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# 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 black lung
benefit trust or private foundation)

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

Open to Public Inspection

OMB No 1545-0047

	A F	or the	2007 cale	ndar year, or tax year beginning	OCT 1,	2007	and e	nding SEP 30	, 20	008		
ı	Вс	heck if	Please	C Name of organization					D Empl	oyer identific	ation numb	ег
			use (R	, i								
	L	Address change point or INDIANA CORN MARKETING COUNCIL							7-1420 <i>(</i>		_	
	느	_chang	e See	Number and street (or P.O. box if mai	l is not delivered t	to street address)		Room/suite		hone numbe		
	$\vdash$	_return  Termi		5730 W 74TH ST						<u> 17-347-</u>		
	$\vdash$	ation Amen	tions	City or town, state or country, and ZIF						nting method	Cash	Accrual
<u> </u>	<u>_</u>	Jreturn.			46278-17					ther pecify) M		
31	LX	Applic	ng	Section 501(c)(3) organizations and 494 must attach a completed Schedule A (Fo	/(a)(1) nonexem rm 990 or 990-F7	pt cnaritable trus ').	its	H and I are not app				
ارگری رکاری				·		•••		H(a) Is this a group r			Yes	LX_ No
· 图图				V. INCORN. ORG		1047/-)/4)	7 507	H(b) If "Yes," enter nu		_	N/A	<del></del>
						1947(a)(1) or	527	H(c) Are all affiliates ( (If "No," attach a		? <b>N/A</b>	Yes	LJ No
)   				if the organization is not a 509(a)(3) su		_	S	H(d) Is this a separat	e return i	filed by an or-		(T).
				ally <b>not</b> more than <b>\$</b> 25,000. A return is not eturn, be sure to file a complete return.	requirea, but it tr	ne organization		ganization cover				X No
JUL -		10030	3 10 1110 11 11	itarii, be sare to iiie a complete retarii.	<del></del>			I Group Exemptio			N/A	
	G	roce r	eceints: Ad	d lines 6b, 8b, 9b, and 10b to line 12	,	1,393,52	5	M Check ► Sch. B (Form 99				i to attacn
ည ယ				ue, Expenses, and Changes				<u> </u>	0, 330 1	.2, 01 330-11	<i>)</i> -	
_	Ï	1		itions, gifts, grants, and similar amounts re		oto or runa	Daid				_	
2010		-		itions to donor advised funds	cceiveu.	1	1a	i		İ		
		b		ublic support (not included on line 1a)			1b	33,5	00.			
			•	public support (not included on line 1a)			1c	33,3	-			
		ď		nent contributions (grants) (not included c	on line 1a)	Ì	1d					
_		e		dd lines 1a through 1d) (cash \$		)。 noncash \$		·	<u>,                                    </u>	1e	33.	500.
ଳ ଅ		2	•	service revenue including government fe			e 93)		′		1,330,	
3 V	İ	3	_	ship dues and assessments		<b>,</b> ,,	,			3	<u> </u>	
হ		4	Interest	on savings and temporary cash investmen	its					4	26,	952.
⊐		5	Dividend	ls and interest from securities				_		5	•	
ಇ೧ಡ		6 a	Gross re	nts			6a	<u></u>				
₹	}	b	Less: re	ntal expenses			6b					
$\supset$	0	C	Net rent	al income or (loss). Subtract line 6b from I	ıne 6a				L	6c		
	Revenue	7	Other in	vestment income (describe				γ		7		
	اچ	8 a	Gross ar	nount from sales of assets other	(A) S	Securities		(B) Other				
ξ,	-		than inv	entory		-	8a					
	-	b	Less: co	st or other basis and sales expenses			8b	_				
	ŀ	C		lose) (attach schedule)			8c	[				
		d		or (1055)-Combine line 8c, columns (A) a					-	8d		
		9	Special	vents and activities (attach schedule). If a	ny amount is fron	n gaming, check	here 🕽	<b>&gt;</b>	-			
		a	Gros Gyani	ie (notyccylding 2 7 2010	of contributions repo	orted on line 1b)	9a					
	ĺ	b		ect expenses other than fundrasing exper		_ l	9b	<u></u>				
		C		ne or (loss) from special events. Subtract		9a 1	1	1	-	9c		
	-	10 a		les of inventory, less returns and allowand	es	}	10a					
	-	b		st of goods sold	de a a b a duda \ Oub	] 	10b	40-				
		C		ofit or (loss) from sales of inventory (attac	in schedule). Sub	tract line 100 from	n iine	10a	-	10c	2	000
	ĺ	11		venue (from Part VII, line 103)	n 10n and 11				-	11 40	202	908.
-	$\dashv$	12		renue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9 services (from line 44, column (B))	c, ioc, and ii					T T	1,393,	545.
	8	13	-	nent and general (from line 44, column (B))	**				-	13	• • •	
	Expenses	14	_	•	))				-	14	·	_
	ğ	15 16		ing (from line 44, column (D)) s to affiliates (attach schedule)				•	-	15		
	ш	17	_	penses. Add lines 16 and 44, column (A)					-	16	255	132
-	$\dashv$	18		r (deficit) for the year. Subtract line 17 fro	m line 12	<del>-</del>		<del></del>	-		3, <u>255,</u> .,138,	
	<u>ş</u>	19		is or fund balances at beginning of year (fi		mn (A))			 	19	-74	
Ž	Assets	20		anges in net assets or fund balances (attac		(* '/)			-	20	/4,	0.
	4	21		is or fund balances at end of year. Combin		d 20					,063,	
7:	2300 2-27-			or Privacy Act and Paperwork Reduction			uction	s. Cim		<u>~ ~~</u>	<ul><li>Form 99</li></ul>	
1.		٠,				voparate metr				8 4V F	. UIII 99	~ (LUU1)

	4) or(	Janizations and section 4947		table trusts but optional for other	ers.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0	9				
If this amount includes foreign grants, check here	22a	<u></u>			
22b Other grants and allocations (attach schedule	<del>)</del>			STATEMENT 2	
(cash \$ 460000 noncash \$ 0	•				
If this amount includes foreign grants, check here	22b	460,000.			
23 Specific assistance to individuals (attach		}			
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	0.			
<b>b</b> Compensation of former officers, directors, key	i	İ			
employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not included	1				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not			<del>==</del> -		
included on lines 25a, b, and c	26		_		
Pension plan contributions not included on			•		
lines 25a, b, and c	27				
28 Employee benefits not included on lines			-		
25a · 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
2 Legal fees	32	8,633.			
3 Supplies	33	11,169.			
34 Telephone	34	814.	<u></u>		
5 Postage and shipping	35	12,022.			<del></del>
6 Occupancy	36	•			
37 Equipment rental and maintenance	37	226.			
8 Printing and publications	38	38,082.			·
9 Travel	39	47,400.			
Oconferences, conventions, and meetings	40	62,687.			
1 Interest	41	3,361.			B/8 L.
2 Depreciation, depletion, etc (attach schedule)	42	- /			
3 Other expenses not covered above (itemize):	<u> </u>				
a	43a				
b	43b			<del></del>	
c	43c				
	43d		•		
d	43e				
e	43f				
g SEE STATEMENT 1		2,610,738.		<del></del>	<del></del>
· — · · · ·	43g	4,010,130.		<del>    -  </del>	
4 Total functional expenses. Add lines 22a through				İ	
43g. (Organizations completing columns (B)-(D),	, .	2 255 124			
carry these totals to lines 13-15)	44	3,255,132.	<del></del>		<del></del>
loint Costs. Check ▶ ☐ If you are following				, , , ,	
are any joint costs from a combined educational campai			• • •		Yes X No
"Yes," enter (i) the aggregate amount of these joint cos			•	to Program services \$	<u>N/A</u> ;
ii) the amount allocated to Management and general \$		N/A ; and (i	iv) the amount allocate	d to Fundraising \$	N/A
3011 -27-07					Form <b>990</b> (2

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 6	Program Service
All clie	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
а	SEE STATEMENT 3	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
b	Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ SEE STATEMENT 4	
_		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
С	PRODUCTION AND ENVIRONMENTAL STEWARDSHIP INITIATIVE:	
	CONDUCTS PROJECTS TO PROMOTE THE USE OF ECONOMIC AND	
	ENVIRONMENTALLY SOUND PRODUCTION PRACTICES THAT HELP FARMERS MANAGE PRODUCTION RISKS. IN FISCAL YEAR 2008. THIS	
	MANAGE PRODUCTION RISKS. IN FISCAL YEAR 2008, THIS INITIATIVE TARGETED PRODUCTION AND ENVIRONMENTAL STEWARDSHIP	
	GRANTS.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
d	SEE STATEMENT 5	
	· · · · · · · · · · · · · · · · · · ·	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
е	Other program services (attach schedule) SEE STATEMENT 7	
f	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Total of Program Service Expenses (should equal line 44, column (B), Program services)	
	Total of Frogram Service Expenses (Should equal line 44, Column (b), Frogram Services)	<del></del>

Form 990 (2007)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<del></del>				
	45	Cash - non-interest-bearing		47,906.	45_	137,842.
	46	Savings and temporary cash investments		9,909.	46	1,401,688.
	47 a	Accounts receivable	47a			
	ь	Less allowance for doubtful accounts	47b		47c	
	ļ					
		Pledges receivable	482			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers,	directors, trustees, and			
		key employees			50a	
ets	b	Receivables from other disqualified persons (a				
		4958(f)(1)) and persons described in section 4	1 1		_50b	
Assets		Other notes and loans receivable	51a			
	50 b		51b		51c	
	52	Inventories for sale or use	<del> </del>		52	
	53	Prepaid expenses and deferred charges	Cost FMV		53	<del></del>
	54 a	Investments - publicly-traded securities Investments - other securities	Cost FMV		54a 54b	<del></del>
	_	Investments - land, buildings, and	COSTTIMIV		340	
	33 a	equipment basis	55a			
		equipment basis	000			
	b	Less accumulated depreciation	55b		55c	
	56	Investments - other	333	· · · · · · · · · · · · · · · · · · ·	56	
		Land, buildings, and equipment basis	57a			
		Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments	:			
		(describe >	)		58	
	59	Total assets (must equal line 74) Add lines 45	5 through 58	57,815.	59	1,539,530.
	60	Accounts payable and accrued expenses		32,713.	60	188,249.
	61	Grants payable			61	<u> 162,000.</u>
"	62	Deferred revenue	-		62	
Liabilities	63	Loans from officers, directors, trustees, and ke	ey employees		63	
Ϊġ	64 a	Tax-exempt bond liabilities			64a	
Ë	b	Mortgages and other notes payable		100,000.	64b	
İ	65	Other liabilities (describe > STATE SHAR	E ACCRUAL )	0.	65	125,786.
				120 512		456 025
	66	Total liabilities. Add lines 60 through 65		132,713.	66	476,035.
			. 177	l l		1
	Orga	inizations that follow SFAS 117, check here	► LX and complete lines			1
Se		67 through 69 and lines 73 and 74	▶ LX and complete lines	_74 000	67	1 062 405
seoul	67	67 through 69 and lines 73 and 74 Unrestricted	► LX and complete lines	-74,898.	67	1,063,495.
Balances	67 68	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted	► LX and complete lines	-74,898.	68	1,063,495.
nd Balances	67 68 69	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted		-74,898.		1,063,495.
Fund Balances	67 68 69	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted unizations that do not follow SFAS 117, check		-74,898.	68	1,063,495.
or Fund Balances	67 68 69 Orga	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted Inizations that do not follow SFAS 117, check complete lines 70 through 74		-74,898.	68 69	1,063,495.
ets or Fund Balances	67 68 69 Orga 70	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted inizations that do not follow SFAS 117, check complete lines 70 through 74 Capital stock, trust principal, or current funds	there ▶ □ and	-74,898.	68 69 70	1,063,495.
Assets or Fund Balances	67 68 69 Orga 70 71	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted inizations that do not follow SFAS 117, check complete lines 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	there and and dequipment fund	-74,898.	68 69 70 71	1,063,495.
let Assets or Fund Balances	67 68 69 Orga 70 71 72	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted Inizations that do not follow SFAS 117, check complete lines 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated	t here ▶ □ and d equipment fund income, or other funds	-74,898.	68 69 70	1,063,495.
Net Assets or Fund Balances	67 68 69 Orga 70 71	67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted inizations that do not follow SFAS 117, check complete lines 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	d equipment fund income, or other funds ough 69 or lines 70 through 72.	-74,898. -74,898.	68 69 70 71	1,063,495.

P	m 990 (2007) INDIANA CORN MARKETIN			<u> 37-142</u>	<u> </u>	8 Page 5
	art IV-A Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue p	er Returr	1 (See	the
	instructions.)			- 1		04 505
a	Total revenue, gains, and other support per audited financial stateme	nts		a	2,7	<u>24,505.</u>
b	Amounts included on line a but not on Part I, line 12	1.	ام			
1			01			
2		<u> </u>	02			
3	3		03 04 -16690	120		
4		[	14] -10090		1	660020
	Add lines b1 through b4 Subtract line b from line a			<u>b</u>		669020. 93,525.
c d	Amounts included on Part I, line 12, but not on line a:			C	4,3	93,323.
u 1	Investment expenses not included on Part I, line 6b	1.	11			
2			12			
2	Add lines d1 and d2		12	d		0.
۵	Total revenue (Part I, line 12) Add lines c and d				<u> </u>	93,525.
	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements W	/ith Expenses	per Retu	rn	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
a	Total expenses and losses per audited financial statements		•	a		86,112.
b	Amounts included on line a but not on Part I, line 17					907220
1	Donated services and use of facilities	1,	01			
2	Pnor year adjustments reported on Part I, line 20		02			
3		-	03			
4	GDD GDA BDAGDAD O		4 -16690	20.		
•	Add lines <b>b1</b> through <b>b4</b>			ь	-1	669020.
c	Subtract line b from line a			С		55,132.
d	Amounts included on Part I, line 17, but not on line a:					
1		ا	11			
2	Other (specify)	<del></del>	12			
	Add lines d1 and d2			d		0.
е	Total expenses (Part I, line 17) Add lines c and d			▶ e	3,2	55,132.
	art V-A Current Officers, Directors, Trustees, and Ke	v Employees (List ear	ch person who was	s an officer.	directo	or, trustee,
					a 00	
	or key employee at any time during the year even if they we	re not compensated) (See	e the instructions.)			
	or key employee at any time during the year even if they we (A) Name and address	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter		ons to	(E) Expense account and
	<del></del>	re not compensated) (See	e the instructions.)	(D) Contribution employee ber plans & defer compensation	ons to nefit	(E) Expense account and
	<del></del>	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contribution employee ber plans & defer	ons to nefit	(E) Expense account and
	(A) Name and address	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	<del></del>	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contribution employee ber plans & defer	ons to nefit	(E) Expense account and ther allowances
	(A) Name and address	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense account and ther allowances
	(A) Name and address  E STATEMENT 10	re not compensated ) (See (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Contribution employee ber plans & defer	ons to nefit rred plans 0	(E) Expense

-	990 (2007) INDIANA CORN MARKETII			<u>37-1420</u>			age <b>6</b>
Pa	rt V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ied)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board	. =			
	meetings .		<b>-</b>	<u> 17</u>			
ь	Are any officers, directors, trustees, or key employees listed in Form	n 990, Part V-A, or highest o	compensated emp	loyees			
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A,						
	Part II-A or II-B, related to each other through family or business relation individuals and explains the relationship(s)	ationships? If "Yes," attach	a statement that i	dentifies	756		<b>.</b>
	•				<u>75b</u>	$\vdash$	<u> X</u>
C	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A,						
	Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."						
	If "Yes," attach a statement that includes the information described	I in the instructions.			75c		<u> </u>
d	Does the organization have a written conflict of interest policy?				75 <b>d</b>	x	
	rt V-B Former Officers, Directors, Trustees, and Ko						
	Benefits (If any former officer, director, trustee, or key e						
	the year, list that person below and enter the amount of co	empensation or other benef	(C) Compensation			E) Expe	<u> </u>
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit	à	ccount	and
	NONE		enter -0-)	compensation plan	ns othe	er allow	ances
					+-		
					1		
		ļ			<del>                                     </del>		
					<del> </del>	<del></del>	
		:	ļ				
					+		
					-		
_	AVII Other Information				Щ,	7	
	rt VI Other Information (See the instructions )			<del> </del>		Yes	No
76	Did the organization make a change in its activities or methods of contact and each change.	onducting activities? If "Yes	s," attach a detaile	a	70		v
77	statement of each change	but not reported to the IDS	20	}	76		<u>X</u>
77	Were any changes made in the organizing or governing documents If "Yes," attach a conformed copy of the changes	par not reported to the IRS	• :	}	77		
78 a	Did the organization have unrelated business gross income of \$1,00	O or more during the year (	covered by this ret	urn?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	J Guing the year		N/A	78b	$\neg \uparrow$	
79	Was there a liquidation, dissolution, termination, or substantial cont	raction during the vear? If '	'Yes," attach a sta	· r	79	$\dashv$	X
	Is the organization related (other than by association with a statewice	• •	*	F			
	membership, governing bodies, trustees, officers, etc., to any other	=	-		80a		X
b	If "Yes," enter the name of the organization ► N/A						
		and check whether it is	exempt or	nonexempt	ŀ		
81 a	Enter direct and indirect political expenditures (See line 81 instruction	ons) .	81a	0.		İ	
b	Did the organization file Form 1120-POL for this year?	• •			81b	ل	X
					Form	990 (	2007)

		<u> 20618</u>		age 7
<u>Pa</u>	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial	y		
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II			
	(See instructions in Part III ) 82b N/A			İ
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u> X</u>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		X_
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year	_		
C		0.		
d		<u>0.</u>		
е	\(\lambda\)	0.		
f		0.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	_	
B6	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	Ine 12 86a N/A	_		
b	Gross receipts, included on line 12, for public use of club facilities  86b N/A	_		
B7	501(c)(12) organizations. Enter: a Gross income from members or shareholders  87a N/A	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)  87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	<b>▶</b> 88b		X
39 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under			
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A	-		
Þ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction N/A	89b		
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization	-		3>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
Ť	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		_X_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	· 1 1		3.5
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
	List the states with which a copy of this return is filed ►IN			
b	Number of employees employed in the pay period that includes March 12, 2007			0
)1 a	The books are in care of TONY WALKER  Telephone no. 317-			
		4627		NI -
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1 1	- 1	
	and Financial Accounts.		i	

Form 990 (2007)			MARKE	TING COUNCI	L	37-		Page 8
Part VI Other In	nformation (co	ntınued)					Yes	No No
c At any time during	the calendar year	r, did the organi	zation mair	ntain an office outside	of the Un	ited States?	91c	<u> </u>
if "Yes," enter the	name of the foreig	gn country ► _		N/A				
92 Section 4947(a)(1)	nonexempt charm	table trusts filing	g Form 990	in lieu of Form 1041-	Check he	ere	<b>&gt;</b>	
				ed during the tax year		▶ 92	N/A	
Part VII Analysis	s of Income-F	roducing A						
Note: Enter gross amou	ınts unless otherw	//se		ed business income		ed by section 512, 513, or 514	(E)	
ındıcated.		i	(A) Business	(B)	(C) Exclu-	(D)	Related or exem	ıpt
93 Program service rev	venue:	Ĺ	code	Amount	sion code	Amount	function incom	ie
a CORN CHEC	K-OFF							
b ASSESSMEN	TS					_	4,330,1	165.
C	-							
е								
f Medicare/Medicaid	payments							
g Fees and contracts	• •	agencies						
94 Membership dues a	-							
95 Interest on savings an		vestments				26,952.		
96 Dividends and inter					1 1	20,752,		
97 Net rental income o		i			-			<del></del>
a debt-financed prope	` ,	State.						
b not debt-financed p	•				- <del>  </del>			
98 Net rental income o	• •	nal property		<del></del>				
99 Other investment in	, ,	mai property			+			
100 Gain or (loss) from s		<b> </b>						
other than inventor								
-				·	+ +			
101 Net income or (loss)	•	Г			<del></del>		<del></del> -	
102 Gross profit or (loss	) from sales of inv	entory			<del> </del> -			
103 Other revenue:	EOD CODM	,						
a LATE FEES				<u> </u>				200
b CHECK-OFF	ASSESSME	MIS			++			908.
C					-	-		
d				-	<del> </del>			
e	(5) (5)					26 052	4 222 (	
104 Subtotal (add colum		• •	<u></u>	0	•	26,952.	<u>4,333,0</u>	
105 Total (add line 104,			_4 ( 4	O Double		▶.	4,360,0	<u> 125.</u>
Note: Line 105 plus line					mat Decome			
<del></del>				·		oses (See the instruction		
					ted importa	ntly to the accomplishment o	f the organization's	
	ses (other than by p	<u>-</u>	Such purpo	ses).				<del></del>
SEE S'	<u> TATEMENT</u>	<u>TT                                   </u>				<del> </del>		
	_							
		<b>-</b>		<del> </del>				
Part IX Informat	tion Regardin		ubsidiar		ded Ent	tities (See the instruction		
Name, address, and EIN o	of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year	
partnership, or disreg	arded entity o	wnership interest	<del> </del>				assets	
		%	+	<del>-</del> · · · · · · · · · · · · · · · · · · ·			<del>-</del>	
N/A		%	+					
· ··· - · · · · - · ·		%	<del></del>	<del></del>				
·		%	L					
Part X Informat	ion Regardin	g Transfers	Associa	ted with Persona	al Benef	fit Contracts (See the	instructions )	
(a) Did the organization,	during the year, rece	erve any funds, dir	ectly or indir	ectly, to pay premiums o	n a person	al benefit contract?	Yes 🗓	No
(b) Did the organization,	during the year, pay	premiums, direct	ly or indirect	ly, on a personal benefit (	contract?		Yes 🔀	No 🖸
Note: If "Yes" to (b), file	e Form 8870 and	Form 4720 (see	instruction	s)				
							Form <b>990</b>	(2007)

	n 990 (2007) INDIANA CORN MARKETING	COUNCIL	37-142061	<u>8</u> P	age 9
Pa	rt XI Information Regarding Transfers To and From (		es. Complete only if the organization	ıs a	
	controlling organization as defined in section 512(b)(13)	N/A			,
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity	as defined in section	512(b)(13) of the Code? If "Yes,"		Ì
_	complete the schedule below for each controlled entity	<del>, ,</del>			<u> </u>
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Identification	·	mount (	
	controlled entity	Number	transfer	transfer	r 
а					
b					
С					
			- 1		
	Totals				
				Yes	No
107	Did the reporting organization receive any transfers from a controlled en	ntity as defined in sec	ction 512(b)(13) of the Code? If "Yes,"		
	complete the schedule below for each controlled entity				L
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Employer Identification	Description of A	mount d	of
	controlled entity	Number	transfer	transfer	•
а					
		İ			
ь					
İ					
С					
	Totals		<u></u>		
				Yes	No
108	Did the organization have a binding written contract in effect on August	17, 2006, covering th	e interest, rents, royalties, and		
	annuities described in question 107 above?				
	Under penalties of perjury, I declare that I have examined this return, including accompany and complete Declaration of reparer (other than officers is based on all information of whi	ing schedules and statemen ch preparer has any knowled	nts, and to the best of my knowledge and belief, it i dge	s true, corr	rect,
Plea		, ,	_//		
Sign	Mark veces		7/7/10		
Here	y digitator of officer		Date		
nere	MARK HENDERSON, EXECUTIVE DIREC	TOR			
	Type or print name and title				
Paid	Preparer's		Check If Preparer's SSN or PTIN	(See Gen	Inst X)
	signature STEPHEN BLAKE		employed >		
•	Firm share (or BLUE & CO. LLC		EIN ►		
Use (	self-employed), address, and 12800 N MERIDIAN ST, SUIT	E 400			
	ZIP + 4 CARMEL, IN 46032		Phone no. ► 317-848	<u>-892</u>	0

Form **990** (2007)

FORM 990	OTHER	OTHER EXPENSES		
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
AGENCY SERVICES	274,727.	,-,-,-		
MISC	3,671.			
AWARDS	130,291.			
ISA CONTRACTED	,			
SERVICES	300,458.			
ADVERTISING	28,584.			
TEMPORARY HELP	20,639.			
CONSULTING FEES	170,428.			
FIRST PURCHASER				
HANDLING FEE	105,938.			
CORN CHECK-OFF				
REFUNDS	686,953.			
STATE OF INDIANA'S				
SHARE OF COLLECTIONS	876,129.			
ISA ALLOCATED	40.000			
DEPRECIATION	12,920.			
TOTAL TO EM 990 IN 42	2 610 739	·		
TOTAL TO FM 990, LN 43	2,610,738.			

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL, 60673-1235	180,000.
NATIONAL CORN GROWERS ASSOCIATION 632 CEPI DRIVE CHESTERFIELD, MO, 63005	250,000.
MARION FOOD MART 3801 S. WESTERN AVE MARION, IN, 46953	5,000.
AGBEST, LLC - STEFFEN OIL P.O. BOX 392 MUNCIE, IN, 47308-0392	5,000.
RSSB PETROLEUM LLC 2246 W. 2ND ST MARION, IN, 46952	5,000.
S&S SEERHA, LLC C/O CITGO FOOD MART, 1194 N WASHINGTON ST MARION, IN, 46952	5,000.
ONE STOP AUTO SERVICE 6 WEST HILL STREET WABASH, IN, 46992	5,000.
GAS AMERICA SERVICES, INC. 2700 W. MAIN STREET GREENFIELD, IN, 46140	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	460,000.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE ONE

ETHANOL INITIATIVE: CONDUCTS PROJECTS TO INCREASE THE PRODUCTION, AVAILABILITY, AND USE OF ETHANOL IN INDIANA. IN FISCAL YEAR 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS CONSUMER EDUCATION AND ACCEPTANCE, CONSUMER MARKET DEVELOPMENT AND PROMOTION, RETAILER GROWTH, GOVERNMENT AND COMMERCIAL MARKET DEVELOPMENT, AND INDUSTRY EDUCATION AND OUTREACH.

	GRANTS	EXPENSES
O FORM 990, PART III, LINE A		

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE TWO

PUBLIC COMMUNICATIONS INITIATIVE: CONDUCTS PROJECTS TO DEVELOP AND MAINTAIN STRONG COMMUNICATION PROGRAMS TO PROMOTE INDIANA CORN AND CORN USES WHILE EDUCATING THE PUBLIC, POLICYMAKERS AND MEDIA ON ISSUES IMPORTANT TO THE AGRICULTURAL INDUSTRY. IN FISCAL YEAR 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS DIRECTOR LEADERSHIP TRAINING, AGRICULTURE YOUTH LEADERSHIP, STATE FAIR, PRODUCER COMMUNICATIONS, ISSUES MANAGEMENT, FIRST PURCHASER AND REFUNDER COMMUNICATIONS, CONSUMER AWARENESS, AND EMERGING ISSUES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE FOUR

LIVESTOCK INITIATIVE: CONDUCTS PROJECTS TO INCREASE CONSUMPTION OF CORN AND CORN CO-PRODUCTS FOR A STRONG LIVESTOCK INDUSTRY AND INCREASE THE UTILIZATION OF ETHANOL CO-PRODUCTS BY INDIANA FARM RAISED FISH THROUGH THE GROWTH OF THE INDIANA AQUACULTURE INDUSTRY. IN FISCAL YEAR 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS COMMUNITY OUTREACH, BUSINESS DEVELOPMENT, ISSUES MANAGEMENT, AQUACULTURE, AND LIVESTOCK CO-PRODUCT RESEARCH AND STUDIES.

TO FORM 990, PART III, LINE D		GRANTS	EXPENSES	
10 10Idi 930	, TAKI III, DING D			
FORM 990	STATEMENT OF ORGANIZATION'S PRI PART III	IMARY EXEMPT PURPOSE	STATEMENT 6	

### EXPLANATION

THE INDIANA GENERAL ASSEMBLY, RECOGNIZING THE IMPORTANCE OF CORN TO THE ECONOMY OF THE STATE, ENACTED THE INDIANA CORN MARKET DEVELOPMENT STATUTE, CURRENTLY CODIFIED IN IND. CODE 15-15-12 (THE "STATUTE"), TO HELP TO DEVELOP AND PROMOTE THE SALE OF CORN GROWN IN INDIANA. THE STATUE, AND THE COUNCIL'S BYLAWS, PROVIDE THAT THE COUNCIL IS EMPOWERED TO: PROVIDE FOR THE DEVELOPMENT OF NEW OR LARGER DOMESTIC AND FOREIGN MARKETS FOR CORN; PROMOTE THE PRODUCTION AND MARKETING OF RENEWABLE FUELS AND NEW TECHNOLOGIES THAT USE CORN; PROMOTE AND ENHANCE THE MARKETING OPPORTUNITIES FOR CORN AND CORN PRODUCTS IN DOMESTIC AND FOREIGN MARKETS; FUND RESEARCH TO ADVANCE THE MARKETABILITY, PRODUCTION, PRODUCT DEVELOPMENT, QUALITY, FUNCTIONAL VALUE AND NUTRITIONAL VALUE OF CORN OR CORN PRODUCTS; AND ACCESS FEDERAL GOVERNMENT FUNDS THAT ARE AVAILABLE TO THE STATE OF INDIANA TO FURTHER THESE ACTIVITIES. THE COUNCIL WAS FORMED TO COLLECT AND OVERSEE THE INVESTMENT AND USE OF STATE CORN CHECK-OFF FUNDS. THE COUNCIL IS PERMITTED TO USE THE MONEY RECEIVED, COLLECTED, OR ACCRUED ONLY FOR THOSE PURPOSES SPECIFICALLY PERMITTED BY THE STATUTE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT		
DESCRIPTION OF OTHER PRO	OGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES	
TO INCREASE VALUE ADDED CORN CO-PRODUCTS, MEAT A PRODUCTS THAT MARKETS AN FISCAL YEAR 2008, THIS INTERPOLUTE PRESERVATION, SELATIONS, AND TRANSPORTION USES INITIATIVE: CONTRESEARCH AND DEVELOPMENT SOUND NEW USES FOR CORN FISCAL YEAR 2008, THIS ISCAL YEAR 2008, THIS ISCAL SERVATION BASED NEW	SPECIALTY GRAINS, INTERNATIONAL FATION INFRASTRUCTURE. NDUCTS PROJECTS TO INVEST IN THAT WILL FIND ECONOMICALLY AND CORN BY-PRODUCTS. IN INITIATIVE TARGETED ACTIVITIES USES, NON-GRAIN BASED NEW PRODUCT ENHANCEMENT USES,			
TOTAL TO FORM 990, PART	III, LINE E			
FORM 990 OTHER	R REVENUE NOT INCLUDED ON FORM 9	90 STA	TEMENT	
DESCRIPTION			AMOUNT	
FIRST PURCHASER HANDLING CORN CHECK-OFF REFUNDS STATE OF INDIANA'S SHARE			-105,938 -686,953 -876,129	
TOTAL TO FORM 990, PART	IV-A		1,669,020	
FORM 990 OTHER	R EXPENSES NOT INCLUDED ON FORM	990 ST#	TEMENT	
DESCRIPTION			AMOUNT	
FIRST PURCHASER HANDLING CORN CHECK-OFF REFUNDS STATE OF INDIANA'S SHARE			-105,938 -686,953 -876,129	
TOTAL TO FORM 990, PART			1,669,020	

	OF CURRENT OFFICERS, TEES AND KEY EMPLOYEES		STAT	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL SHUTER	PRESIDENT 2.00	0.	0.	0.
DAVID HOWELL	VICE-PRESIDENT 2.00	0.	0.	0.
GARY LAMIE	SECRETARY 2.00	0.	0.	0.
DAVID GOTTBRATH	TREASURER 2.00	0.	0.	0.
MARK BACON	DIRECTOR 2.00	0.	0.	0.
MICHAEL BUIS	DIRECTOR 2.00	0.	0.	0.
ED CHARBONNEAU	EX-OFFICIO 2.00	0.	0.	0.
GLENN CONNER	DIRECTOR 2.00	0.	0.	0.
DEAN EPPLY	DIRECTOR 2.00	0.	0.	0.
GERALD GAUCK	DIRECTOR 2.00	0.	0.	0.
F. DALE GRUBB	EX-OFFICIO 2.00	0.	0.	0.

INDIANA CORN MARKETING COUNCIL			37-1420618		
ERIC GUTWEIN	EX-OFFICIO 2.00	0.	0.	0.	
BRUCE HARTLEY	EX-OFFICIO 2.00	0.	0.	0.	
TIMOTHY HENADY	EX-OFFICIO 2.00	0.	0.	0.	
DAVID JOHNSON	DIRECTOR 2.00	0.	0.	0.	
RALPH KAUFFMAN	DIRECTOR 2.00	0.	0.	0.	
RANDY KRON	DIRECTOR 2.00	0.	0.	0.	
DENNIS MAPLE	DIRECTOR 2.00	0.	0.	0.	
RONNIE MOHR	DIRECTOR 2.00	0.	0.	0.	
MICHAEL NICHOLS	DIRECTOR 2.00	0.	0.	0.	
SONNY RAMASWAMY	EX-OFFICIO 2.00	0.	0.	0.	
JOHN WHALEY	DIRECTOR 2.00	0.	0.	0.	
DENNIS WHITSITT	DIRECTOR 2.00	0.	0.	0.	
RICHARD YOUNG	EX-OFFICIO 2.00	0.	0.	0.	

INDIANA CORN MARKETING COUNCIL					37-14	20618
CHRIS	NOVAK	EXECUTIVE I	DIRECTOR	0.	0.	0.
TOTALS	S INCLUDED ON FORM 990, PART	V-A		0.	0.	0.
FORM 9	990 PART VIII - RELAT ACCOMPLISHMEN		CTIVITIES PURPOSES	5 ТО	STATEMEN	т 11
LINE	EXPLANATION OF RELATIONSHI	P OF ACTIVIT	IES			
93A	ONE OF THE EXEMPT PURPOSES ASSESSMENTS PURSUANT TO INCOUNCIL'S EXEMPT PURPOSE.					
103A	PURSUANT TO INDIANA STATUTE TIMELY REMITTED TO THE COUNCIL IS FEES. SEE THE EXPLANATION	NCIL A LATE I TO COLLECT T	FEE IS IN THE ASSES	MPOSED. O	NE OF THE D ANY LATE	