Other > Association Part I Summary 1 Briefly describe the organization's mission or most significant activities RESEARCH & DEVELOPMENT OF CORN AND CORN PRODUCTS Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 23 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 0 6 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue 832,812 690,893 9 Program service revenue (Part VIII, line 2g) 370 339 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 833,182 691,232 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 431,293 506,039 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,085 165,334 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 589,378 671,373 18 Total expenses Add lines 13-17 (must equal Part IX, column (A) RECEIVED 243,804 19,859 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year JAN 1 1 2016 653,791 676,351 20 Total assets (Part X, line 16) 3,274 5,975 21 Total liabilities (Part X, line 26) 650,517 22 Net assets or fund balances Subtract line 21 from line 20 OGDEN Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 퍐 Sign Signature of officer 2016 FRED TATE TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid PHILLIP W BYRD 01/05/16 self-employed P00233766 PHILLIP W BYRD Preparer 56-0731535

ASSOCIATES,

DOUGLAS &

Use Only PO BOX 937 ELIZABETHTOWN, NC 28337-9483 May the IRS discuss this return with the preparer shown above? (see instructions)

PRESTON

910-862-3768 X Yes

Firm's EIN

Phone no

OMB No 1545-0047

Firm's name

Form 990 (2014) CORN GROWERS ASSOCIATION	<u>56-122</u> 0727 Page
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to a	iny line in this Part III
Briefly describe the organization's mission	
RESEARCH & DEVELOPMENT OF CORN AND CORN	N PRODUCTS
	and the state of t
2 Did the organization undertake any significant program services during the year prior Form 990 or 990-EZ?	ear which were not listed on the
If "Yes," describe these new services on Schedule O	165 <u> 11</u>
3 Did the organization cease conducting, or make significant changes in how it	t 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 its	three largest program services, as measured by
expenses Section 501(c)(3) and 501(c)(4) organizations are required to repo	ort the amount of grants and allocations to others,
the total expenses, and revenue, if any, for each program service reported	
	· · · · · · · · · · · · · · · · · · ·
4a (Code) (Expenses \$ 150,225 including grants	of \$ 150,225) (Revenue \$
NATIONAL CORN GROWERS ASSOCIATION:	
National corn research and market de	evelopment.
05.000	05 000 1/2
4b (Code) (Expenses \$ 95,000 including grants	of \$ 95,000) (Revenue \$
U S GRAINS COUNCIL :	ownotional marketing
National agriculture research & inte	ernacional marketing
of U.S. grain products.	
4c (Code) (Expenses \$ 221,939 including grants	of \$ 221,939) (Revenue \$
NORTH CAROLINA STATE UNIVERSITY:	, or
Corn growth and yield research.	
00111 910 4100	
4d Other program services (Describe in Schedule O)	
	38,875) (Revenue \$)
4e Total program service expenses ▶ 573,891	

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		<u> </u>
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
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 I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а			37	
	complete Schedule D, Part VI	11a	<u> </u>	
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		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44-4		 ₩
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42-	Х	ŀ
	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	406		•
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	├ ॱ		 **
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		†
D	II Tes to line zoa, die trie organization attach a copy of its aborted infancial statements to this return.	05		

Form 990 (2014) CORN GROWERS ASSOCIATION Part IV Checklist of Required Schedules (continued)

	art iv Checknist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	1		3.5
	employees? If "Yes," complete Schedule J	_23_		<u> </u>
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			v
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
р	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			
	to defease any tax-exempt bonds?	24c		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	ļ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			7.7
	disqualified persons? If "Yes," complete Schedule L, Part II	_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
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	_31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 00		v
••	complete Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34		x
25-	or IV, and Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25%		l
26	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	26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		x
20	Part VI	_37_		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	l
	19? Note. All Form 990 filers are required to complete Schedule O			(2014)

DAA

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of flote to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			ĺ
c	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 2a			
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)			ĺ
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		<u> </u>
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			l
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
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	ļ	x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
ь	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
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. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	0-	1	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	┼─
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	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)			
12a		12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			\Box
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	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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		-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
DAA		Fo	ırm ササ	0 (2014)

Form 990 (2014) CORN GROWERS ASSOCIATION 56-1220727 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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, 7b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? 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 a Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 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," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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 The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 16a with a taxable entity during the year? 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 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)

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

State the name, address, and telephone number of the person who possesses the organization's books and records

FRED TATE

P O BOX 1655

910-862-7008

NC 28337

Form 990 (2014)	ĊORN	GROWERS	ASSOCIATION
Form 990 (2014)	CORN	GRUWERS	ASSOCT

56-1220727

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

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

- 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

(A) Name and Title	(B) Average hours per week (list any	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both	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		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Fred Tate										
	4.00					li			_	_
TREASURER	0.00	X		Х				9,600	0	0
(2) Wade Byrd, Jr										
	3.00					1				
PRESIDENT	0.00	X		X				0	0	0
(3) Dennis Waller										
	3.00					li				
VICE PRESIDENT	0.00	X		X				0	0	0
(4) Alex Jordan										
	3.00									
SECRETARY	0.00	X		X				0	0	0
(5) Jay M Sullivan										
	3.00	İ				1				
PAST PRESIDENT	0.00	X		X				0	0	0
(6) Larry Boyd										
	2.00									
Director	0.00	X				Ш		0	0	0
(7) Ronnie Burleson]				
	2.00									
Director	0.00	X						0	0	0
(8) Guy Davenport					ļ					
	2.00					Ιİ				
Director	0.00	X						0	0	0
(9) Gerald Fryar						H				
İ	2.00					H				
Director	0.00	X						0	0	0
(10) Josh Gaddy										
_	2.00									
Director	0.00	X		<u></u>	L			0	0	0
(11) Jimmy Harrell										
-	2.00			}						
Director	0.00	X	ĺ	1	l	1		l ol	0	0

Part VII. Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
Name and title	Name and title Average hours per week (list any		(C) Position (do not check more than one box, unless person is both ai officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar	(F) stimated mount of other apensation rom the	
	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-211039-MI3C)	org an	ganization id related anizations	
(12) Christopher Jone	1											
	2.00											0
Director (13) Franklin Lee	0.00	X			-	_		0	0			0
(13)FIGHATIH Dec	2.00											
Director	0.00	x	<u> </u>					0	0			0
(14) Ervin Lewis												
	2.00								o	ļ		0
Director (15) Talmadge Mathis	0.00	X	├	├	-			0				
(15) Taimadge Machie	2.00		1									
Director	0.00	X						0	0			0
(16) Rick Morgan												
	2.00	,,							1			0
Director (17) Scott Pitts	0.00	X	┢	-				0	0			
(17)50000 11005	2.00											
Director	0.00	x						0	0			0
(18) Sandy Ratcliffe												
5	2.00							0	0			0
Director (19) Benjamin Simmons	0.00	X	╁	\vdash	 							
(19) Deli Jameiri Demanorii	2.00	ļ										
Director	0.00	x				<u> </u>		0	0			0
1b Sub-total							>	9,600				
c Total from continuation she	ets to Part VII,	Sect	ion /	A			P	9,600			-	
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not	limite	ed to	thos	e lis	ted a	bov					
reportable compensation from	the organizatio	<u>n</u> ▶	0								Yes	No
3 Did the organization list any fo	ormer officer, di	recto	r. or	trus	tee. 1	kev e	lame	lovee, or highest compens	ated	Г	103	
employee on line 1a? If "Yes,"	' complete Sche	dule	J for	rsuc	h ind	dividu	ıal			<u> </u>	3	X
4 For any individual listed on lin- organization and related organ	e 1a, is the sum nizations greate	of re	eport n.\$1!	able 50 00	com ۱ 202	ipens f "Ye	satio s." c	on and other compensation complete Schedule J for su	trom the ich			
individual										<u> </u>	4	<u> </u>
5 Did any person listed on line 1 for services rendered to the or	la receive or acc	crue Vec "	com	pens	atioi e Sc	n fror hedu	n an	ny unrelated organization o I for such person	r individual		5	x
Section B. Independent Contractor				pict	<u> </u>			tor oddir porodii				
1 Complete this table for your fir	ve highest comp	ensa	ated	ınde	pend	lent o	cont	ractors that received more	than \$100,000 of			
compensation from the organ		omp	ensa	ation	for t	he ca	alen	dar year ending with or witi	nin the organization's tax y (B) otion of services	ear	(C) Compens	
Name and	(A) I business address						╁	Descri	otion of services	-+	Compens	ation
			_									
							_					
						_	\vdash					
						_						
							Ĭ					
							<u> </u>					
2 Total number of independent received more than \$100,000	contractors (incl of compensation	ludin n fro	g but m th	t not e ord	limit sanız	ed to	tho n ▶	se listed above) who	0			
DAA			., ., ., .								Form 99	0 (201

Part VII. Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amoun othe compens from t	ated at of er sation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W2 1000 MIGO)		organiza and rela organiza	ation ated	
(12) Maurice Smithern	nan	T	<u> </u>		_					-			
	2.00			ŀ									
Director	0.00	X	<u> </u>	ļ	<u> </u>			0	0				(
(13) Paul Sodoma	2.00			}									
Director	0.00	x		ŀ				0	0	İ			(
(14) Jeff Sparks		 					_		<u> </u>				
•	2.00												
Director	0.00	X	ļ	<u> </u>	L	ļ		0	0				(
(15) Stewart Turner				ĺ									
Dimester	0.00	v		i	ļ			o	o				,
Director (16)	0.00	X	\vdash	-	┢╌								
(10)													
(17)													
(40)		╁	┢	⊢			_			<u> </u>			
(18)										!			
(19)	· · · · · · · · · · · · · · · · · · ·	\vdash								-			
			¢							:			
1b Sub-total			<u> </u>	-		·	>						
c Total from continuation she	ets to Part VII,	Sect	ion /	A			•						
d Total (add lines 1b and 1c)				41			<u> </u>		£100,000 =f	<u></u>			
2 Total number of individuals (in reportable compensation from	icluding but not i the organization	iimite n ▶	ea to	tnos	e iis	tea a	IDOV	e) who received more than	\$100,000 01				
												Yes	No
3 Did the organization list any fo								loyee, or highest compensa	ated		3		
employee on line 1a? If "Yes," 4 For any individual listed on line								on and other compensation	from the				
organization and related organ	nizations greater	thar	1 \$15	50,00	ا 100	f "Ye	s," c	complete Schedule J for su	ch				
individual 5 Did any person listed on line 1	la receive or acc	rue	com	nens	atio	n fror	n an	ny unrelated organization of	r individual		4		
for services rendered to the or											5		
Section B. Independent Contracto													
Complete this table for your five compensation from the organical compensation.	ve highest comp ization. Report c	ensa	ated ensa	inde: ition	pend for t	lent d he ca	contr	ractors that received more dar vear ending with or with	than \$100,000 of hin the organization's tax vi	ear			
	(A) business address	<u>-</u> -						Descrir	(B) otion of services	_		(C) impensa	ation
- Name and	Business ascioss				_								
							<u> </u>				<u> </u>		
							l						
							 				_		
							T	· 	···				
***							<u> </u>				<u> </u>		
2 Total number of independent received more than \$100,000								se listed above) who					
												~~~	~

pa	rt V	Statement of Rev	enue O contai	ns a response o	or note to any line in	n this Part VIII		
		Officer if Goriedule	Joina		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts a	1a	Federated campaigns	1a					
Program Service Revenue   Contributions, Gifts, Grants   Program Service Revenue   and Other Similar Amounts	b	Membership dues	1b	-				
A, G	С	Fundraising events	1c					
a High	d	Related organizations	1d					
S,E	е	Government grants (contributions)	1e					
당입	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	1f					
E O	g	Noncash contributions included in lines 1	a-1f \$					
<u>೦೯</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>				
9				Busn Code				
Ven	2a	CORN ASSESSMENT RE	VENUE		690,893	690,893		
3. Pe	b							
	С							
Ser	d							
ä	е							
ē	f	All other program service rev	enue	L			l	
٩	g	Total. Add lines 2a-2f		▶_	690,893			
	3	Investment income (including	g dividends	, interest,	220	220		
		and other similar amounts)			339	339		
	4	Income from investment of to	ax-exempt					
	5	Royalties		<u> </u>				
		(ı) Real		(ii) Personal				
	6a	Gross rents		<del> </del>				
	b	Less rental exps						
	С	Rental inc or (loss)	1		ŀ	1		
	d 7a	Net rental income or (loss) Gross amount from		(II) Other				
		sales of assets	es	(ii) Other				
		other than inventory						
	_ D	Less cost or other						
	_	basis & sales exps						
	į.	Gain or (loss)		<b>•</b>				
	•	Gross income from fundraising e	vents [	<del>*</del>				
ne	oa	(not including \$	Verno					
Ver		of contributions reported on line	1c)				•	
æ		See Part IV, line 18	a					
Other Revenue	b	Less direct expenses	<u> </u>					
ŏ		Net income or (loss) from fu	− ndraising e	vents •				
		Gross income from gaming activ						
	"	See Part IV, line 19	а					
	b	Less direct expenses	ь					
		Net income or (loss) from ga	aming activ	ities <b>•</b>				
	1	Gross sales of inventory, les						
	ì	returns and allowances	a					
	Ь	Less cost of goods sold	b					
		Net income or (loss) from sa	ales of inve	ntory				
		Miscellaneous Revenu		Busn Code				
	11a							
	b							<u> </u>
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•			~	ļ
	12	Total revenue. See instruct	ions	<b>•</b>	691,232	691,232	0	

Page 10

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response	omplete all columns All oth	er organizations must con	nplete column (A)	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		······································
-	and domestic governments. See Part IV, line 21	506,039	506,039		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
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	0 600		0 600	· · ·
	ĭ .	9,600		9,600	
d	Lobbying				
е					
f	Investment management fees				
g	, -				
	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13					<del></del>
14	Information technology				
15	Royalties Occupancy			· · · · · · · · · · · · · · · · · · ·	
16 17	Travel	36,385	23,650	12,735	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,836	33,044	17,792	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	419		419	
23	Insurance				
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		51,586	7,586	44,000	
b	AUDIT FEES	5,650		5,650	<del></del>
C	OTHER EXPENSE	4,901	2,450	2,451	
d	PRINTING	2,225		2,225	
е	All other expenses	3,732	1,122	2,610	
25	Total functional expenses. Add lines 1 through 24e	671,373	573,891	97,482	0
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   following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 225,994 263,804 Cash-non-interest bearing 350,480 2 364,221 Savings and temporary cash investments 3 Pledges and grants receivable, net 27,090 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 46,935 50,122 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 6,952 10a other basis Complete Part VI of Schedule D 5,561 105 1,391 10c 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 676,351 653,791 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,274 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 3,274 5,975 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 670,376 650,517 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 650,517 670,376 33 Total net assets or fund balances 676,351 653,791 Total liabilities and net assets/fund balances Form 990 (2014)

orm 99	0 (2014) CORN GROWERS ASSOCIATION	<u>56-12207</u> 27			P	age 12
Part 1	(I Reconciliation of Net Assets	·				
	Check if Schedule O contains a response or note to any line in this	Part XI				
1 To	tal revenue (must equal Part VIII, column (A), line 12)		1		691	,232
<b>2</b> To	tal expenses (must equal Part IX, column (A), line 25)		2		671	,373
3 Re	venue less expenses Subtract line 2 from line 1		3		19	859
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 33, column	(A))	4		650	,517
5 Ne	t unrealized gains (losses) on investments		5			
6 Do	nated services and use of facilities		6			
7 In	restment expenses		7			
8 Pr	or period adjustments		8			
9 Ot	her changes in net assets or fund balances (explain in Schedule O)		9			
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa	art X, line				
33	, column (B))		10		670	,376
Part :	(If Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII				
					Yes	No
1 Ac	counting method used to prepare the Form 990 Cash X Accrual	Other				
	he organization changed its method of accounting from a prior year or checked "Ot	her," explain in				
	hedule O					
2a W	ere the organization's financial statements compiled or reviewed by an independent	t accountant?		2	a 📗	X
lf '	Yes," check a box below to indicate whether the financial statements for the year w	ere compiled or				
	riewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separ	ate basis				
b W	ere the organization's financial statements audited by an independent accountant?			2	ьΙХ	
	Yes." check a box below to indicate whether the financial statements for the year w	ere audited on a				
se	parate basis, consolidated basis, or both					
X	Separate basis Consolidated basis Both consolidated and separ	ate basis				
	Yes" to line 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an inde			2	c X	1
	he organization changed either its oversight process or selection process during th					
	hedule O					
	a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in				
	e Single Audit Act and OMB Circular A-133?			3	а	X
	Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the				T
	nured audit or audits, explain why in Schedule O and describe any steps taken to u			3	b	1

## 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 organization		Employer identification number				
	ORN GROWERS ASSOCIATION						
	F NORTH CAROLINA, INC.			220727			
Pa	Organizations Maintaining Donor Advised Function Complete if the organization answered "Yes" to F		Account:	s.			
		(a) Donor advised funds	(b)	Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised					
	funds are the organization's property, subject to the organization's excl			Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in						
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose					
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No			
Pa	art II Conservation Easements.		_				
_	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization (check	all that apply)					
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	area			
	Protection of natural habitat	Preservation of a certified historic	structure				
	Preservation of open space	·					
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation				
	easement on the last day of the tax year		1	Held at the End of the Tax Year			
а	Total number of conservation easements		_2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic structure incl	uded in (a)	_2c	<u></u>			
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a					
	historic structure listed in the National Register		_2d	<del></del>			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during	the			
	tax year ▶						
4	Number of states where property subject to conservation easement is	ocated ▶					
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ear				
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year					
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation easem						
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that di	escribes tr	ne			
D-	organization's accounting for conservation easements  art III Organizations Maintaining Collections of Art,	Historical Transures or Other	Similar	Accate			
F 4	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Jillillai /	133613.			
10	If the organization elected, as permitted under SFAS 116 (ASC 958), n	<del></del>	nalance sh	eet			
ıa	works of art, historical treasures, or other similar assets held for public			CCI			
	public service, provide, in Part XIII, the text of the footnote to its financial		5.455 5.				
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet				
-	works of art, historical treasures, or other similar assets held for public	·					
	public service, provide the following amounts relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$			
	(ii) Assets included in Form 990, Part X		•	\$			
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	•			
-	following amounts required to be reported under SFAS 116 (ASC 958)						
а	Revenue included in Form 990, Part VIII, line 1	•	•	\$			
	Assets included in Form 990, Part X			\$			
	Description of Deduction Act Notice and the Instructions for Form 000	<del></del>		Schodule D (Form 990) 2014			

<u>Sche</u>	dule D (Form 990) 2014 CORN GR	OWERS ASSOC	IATION		<u> 56-1220727</u>	Page 2
Ъa	rt III Organizations Maintaini	ng Collections of	f Art, Histori	cal Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other record	ls, check any of	the following that a	re a significant use of its	;
а	Public exhibition	d 🗌	Loan or exchar	ige programs		
b	Scholarly research	e 🗌	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explain	n how they furth	er the organization	s exempt purpose in Pa	rt
	XIII					
5	During the year, did the organization solici	it or receive donations	of art, historical	treasures, or other	sımılar	
	assets to be sold to raise funds rather that	<del> </del>	part of the organ	nization's collection	?	Yes No
Pa	rt IV Escrow and Custodial A	_				
	Complete if the organizati	on answered "Yes	" to Form 99	0, Part IV, line 9	), or reported an am	ount on Form
	990, Part X, line 21	<u> </u>		· · -· · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·	
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for contribu	itions or other asse	ts not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part X	(III and complete the fo	llowing table			
					<u> </u>	Amount
	Beginning balance				<u>1c</u>	
	Additions during the year				<u>1d</u>	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount or	·	·		•	Yes No
	If "Yes," explain the arrangement in Part X	(III Check here if the e	xplanation has l	peen provided in Pa	art XIII	
Pa	rt ¥ Endowment Funds.	1 457	".	0 D	^	
	Complete if the organizati	T				T <u>.</u>
		(a) Current year	(b) Prior yea	ar (c) Two ye	ars back (d) Three year	rs back (e) Four years back
	Beginning of year balance					
	Contributions			<u> </u>		
С	Net investment earnings, gains, and					
	losses					
	Grants or scholarships		•			
е	Other expenditures for facilities and					
	programs					
	Administrative expenses					
	End of year balance		- (1 4 1	(-)		
2	Provide the estimated percentage of the c		e (line 1g, colur	nn (a)) neid as		
	Board designated or quasi-endowment	,				
	Permanent endowment > 9					
С	Temporarily restricted endowment ►	%				
2-	The percentages in lines 2a, 2b, and 2c sl	•	ation that are be	ld and administers	d for the	
Ja	Are there endowment funds not in the pos	isession of the organiza	ation that are ne	no ano aoministere	a for the	Yes No
	organization by (i) unrelated organizations					3a(i)
	(ii) related organizations					3a(II)
h	If "Yes" to 3a(ii), are the related organizati	one listed as required (	on Schadula R2			3b
4	Describe in Part XIII the intended uses of					[ 3b ]
Pa	rt VI Land, Buildings, and Eq		Swillent lands			
1 44	Complete if the organizati		" to Form 99	0 Part IV line 1	1a See Form 990	Part X line 10
	Description of property	(a) Cost or other		Cost or other basis	(c) Accumulated	(d) Book value
		(investment)		(other)	depreciation	
12	Land					<del> </del>
	Buildings					
	Leasehold improvements					
	Equipment		<u> </u>	6,952	5,56	1 1,39
М		L		-,	2,30	
	Other					

Schedule D (Fo	orm 990) 2014 CORN GROWERS	ASSOCIATION		56-1220727	Page <b>3</b>
Part VII	Investments—Other Securities.				
	Complete if the organization answ	rered "Yes" to Form	990, Part IV, line	11b See Form 990, Pa	art X, line 12
<u> </u>	(a) Description of security or category		(b) Book value	(c) Method of	valuation
	(including name of security)			Cost or end-of-yea	r market value
(1) Financial d	lerivatives				
	ld equity interests				
(3) Other	, -				
(A)					
(B)					
(C)					
(D)					
1_1					<del></del>
(E)			·		
(F)					
(G)					
(H)	(b) as and a small France COO. Book V. and (B) I	12\ \			
	(b) must equal Form 990, Part X, col (B) I				
Part VIII	Investments—Program Related		OOO Dowt IV June	11a Cas Farm 000 D	art V lina 12
	Complete if the organization answ	<u>rered "Yes" to Form</u>			
	(a) Description of investment		(b) Book value	(c) Method of	
				Cost or end-of-yea	ar market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				·	
(8)					
(9)					
	n (b) must equal Form 990, Part X, col_(B)	line 13 ) ▶			
Part IX	Other Assets.				
	Complete if the organization answ	vered "Yes" to Form	990, Part IV, line	11d See Form 990, P	art X, line 15
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		<del></del>			······································
(7)		<del></del>			
(8)					
(9)	(1) and the second Post V and (P)	line 15 \	<del></del>		
	n (b) must equal Form 990, Part X, col (B) Other Liabilities.	ine 15 )	<del></del>		
Part X	Complete if the organization answ	vered "Ves" to Form	000 Part IV line	11e or 11f See Form	990 Part X
	= =	vered res to rotti	330, Fait IV, line	THE OF THE OCC FORM	550, 1 dit X,
<del></del>	line 25		(b) Book value		
1.	(a) Description of liability		(b) book vaide		
	income taxes				
(2)	<del> </del>	<del></del>			
_(3)					
(4)					
(5)	<u> </u>				
(6)					
(7)			<del> </del>		
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B)				
2. Liability for	uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's f	nancial statements that repo	orts the

Sche	dule D (Form 990) 2014 CORN GROWERS ASSOCIATION	56-12	20727	Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a		_
1	Total revenue, gains, and other support per audited financial statements		1	691,232
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	691,232
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b	•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	691,232
Pa	it XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	671,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	671,373
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	671,373

Part XIII Supplemental Information.

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) 2014 CORN GROWERS ASSOCIATION

Part XIII Supplemental Information (continued)

56-1220727

Page 5

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part i

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection ž 2014 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. General Information on Grants and Assistance CORN GROWERS ASSOCIATION OF NORTH CAROLINA, INC. the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

7	Describe III Fartiv tile organizations procedures for monitoring the use of grant tallow	toling the use of gran	20101	ווופ סווונכת סומוכט				
Part		nestic Organiza	tions ar	nd Domestic Go	vernments. Com	plete if the orga	ınızation answ	ered "Yes" to Form 990,
ļ	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	sceived more tha	ın \$5,00	0 Part II can be o	uplicated if additi	onal space is n	eeded	
-	(a) Name and address of organization	) NI3 (q)	(c) IRC	(d) Amount of cash		(f) Method of valuation (hook FMV appraisal		(h) Purpose of grant
	or government	Ifa	applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) NAT	(1) NATIONAL CORN GROWERS ASSOCIATION							
635	632 CEPI DRIVE							CORN RESEARCH
CHESI	CHESTERFIELD MO 63005			150,225				
(2) U S	S GRAINS COUNCIL			· · · · · · · · · · · · · · · · · · ·				
140	1400 K STREET NW			•				CORN RESEARCH
WASHI	WASHINGTON DC 20005			95,000				
(S) N	(3) N C STATE UNIVERSITY							
) A	P O BOX 7653		-					CORN RESEACH
RALEIGH	.GH NC 27695			221,939				
(4) NC	(4) NC AGRICULTURAL FOUNDATION							
PO	D BOX 7653							CORN RESEARCH
RALEIGH	.GH NC 27695			6,000				
(2)								
(9)								
(7)								
(8)								
6								
			:					
	Enter total number of section 501(c)(3) and government organizations listed in	rganizations listed in	the line 1 table	table				•
3 Er	Enter total number of other organizations listed in the line 1 table	1 table						•
			_					

Schedule I (Form 990) (2014)

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

	ation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Schedule I (Form 990) (2014) CORN GROWERS ASSOCIATION  Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed	S ASSOCIATION to Domestic Individuals		56-1220727 organization answere	56-1220727 Complete if the organization answered "Yes" to Form 990, Part IV, line 22	Page 2
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional informat						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
			Lear doctor information red	Inred in Part I Ine	2 Part III column (b	and any other additional	Information
Schedule I (Form 990) (2014)	Schedule I (For						
Schedule I (Form 990) (2014)	Schedule I (For						
Schedule I (Form 990) (2014)	Schedule I (For						
Schedule I (Form 990) (2014)	Schedule I (For						
Schedule I (Form 990) (2014)	Schedule I (For						
Schedule I (Form 990) (2014)	Schedule I (For						
							Schedule I (Form 990) (2014

SCHEDULE 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

OMB No 1545-0047
2014

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization

CORN GROWERS ASSOCIATION OF NORTH CAROLINA, INC.

Employer identification number 56 - 1220727

VARIOUS NORTH CAROLINA COUNTY EXTENSION & OTHER AGENCIES:

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

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.