

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 09-01-2016, and ending 08-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
IOWA CORN GROWERS ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
5505 NW 88TH STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code
JOHNSTON, IA 501312948

D Employer identification number
42-1036179

E Telephone number
(515) 225-9242

G Gross receipts \$ 18,865,911

F Name and address of principal officer
CRAIG FLOSS
5505 NW 88TH STREET NO 100
JOHNSTON, IA 501312948

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.IOWACORN.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1967

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CREATING OPPORTUNITIES FOR LONG-TERM IOWA CORN GROWER PROFITABILITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	38
6 Total number of volunteers (estimate if necessary)	456
7a Total unrelated business revenue from Part VIII, column (C), line 12	5,724
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	46,476	170,300
9 Program service revenue (Part VIII, line 2g)	18,848,224	18,503,074
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-60,251	59,685
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,555	132,852
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,949,004	18,865,911
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,147,700	3,156,100
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,992,592	3,112,797
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,910,393	12,513,400
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,050,685	18,782,297
19 Revenue less expenses Subtract line 18 from line 12	-101,681	83,614

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,864,008	16,100,162
21 Total liabilities (Part X, line 26)	4,980,460	4,203,649
22 Net assets or fund balances Subtract line 21 from line 20	11,883,548	11,896,513

Part II 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 true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer
Date 2018-03-08

CRAIG FLOSS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KATHY FAIRCHILD	Preparer's signature KATHY FAIRCHILD	Date	Check <input type="checkbox"/> if self-employed	PTIN P00222608
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 400 LOCUST ST STE 640 DES MOINES, IA 503092354			Phone no (515) 558-6600	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE IOWA CORN GROWERS ASSOCIATION (ICGA) IS A MEMBERSHIP ORGANIZATION SUPPORTING AGRICULTURAL ISSUES ON BEHALF OF ITS OVER 7,500 MEMBERS ICGA'S MISSION IS TO CREATE OPPORTUNITIES FOR LONG-TERM IOWA CORN GROWER PROFITABILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data















4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ including grants of \$) (Revenue \$)
IOWA CORN OPPORTUNITIES, LLC (ICO), IOWA CORN GROWERS ASSOCIATION'S WHOLLY OWNED SUBSIDIARY, BEGAN OPERATIONS DURING THE YEAR ENDED AUGUST 31, 2008 AND WAS FORMED PRIMARILY TO PROVIDE FINANCIAL AND ORGANIZATIONAL SUPPORT TO PROJECTS THAT WILL PROVIDE A DEMONSTRATABLE BENEFIT TO IOWA CORN PRODUCERS IOWA CORN OPPORTUNITIES BELIEVES IN A STRONG AGRICULTURAL ECONOMY WHERE FARMERS AND RURAL COMMUNITIES GAIN INCREASING BENEFITS AND PROFITS WHILE INVESTING IN NEW AGRICULTURAL BUSINESS OPPORTUNITIES IOWA CORN OPPORTUNITIES MISSION IS TO ASSIST NEW AND GROWING COMPANIES IN DEVELOPING STRATEGIES FOR GROWTH AND PROFITABILITY, LEVERAGE INVESTMENT OPPORTUNITIES TO CREATE FUTURE PROFIT OPPORTUNITIES FOR CORN GROWERS, AND GENERATE A PROFITABLE RETURN TO USE IN CONTINUED INVESTMENTS TO CREATE NEW OPPORTUNITIES FOR CORN GROWERS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 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>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 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>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		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>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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 organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JULIE KIRBY 5505 NW 88TH STREET 100 JOHNSTON, IA 50131 (515) 225-9242

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB HEMESATH CHAIR	5 00	X		X			4,150	0	0	
(2) KURT HORA PRESIDENT	5 00	X		X			6,400	0	0	
(3) MARK RECKER VICE PRESIDENT	5 00	X		X			5,850	0	0	
(4) JERRY MOHR DIRECTOR	5 00	X					4,950	0	0	
(5) DEAN MEYER DIRECTOR	5 00	X					2,650	0	0	
(6) CURT METHER DIRECTOR	5 00	X					6,250	0	0	
(7) DENNIS FRIEST DIRECTOR	5 00	X					4,450	0	0	
(8) JIM GREIF DIRECTOR	5 00	X					3,700	0	0	
(9) CARL JARDON DIRECTOR	5 00	X					3,650	0	0	
(10) KYLE PHILLIPS DIRECTOR	5 00	X					1,850	0	0	
(11) JERRY MAIER DIRECTOR	5 00	X					3,800	0	0	
(12) ROGER WUTHRICH DIRECTOR	5 00	X					2,750	0	0	
(13) BRUCE ROHWER DIRECTOR	5 00	X					2,500	0	0	
(14) MARK MUELLER DIRECTOR	5 00	X					1,650	0	0	
(15) CRAIG FLOSS CHIEF EXECUTIVE OFFICER	40 00			X			365,573	0	55,107	
(16) JULIE KIRBY DIRECTOR OF FINANCE & OPS	40 00			X			175,342	0	25,638	
(17) MINDY LARSEN POLDBERG DIRECTOR OF GOV'T RELATION	40 00				X		178,582	0	43,844	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) RODNEY WILLIAMSON DIRECTOR OF RESEARCH & DEV	40 00				X			179,890	0	38,573	
(19) BRIAN R JONES COO, ICO	40 00				X			204,898	0	42,440	
(20) AMANDA DEJONG SENIOR POLICY ADVISOR	40 00					X		109,516	0	37,134	
(21) MONTGOMERY SHAW EXECUTIVE DIRECTOR IRFA	40 00					X		178,908	0	41,767	
(22) DON MASON DIRECTOR OF GROWER SERVICE	40 00					X		112,105	0	25,941	
(23) MARY NORTON MANAGING DIRECTOR OF IRFA	40 00					X		102,917	0	26,722	
(24) SHANNON TEXTOR DIRECTOR OF MARKETING/COMMUNICATIONS	40 00					X		136,326	0	27,853	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								1,798,657	0	365,019	

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		1,798,657	365,019

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MATRIC PO BOX 8396 SOUTH CHARLESTON, WV 25303	RESEARCH CONSULTING	1,294,762
LESSING FLYNN 3106 INGERSOLL AVENUE DES MOINES, IA 50309	ADVERTISING	871,528
MORGANMYERS N16 W23233 STONE RIDGE DR 200 WAUKESHA, WI 53188	ADVERTISING	308,280
NEXT STEP ADVERTISING 2310 SE DELAWARE AVE ANKENY, IA 50021	ADVERTISING	301,631
BING BANG LLC 121 S 11TH ST STE 300 WEST DES MOINES, IA 50265	ADVERTISING	295,326

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	170,300				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			170,300			
Program Service Revenue		Business Code					
	2a IA CORN PROM BD	110000	18,274,600	17,720,900		553,700	
	b MEMBERSHIP DUES	110000	209,210	209,210			
	c ETHANOL CERTIFICATES	110000	19,514	19,514			
	d NOVECTA LLC K-1	611430	-250	-250			
	e _____						
	f All other program service revenue		18,503,074				
g Total. Add lines 2a-2f			18,503,074				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,632		5,724	37,908	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		16,053			
		c Gain or (loss)		0			
		d Net gain or (loss)		16,053			16,053
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MANAGEMENT FEES	561000	61,023			61,023		
b ANNUAL MEETING	110000	40,000	40,000				
c MISCELLANEOUS INCOME	110000	31,829	31,829				
d All other revenue							
e Total. Add lines 11a-11d		132,852					
12 Total revenue. See Instructions		18,865,911	18,021,203	5,724	668,684		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,145,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	11,100			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,357,771			
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.	1,323,415			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	175,767			
9 Other employee benefits.	46,078			
10 Payroll taxes.	209,766			
11 Fees for services (non-employees):				
a Management.				
b Legal.	37,281			
c Accounting.				
d Lobbying.	138,542			
e 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).	2,871,439			
12 Advertising and promotion.	3,008,269			
13 Office expenses.	28,965			
14 Information technology.				
15 Royalties.				
16 Occupancy.	16,496			
17 Travel.	505,909			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	82,793			
20 Interest.				
21 Payments to affiliates.	1,761,000			
22 Depreciation, depletion, and amortization.	55,425			
23 Insurance.	117,314			
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):				
a USAGE & PRODUCTION	1,070,494			
b PRINT & WEB	886,949			
c MEMBERSHIP COSTS	754,098			
d ANIMAL AG & ENVIRONMENT	724,609			
e All other expenses	453,817			
25 Total functional expenses. Add lines 1 through 24e.	18,782,297			
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 <input type="checkbox"/> 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 this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,102,455	1	5,421,200
	2 Savings and temporary cash investments	3,563,433	2	3,218,872
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	141,267	4	120,270
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,732,584	9	1,768,143
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,273,628		
	b Less accumulated depreciation	554,304		
		1,774,750	10c	1,719,324
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	2,477,008	12	3,778,936
	13 Investments—program-related See Part IV, line 11	72,511	13	73,417
	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)	16,864,008	16	16,100,162	
Liabilities	17 Accounts payable and accrued expenses	1,217,065	17	1,512,164
	18 Grants payable		18	
	19 Deferred revenue	258,547	19	265,721
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	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 related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,504,848	25	2,425,764
	26 Total liabilities. Add lines 17 through 25	4,980,460	26	4,203,649
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	11,727,146	27	11,694,751
	28 Temporarily restricted net assets	156,402	28	201,762
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,883,548	33	11,896,513
	34 Total liabilities and net assets/fund balances	16,864,008	34	16,100,162

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,865,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,782,297
3	Revenue less expenses Subtract line 2 from line 1	3	83,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,883,548
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	-70,649
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,896,513

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 42-1036179

Name: IOWA CORN GROWERS ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

RESEARCH THE IOWA CORN GROWERS ASSOCIATION RESEARCH IS CENTERED ON DEVELOPING NEW USES FOR CORN AND IMPROVING THE PRODUCTION EFFICIENCY OF GROWING CORN IT IS IMPERATIVE THAT WE DISCOVER NEW USES TO HELP CREATE DEMAND FOR THE SURPLUS CROP IN ADDITION, WE FUND RESEARCH TO IMPROVE EFFICIENCY AND REDUCE THE ENVIRONMENTAL IMPACT OF CORN PRODUCTION THIS IS THE KEY TO ADVANCING THE INDUSTRY AND IS IMPORTANT FOR THE FUTURE ECONOMIC VIABILITY OF CORN FARMERS ACROSS THE NATION THE RESEARCH TEAM AT IOWA CORN WAS RECENTLY AWARDED A PATENT THAT DEALS WITH THE IMPROVED PRODUCTION OF BIOPLASTICS BY MAKING A NEW CHEMICAL THAT IS USED TO MAKE PLASTIC BOTTLES IN ADDITION, IOWA CORN HAS BEEN AWARDED A PATENT FOR A TRANSGENIC CORN PLANT THAT IMPROVES NITROGEN USE EFFICIENCY

Form 990, Part III, Line 4b:

MARKET DEVELOPMENT THE BEST WAY TO ENHANCE GROWER PROFITABILITY IS TO CREATE NEW DEMAND FOR CORN IN ALL FORMS THE IOWA CORN GROWERS ASSOCIATION'S (ICGA) INVESTMENT IN US GRAINS COUNCIL AND THE US MEAT EXPORT FEDERATION HAS HELPED INCREASE DEMAND FOR US CORN IN ALL FORMS AROUND THE WORLD, AND ALSO HELPED PROFITABILITY OF FARMERS IN IOWA AND AROUND THE COUNTRY THE ICGA WORKS TO REDUCE TRADE BARRIERS FOR CORN AND LIVESTOCK AROUND THE WORLD TO INCREASE ACCESS TO EXPORT MARKETS FOR US FARMERS ICGA WORKS TO EXPAND MARKETS FOR FOOD, FEED AND FUEL ETHANOL IS A KEY MARKET FOR IOWA'S FARMERS, AND ICGA WORKS TO MAINTAIN MARKET ACCESS FOR ETHANOL ACROSS THE U S AND TO REMOVE REGULATORY BARRIERS FOR HIGHER BLENDS OF ETHANOL

Form 990, Part III, Line 4c:

EDUCATION/PROMOTION THE IOWA CORN GROWERS ASSOCIATION (ICGA) EDUCATIONAL PROGRAMS WORK TO REACH BOTH FARMER AND CONSUMER AUDIENCES ABOUT THE ECONOMIC AND ENVIRONMENTAL VITALITY OF THE CORN INDUSTRY IN THE STATE OF IOWA EDUCATION ABOUT CORN AND THE 4,000 PRODUCTS MADE FROM CORN HAPPENS THROUGH EARNED MEDIA, ADVERTISING, PROMOTIONAL EVENTS, AND THE IOWA CORN MOBILE EDUCATION CENTER (ICMEC) FARMER TO FARMER EDUCATION ON WATER QUALITY AND CONSERVATION METHODS OCCURS AT CROP FAIRS, STEWARDSHIP ADVOCATE EVENTS, AND OTHER FIELD DAYS DISTRICT AND COUNTY ORGANIZATIONS PARTNER WITH ICGA ON CONSUMER AND FARMER EDUCATIONAL AND PROMOTIONAL EFFORTS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA CORN GROWERS ASSOCIATION

Employer identification number
42-1036179

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 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 an historically important 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 conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		282,183		282,183
b Buildings		1,979,521	546,456	1,433,065
c Leasehold improvements				
d Equipment		11,924	7,848	4,076
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,719,324

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
See Additional Data Table (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 3,778,936	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATE	458,688
LONG-TERM CONTRACT LIABILITY	1,967,076
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 2,425,764

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	18,926,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	65,309	
e	Add lines 2a through 2d		2e	65,309
3	Subtract line 2e from line 1		3	18,861,122
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	4,789	
c	Add lines 4a and 4b		4c	4,789
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,865,911

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	18,913,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	131,169	
e	Add lines 2a through 2d		2e	131,169
3	Subtract line 2e from line 1		3	18,782,297
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	18,782,297

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1036179
Name: IOWA CORN GROWERS ASSOCIATION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) RURAL AMERICAN FUND INVESTMENT	280,797	C
(3) Other (A) AGREN, INC	150,000	C
(B) MIDWEST GROWTH PARTNERS	339,349	C
(C) NEXT LEVEL VENTURES	163,934	C
(D) CULTIVIAN II	905,917	C
(E) RAF II	338,939	C
(F) CONSERVIS	300,000	C
(G) BENSON HILL	300,000	C
(H) AGRIVIDA	500,000	C
(I) FARM QA, INC	500,000	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND IS NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME THE ASSOCIATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME IN ACCORDANCE WITH THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FROM SEGREGATED PAC FUND NOT INCLUDED IN 990 65,309

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NOVECTA LLC BOOK/TAX DIFFERENCE -935 MIDWEST GROWTH PARTNERS LLLP BOOK/TAX DIFFERENCE 5,724

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM SEGREGATED PAC FUND NOT INCLUDED IN 990 131,169

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
IOWA CORN GROWERS ASSOCIATION

Employer identification number
42-1036179

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	10
3	Enter total number of other organizations listed in the line 1 table	11

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATION SCHOLARSHIPS TO IOWA STUDENTS	33	11,100			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	IOWA CORN GROWERS ASSOCIATION (ICGA) SUPPORTS ORGANIZATIONS THAT WORK TOWARDS COMMON GOALS AS ICGA ICGA DOLLARS FOR SUPPORT OF FOREIGN TRADE PARTNERS, SUCH AS US GRAINS COUNCIL AND US MEAT EXPORT FEDERATION, IS MULTIPLIED THROUGH THE INVOLVEMENT OF MANY DIFFERENT CORN STATES AND MATCHED WITH GOVERNMENTAL SUPPORT IOWA CORN FUTURE OF AGRICULTURE SCHOLARSHIP PROGRAM ICGA ALSO SUPPORTS EDUCATION FOR STUDENTS PURSUING A DEGREE EQUIPPING THEM TO CONTRIBUTE TO THE AGRICULTURE INDUSTRY IN IOWA

Additional Data

Software ID:
Software Version:
EIN: 42-1036179
Name: IOWA CORN GROWERS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	1,925,000				SUPPORT FOREIGN TRADE AND CORN MARKET DEVELOPMENT
US MEAT EXPORT FEDERATION 1855 BLAKE ST STE 200 DENVER, CO 80202	52-1067268	501(C)(6)	550,000				SUPPORT FOREIGN TRADE AND CORN MARKET DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA AG STATE GROUP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266	31-1561195	501(C)(6)	5,000				GENERAL SUPPORT
AG LEGAL DEFENSE FUND 900 DES MOINES STREET DES MOINES, IA 50309	47-3477732	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION TO PROTECT THE MISSOURI RIVER 4849 HIGHWAY B HIGBEE, MO 65257	43-1926331	501(C)(6)	5,000				GENERAL SUPPORT
WATERWAYS COUNCIL INC 801 N QUINCY ST SUITE 200 ARLINGTON, VA 22203	26-0080090	501(C)(6)	25,000				PUBLIC EDUCATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 WATERWAYS CONFERENCE INC 1100 N GLEBE ROAD SUITE 1010 ARLINGTON, VA 22201	53-0259567	501(C)(6)	25,000				ANNUAL MEETING SPONSORSHIP
IOWA NUTRIENT RESEARCH & EDUCATION COUNCIL 900 DES MOINES STREET DES MOINES, IA 50309	47-2930044	501(C)(3)	25,000				WATER QUALITY & NUTRIENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISU FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	42-1143702	501(C)(3)	35,000				MONARCH FUND
WORLD FOOD PRIZE 100 LOCUST STREET DES MOINES, IA 50309	42-1356715	501(C)(3)	73,000				SUPPORT OF PROGRAMS & ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DSM PARTNERSHIP 601 LOCUST STREET SUITE 700 DES MOINES, IA 50309	42-1489668	501(C)(6)	25,000				CULTIVATION CORRIDOR
IOWA FOUNDATION FOR AGRICULTURAL ADVANCEMENT 1440 NW 134TH AVE SLATER, IA 50244	42-1183067	501(C)(3)	25,000				SCHOLARSHIP SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA AGRICULTURAL WATER ALLIANCE 1255 SW PRAIRIE TRAIL PKWY ANKENY, IA 50023	32-0440113	501(C)(3)	250,000				WATER QUALITY & NUTRIENT SUPPORT
IOWA AGRICULTURE LITERACY FOUNDATION PO BOX 14458 DES MOINES, IA 50306	31-1672416	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA SOYBEAN ASSOCIATION 1255 SW PRAIRIE TRAIL PKWY ANKENY, IA 50023	42-6127197	501(C)(5)	15,000				FOOD & FAMILY PROJECT
PETROLEUM MARKETERS AND CONVENIENCE STORES OF IOWA 10430 NEW YORK AVE SUITE F URBANDALE, IA 50322	42-0332565	501(C)(6)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA RENEWABLE FUELS ASSOCIATION 5505 NW 88TH STREET SUITE 100 JOHNSTON, IA 50131	43-1982636	501(C)(6)	8,500				SUMMIT GOLD SPONSOR
AMERICAN LUNG ASSOCIATION 55 W WACKER DR SUITE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	27,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL FARMER NETWORK - TRUTH ABOUT TRADE & TECHNOLOGY 309 COURT AVENUE SUITE 214 DES MOINES, IA 50309	42-1500468	501(C)(4)	25,000				PROGRAM SUPPORT
IOWA FFA FOUNDATION INC 1055 SW PRAIRIE TRAIL PKWY ANKENY, IA 50023	42-1305468	501(C)(3)	6,000				FOUNDATION SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER DES MOINES 1915 GRAND AVENUE DES MOINES, IA 503097271	42-6139033	501(C)(3)	20,000				IOWA GOVERNOR'S STEM ADVISORY COUNCIL FUND

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization IOWA CORN GROWERS ASSOCIATION	Employer identification number 42-1036179
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG FLOSS CHIEF EXECUTIVE OFFICER	(i)	358,167 -----	0 -----	7,406 -----	32,737 -----	22,370 -----	420,680 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 JULIE KIRBY DIRECTOR OF FINANCE & OPS	(i)	165,385 -----	9,957 -----	0 -----	16,122 -----	9,516 -----	200,980 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 MINDY LARSEN POLDBERG DIRECTOR OF GOVT RELATION	(i)	168,020 -----	10,562 -----	0 -----	17,101 -----	26,743 -----	222,426 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 RODNEY WILLIAMSON DIRECTOR OF RESEARCH & DEV	(i)	169,911 -----	9,979 -----	0 -----	16,547 -----	22,026 -----	218,463 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 BRIAN R JONESCOO, ICO	(i)	193,069 -----	11,829 -----	0 -----	19,127 -----	23,313 -----	247,338 -----	0 -----
	(ii)	0	0	0	0	0	0	0
6 MONTGOMERY SHAW EXECUTIVE DIRECTOR IRFA	(i)	157,524 -----	20,000 -----	1,384 -----	16,866 -----	24,901 -----	220,675 -----	0 -----
	(ii)	0	0	0	0	0	0	0
7 SHANNON TEXTOR DIRECTOR OF MARKETING/COMMUNICATIONS	(i)	126,595 -----	7,738 -----	1,993 -----	12,646 -----	15,207 -----	164,179 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
IOWA CORN GROWERS ASSOCIATION**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

42-1036179

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART 1, LINE 6	VOLUNTEERS CONSIST OF BOARD MEMBERS AND COMMITTEE MEMBERS, INCLUDING EX-OFFICIOS, NON-BOARD COMMITTEE MEMBERS, AND VOTING DELEGATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE CLASSIFIED AS GROWER OR ASSOCIATE ANY INDIVIDUAL OR ENTITY ENGAGED IN THE PRODUCTION OF A MINIMUM OF TWO HUNDRED FIFTY (250) BUSHELS OF CORN IN IOWA MAY BECOME A GROWER MEMBER UPON FILING AN APPLICATION AND PAYING ANNUAL DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS FROM TIME TO TIME (DUES OF \$60 FOR YEAR ENDING 8/31/17) ANY INDIVIDUAL OR ENTITY NOT ELIGIBLE FOR MEMBERSHIP AS A GROWER MEMBER MAY BECOME AN ASSOCIATE MEMBER UPON FILING AN APPLICATION AND PAYING ANNUAL DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS ASSOCIATE MEMBERS SHALL HAVE ALL OF THE RIGHTS AND PRIVILEGES OF MEMBERSHIP EXCEPT THE RIGHT TO VOTE, AND EXCEPT THAT NO ASSOCIATE MEMBER SHALL BE ELIGIBLE TO SERVE AS A DIRECTOR OR TO HOLD A CORPORATE OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ANY INDIVIDUAL OR ENTITY ENGAGED IN THE PRODUCTION OF A MINIMUM OF TWO HUNDRED FIFTY (250) BUSHEL OF CORN IN IOWA MAY BECOME A GROWER MEMBER UPON FILING AN APPLICATION AND PAYING ANNUAL DUES OF \$60 AS ESTABLISHED BY THE BOARD OF DIRECTORS FROM TIME TO TIME GROWER MEMBERS HAVE THE RIGHT TO VOTE FOR ELECTION OF DIRECTORS AS PROVIDED IN THE BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS HAVE OVERSIGHT OF THE ADMINISTRATION AND MANAGEMENT OF THE ORGANIZATION'S BUSINESS AND AFFAIRS THE DIRECTORS, IN ALL CASES, ACT AS A BOARD, AND (EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS) EACH DIRECTOR SHALL HAVE ONE VOTE ON ALL MATTERS REQUIRING THE CONSENT, APPROVAL OR VOTE OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS ADOPT SUCH RULES AND REGULATIONS FOR THE CONDUCT OF THEIR MEETINGS AND SUCH POLICIES AND PROCEDURES REGARDING THE ORGANIZATION'S BUSINESS AND AFFAIRS AS THEY DEEM PROPER, NOT INCONSISTENT WITH THE ARTICLES OF INCORPORATION, THE BYLAWS AND THE ACT THE BOARD OF DIRECTORS DELEGATE TO COMMITTEES, OFFICERS AND AGENTS SUCH MANAGEMENT AUTHORITY AS THE BOARD OF DIRECTORS DETERMINES TO BE NECESSARY, APPROPRIATE, OR CONVENIENT FOR THE EFFICIENT ADMINISTRATION AND MANAGEMENT OF THE CORPORATION'S BUSINESS AND AFFAIRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE WITH THE EXTERNAL ACCOUNTANT THE FINAL FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE AND IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IOWA CORN GROWERS ASSOCIATION (ICGA) HAS A CONFLICT OF INTEREST POLICY TO THE EXTENT A BOARD MEMBER, COMMITTEE MEMBER, OR OFFICER HAS A CONFLICT OF INTEREST, THEY LEAVE THE ROOM AND ABSTAIN FROM VOTING ON SUCH MATTER IDENTIFIED CONFLICT OF INTEREST SITUATIONS AND DELIBERATIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE BOARD MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CHIEF EXECUTIVE OFFICER (CEO) ANNUAL PERFORMANCE IS REVIEWED BY ALL MEMBERS OF THE BOARD THE INDEPENDENT CEO REVIEW COMMITTEE USES AN INDEPENDENT 3RD PARTY TO EVALUATE THE PERFORMANCE FEEDBACK AND COMPARABILITY DATA, ALSO PROVIDED BY AN INDEPENDENT 3RD PARTY, TO DETERMINE A RECOMMENDATION OF CEO COMPENSATION TO BE PRESENTED AND VOTED ON BY THE BOARD THE RECOMMENDATION AND BOARD APPROVAL IS CONTEMPORANEOUSLY DOCUMENTED IN THE BOARD MINUTES DOCUMENTATION OF THE BOARD'S COMPENSATION RECOMMENDATION, SIGNED BY THE BOARD CHAIR, IS PROVIDED TO THE PAYROLL DEPARTMENT KEY EMPLOYEES, OTHER THAN THE CEO, GO THROUGH AN ANNUAL REVIEW PROCESS COMPARABILITY DATA PROVIDED BY AN INDEPENDENT 3RD PARTY IS USED FOR EACH POSITION THE CEO REVIEWS KEY EMPLOYEE PERFORMANCE AND COMPENSATION INFORMATION WITH THE EXECUTIVE COMMITTEE COMPENSATION CHANGES ARE DOCUMENTED AND RETAINED BY THE ORGANIZATION'S PAYROLL DEPARTMENT THE ORGANIZATION HAS AN INDEPENDENT COMPENSATION STUDY PERFORMED ON A 3 YEAR ROTATION AND WAS COMPLETED BY AN INDEPENDENT CONSULTANT IN AUGUST 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IOWA CORN GROWERS ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART VII, SECTION A	AVERAGE HOURS PER WEEK DEVOTED TO POSITION WITH RELATED ORGANIZATION BRIAN JONES - 32 HRS WITH IOWA CORN OPPORTUNITIES, LLC AVERAGE HOURS PER WEEK DEVOTED TO POSITION WITH UNRELATED ORGANIZATION MONTGOMERY SHAW - 40 HRS WITH IOWA RENEWABLE FUELS ASSOCIATION AVERAGE HOURS PER WEEK DEVOTED TO POSITION WITH ORGANIZATIONS AFFILIATED THROUGH COMMON MANAGEMENT JULIE KIRBY - 28 HRS WITH IOWA CORN PROMOTION BOARD CRAIG FLOSS - 24 HRS WITH IOWA CORN PROMOTION BOARD BRIAN JONES - 8 HRS WITH IOWA CORN PROMOTION BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RESEARCH & DEVELOPMENT 2,398,197 OTHER 473,242

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NOVECTA LLC BOOK/TAX DIFFERENCE 935 NET EXPENSES FROM SEGREGATED PAC FUND NOT INCLUDED IN 990 -65,860 MIDWEST GROWTH PARTNERS LLLP BOOK/TAX DIFFERENCE -5,724

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA CORN GROWERS ASSOCIATION

Employer identification number

42-1036179

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IOWA CORN OPPORTUNITIES LLC 5505 NW 88TH STREET STE 100 JOHNSTON, IA 50131 03-0471742	CREATING OPPORTUNITIES FOR LONG-TERM IOWA CORN GROWER PROFITABILITY	IA	34,287	6,760,730	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NOVECTA LLC 5505 NW 88TH STREET 100 JOHNSTON, IA 50131 30-0069676	SPECIALIZED TRAINING RELATED TO CORN QUALITY STANDARDS	IA	N/A	RELATED	-28	73,194		No		Yes		50 000 %

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.

(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	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
e	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)	1g	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
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	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
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	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, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

(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) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference**Explanation**