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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.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☒ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INDIANA CORN MARKETING COUNCIL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5730 W 74TH ST

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46278-1754

D Employer identification number
37-1420618

E Telephone number
317-347-3620

G Gross receipts $ 3,937,533.

F Name and address of principal officer: MARK HENDERSON
5730 W 74TH STREET, INDIANAPOLIS, IN 46278

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.INCORN.ORG

H(c) Group exemption number ▶

K Type of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ UNINC

L Year of formation: 1986 M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE INDIANA GENERAL ASSEMBLY, RECOGNIZING THE IMPORTANCE OF CORN TO THE ECONOMY OF THE STATE,

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	33,500.	2,500.
9	Program service revenue (Part VIII, line 2g)	4,330,165.	3,903,430.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,952.	11,639.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,908.	19,964.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,393,525.	3,937,533.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	460,000.	648,211.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,795,132.	3,064,552.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,255,132.	3,712,763.
19	Revenue less expenses. Subtract line 18 from line 12	1,138,393.	224,770.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,539,530.	1,841,089.
21	Total liabilities (Part X, line 26)	476,035.	552,824.
22	Net assets or fund balances. Subtract line 21 from line 20	1,063,495.	1,288,265.

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 7/7/10

▶ MARK HENDERSON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ STEPHEN BLAKE	Date 06/25/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BLUE & CO., LLC, 12800 N MERIDIAN ST, SUITE 400, CARMEL, IN 46032			EIN ▶	
			Phone no. ▶ 317-848-8920	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $)
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 YEARS 2009 AND 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.

4b (Code) (Expenses $ including grants of $) (Revenue $)
ETHANOL INITIATIVE - CONDUCTS PROJECTS TO INCREASE THE PRODUCTION, AVAILABILITY, AND USE OF ETHANOL IN INDIANA. IN FISCAL YEARS 2009 AND 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS CONSUMER EDUCATION AND ACCEPTANCE, BIOFUELS MOBILE LEARNING CENTER, CONSUMER MARKET DEVELOPMENT AND PROMOTION, RETAILER GROWTH, GOVERNMENT AND COMMERCIAL MARKET DEVELOPMENT, AND INDUSTRY EDUCATION AND OUTREACH.

4c (Code:) (Expenses $ including grants of $) (Revenue $)
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 YEARS 2009 AND 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS COMMUNITY OUTREACH, BUSINESS DEVELOPMENT, ISSUES MANAGEMENT, AQUACULTURE, AND LIVESTOCK CO-PRODUCT RESEARCH AND STUDIES.

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

4e **Total program service expenses ▶ $** *(Must equal Part IX, Line 25, column (B))*

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)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	1a	100		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	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 and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 17		
b	Enter the number of voting members that are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		X
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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TONY WALKER - 317-347-3620
5730 W. 74TH STREET, INDIANAPOLIS, IN 46278

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN WHALEY DIRECTOR	2.00	X						0.	0.	0.
DEAN EPPLY DIRECTOR	2.00	X						0.	0.	0.
DAVID JOHNSON DIRECTOR	2.00	X						0.	0.	0.
GERALD GAUCK DIRECTOR	2.00	X						0.	0.	0.
MARK BACON DIRECTOR	2.00	X						0.	0.	0.
GLENN CONNER DIRECTOR	2.00	X						0.	0.	0.
RALPH KAUFFMAN DIRECTOR	2.00	X						0.	0.	0.
DENNIS MAPLE DIRECTOR	2.00	X						0.	0.	0.
RONNIE MOHR DIRECTOR	2.00	X						0.	0.	0.
MICHAEL NICHOLS DIRECTOR	2.00	X						0.	0.	0.
MICHAEL BUIS DIRECTOR	2.00	X						0.	0.	0.
RANDY KRON DIRECTOR	2.00	X						0.	0.	0.
TOM KNOLLMAN DIRECTOR	2.00	X						0.	0.	0.
PHILLIP PFLUM DIRECTOR	2.00	X						0.	0.	0.
ED CHARBONNEAU DIRECTOR	2.00	X						0.	0.	0.
RICHARD YOUNG DIRECTOR	2.00	X						0.	0.	0.
BRUCE HARTLEY DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARSHALL MARTIN DIRECTOR	2.00	X						0.	0.	0.
LEE PAARLBERG DIRECTOR	2.00	X						0.	0.	0.
DENNIS WHITSITT DIRECTOR	2.00	X						0.	0.	0.
MICHAEL SHUTER PRESIDENT	2.00			X				0.	0.	0.
DAVID HOWELL VICE-PRESIDENT	2.00			X				0.	0.	0.
GARY LAMIE SECRETARY	2.00			X				0.	0.	0.
DAVID GOTTBRATH TREASURER	2.00			X				0.	0.	0.
MARK HENDERSON EXECUTIVE DIRECTOR	20.00			X				0.	0.	0.
JOHN WHITEMAN CFO	20.00			X				0.	0.	0.
1b Total ▶								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 2,500.				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶	2,500.			
Program Service Revenue		Business Code			
	2a CORN CHECK-OFF ASSESSM	900099 3903430.	3903430.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	3903430.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	11,639.			11,639.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real (ii) Personal			
	6a Gross Rents				
	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				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	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 LATE FEES FOR CORN CHE	900099 19,964.	19,964.		
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	19,964.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	3937533.	3923394.	0.	11,639.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	648,211.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	44,347.			
c Accounting	11,864.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	170,763.			
12 Advertising and promotion	72,682.			
13 Office expenses	141,572.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	100,597.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	62,548.			
20 Interest	1,456.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STATE OF INDIANA'S SHAR	771,212.			
b ISA CONTRACTED SERVICES	579,209.			
c CORN CHECK-OFF REFUNDS	518,520.			
d AWARDS	246,637.			
e AGENCY SERVICES	188,588.			
f All other expenses	154,557.			
25 Total functional expenses. Add lines 1 through 24f	3,712,763.			
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	137,842.	1	84,062.
	2	Savings and temporary cash investments	1,401,688.	2	1,725,360.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,500.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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		9	29,167.
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,539,530.	16	1,841,089.
Liabilities	17	Accounts payable and accrued expenses	188,249.	17	255,260.
	18	Grants payable	162,000.	18	172,564.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	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		24	
	25	Other liabilities. Complete Part X of Schedule D	125,786.	25	125,000.
	26	**Total liabilities.** Add lines 17 through 25	476,035.	26	552,824.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,063,495.	27	1,288,265.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,063,495.	33	1,288,265.
	34	Total liabilities and net assets/fund balances	1,539,530.	34	1,841,089.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [ ] Accrual [X] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number

37-1420618

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in 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 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
STATE OF INDIANA'S SHARE OF NET CORN CHECKOFF ASSESSMENTS	125,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	125,000.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,937,533.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,712,763.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	224,770.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	224,770.

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

1	Total revenue, gains, and other support per audited financial statements			1	2,560,515.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-1,377,018.		
e	Add lines 2a through 2d			2e	-1,377,018.
3	Subtract line 2e from line 1			3	3,937,533.
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 XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	3,937,533.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,335,745.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-1,377,018.		
e	Add lines 2a through 2d			2e	-1,377,018.
3	Subtract line 2e from line 1			3	3,712,763.
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 XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	3,712,763.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FIRST PURCHASER HANDLING FEE: -87286.

CORN CHECK-OFF REFUNDS: -518520.

STATE OF INDIANA'S SHARE OF COLLECTIONS: -771212.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FIRST PURCHASER HANDLING FEE: -87286.

Part XIV Supplemental Information *(continued)*

CORN CHECK-OFF REFUNDS: -518520.

STATE OF INDIANA'S SHARE OF COLLECTIONS: -771212.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number

37-1420618

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (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 CORN GROWERS ASSOCIATION 632 CEPI DR CHESTERFIELD, MO 63005	42-0897662	501(C)(5)	300,000.	0.			TO SUPPORT BASIC PROGRAMS AND SERVICES.
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	56,600.	0.			IMPROVING NITROGEN MANAGEMENT OF CORN.
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	66,210.	0.			GENETIC RESEARCH TO IMPROVE GRAIN QUALITY.
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	29,992.	0.			EFFICACY OF FUNGICIDES ON CORN.
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	75,000.	0.			DIGESTIBILITY OF NUTRIENTS IN FRACTIONATED DDGS
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	30,000.	0.			GRANULATION OF DDGS TO PRODUCE SPERICAL PELLETS.

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶ 1.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE GRANTS ARE LOGGED INTERNALLY IN A SPREADSHEET. THIS SPREADSHEET IS THEN USED TO MONITOR ALL GRANT MONIES PAID DURING THE GRANT PERIOD AND THE END OF THE GRANT PERIOD. THE GRANTEE MUST PROVIDE AN END OF GRANT PERIOD REPORT THAT DETAILS THE OUTCOME OF MONIES SPENT.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organizat on
INDIANA CORN MARKETING COUNCIL

Employer identification number
37-1420618

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	30,000.	0.			HARVESTING CORN COBS FOR BIOFUEL PRODUCTION
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	60,409.	0.			NEW USES STUDENT CONTEST

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number

37-1420618

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

UNINCORPORATED - FORMED BY THE INDIANA LEGISLATIVE SERVICES AGENCY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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,

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number

37-1420618

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 OVERSEE THE INVESTMENT AND USE OF STATE CORN CHECK-OFF FUNDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEW USES INITIATIVE - CONDUCTS PROJECTS TO INVEST IN RESEARCH AND DEVELOPMENT THAT WILL FIND ECONOMICALLY SOUND NEW USES FOR CORN AND CORN BY-PRODUCTS. IN FISCAL YEARS 2009 AND 2008, THIS INITIATIVE TARGETED ACTIVITIES SUCH AS GRAIN BASED NEW USES, NON-GRAIN BASED NEW USES, PROCESSING BY-PRODUCT ENHANCEMENT USES, STUDENT CONTEST, AND EMERGING TECHNOLOGIES.

VALUE ADDED AND EXPORTS INITIATIVE - CONDUCTS PROJECTS TO INCREASE VALUE ADDED CORN EXPORTS SUCH AS GRAIN, CORN CO-PRODUCTS, MEAT AND MEAT PRODUCTS, AND OTHER PRODUCTS THAT MARKETS AND/OR RESEARCH MAY IDENTIFY. IN FISCAL YEARS 2009 AND 2008, THIS INITIATIVE TARGETED INDUSTRY RELATIONS, GRAIN QUALITY AND CROP IMPROVEMENT, IDENTITY PRESERVATION, SPECIALTY GRAINS, INTERNATIONAL MARKETING, AND TRANSPORTATION INFRASTRUCTURE.

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 YEARS 2009 AND 2008, THIS INITIATIVE TARGETED PRODUCTION AND ENVIRONMENTAL

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STEWARDSHIP GRANTS.

FORM 990, PART VI, SECTION A, LINE 7A: FARMERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 10: THIS 990 IS BEING FILED WITH THE APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(A), FORM 1024, AND THE 2006 AND 2007 990S. A COPY HAS NOT BEEN PROVIDED TO THE BOARD FOR REVIEW IN THE INTERESTS OF TIMELY FILING THE 1024 AND BECAUSE THE BOARD HAS NOT YET BEEN EDUCATED ON THE NEW FORM 990. AT THEIR NEXT BOARD MEETING THE BOARD IS TO DISCUSS THE PROCESS FOR REVIEWING THE 990 IN FUTURE YEARS.

FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS AVAILABLE ONLINE THROUGH WWW.GUIDESTAR.ORG AND AT ICMC'S OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 1:

MODIFIED CASH BASIS

FORM 990, PART XI, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART VI, LINE 12A, 12B AND 12C:

ICMC DID NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY DURING THE FISCAL YEAR ENDING 9/30/09. THE WRITTEN CONFLICT OF INTEREST POLICY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

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Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number

37-1420618

BECAME EFFECTIVE AS OF 12/17/09. THEREFORE, OFFICERS, DIRECTORS AND KEY EMPLOYEES WERE NOT REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS DURING THE FISCAL YEAR ENDING 9/30/09. HOWEVER, AS PART OF THE POLICY THAT BECAME EFFECTIVE AS OF 12/17/09, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE NOW REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, LINE 15A AND 15B:

THE COUNCIL DOES NOT HAVE ANY EMPLOYEES. THE COUNCIL PAYS A CONTRACTED FEE TO THE INDIANA SOYBEAN ALLIANCE (ISA) FOR MANAGEMENT SERVICES INCLUDING WORK PERFORMED BY ISA EMPLOYEES.

FORM 990, PART VII, SECTION A:

THE COUNCIL DOES NOT HAVE ANY EMPLOYEES. THE COUNCIL PAYS A CONTRACTED FEE TO THE INDIANA SOYBEAN ALLIANCE (ISA) FOR MANAGEMENT SERVICES INCLUDING WORK PERFORMED BY ISA EMPLOYEES.

Form **2848**
(Rev June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150

For IRS Use Only
Received by.
Name
Telephone
Function
Date / /

Part I Power of Attorney

Caution: *Form 2848 will not be honored for any purpose other than representation before the IRS.*

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address	Social security number(s)	Employer identification number
Indiana Corn Marketing Council **5730 West 74th Street** **Indianapolis, IN 46278-1754**		**37 1420618**
	Daytime telephone number **(800) 735-0195**	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact.

2 Representative(s) must sign and date this form on page 2, Part II

Name and address	CAF No / Telephone No / Fax No / Check if new: Address ☐ Telephone No ☐ Fax No ☐
Ronald M. Soskin, Esq./Bose McKinney & Evans LLP **111 Monument Circle, Indianapolis, IN 46204**	CAF No **5005-14109R** Telephone No **317-684-5186** Fax No **317-223-0186**
Name and address	CAF No Telephone No. Fax No Check if new Address ☐ Telephone No ☐ Fax No ☐
Name and address	CAF No. Telephone No. Fax No Check if new Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 Tax matters

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
Income	**1024**	**2009, 2010, 2011, 2012**
Exempt Organization	**990**	**2006, 2007, 2008**

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for **Line 4. Specific Uses Not Recorded on CAF** . . . . . ▶ ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No 230 (Circular 230) An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230 See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)

List any specific additions or deletions to the acts otherwise authorized in this power of attorney .....

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH,** refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box . . . . . ▶ ☐

b If you do not want any notices or communications sent to your representative(s), check this box . . . . . ▶ ☐

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document If you **do not** want to revoke a prior power of attorney, check here . . . . . ▶ ☒

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Mark W Henderson	7/12/10	EXECUTIVE DIRECTOR

Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
Mark W. Henderson	☐☐☐☐☐	Indiana Corn Marketing Council

Signature	Date	Title (if applicable)

Print Name	PIN Number
	☐☐☐☐☐

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.*

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following

a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below

b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below

c Enrolled Agent—enrolled as an agent under the requirements of Circular 230

d Officer—a bona fide officer of the taxpayer's organization

e Full-Time Employee—a full-time employee of the taxpayer

f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).

g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)

h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions

k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230

l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230

r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter **(a–r)**	Jurisdiction (state) or identification	Signature	Date
a	IN		7/22/10

Form **2848**
(Rev. June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
Function
Date

Part I Power of Attorney

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1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address	Social security number(s)	Employer identification number
Indiana Corn Marketing Council 5730 West74th Street Indianapolis, IN 46278-1754		37-1420618
	Daytime telephone number 800-735-0195	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	CAF No. / Telephone No. / Fax No. / Check if new
Paul M. Jones, Jr. ICE MILLER LLP One American Square, Ste 2900 Indianapolis, IN 46282	CAF No. 0301-05275R Telephone No. 317-236-5959 Fax No. 317-592-4881 Check if new: Address ☐ Telephone No. ☐ FAX No. ☐
James R. Batley ICE MILLER LLP One American Square, Ste 2900 Indianapolis, IN 46282	CAF No. 0306-41111R Telephone No. 317-236-2358 Fax No. 317-592-4809 Check if new: Address ☐ Telephone No. ☐ FAX No ☐
Name and address	CAF No. Telephone No. Fax No. Check if new: Address ☐ Telephone No ☐ FAX No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters.

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Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income	1024	2009-2012

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Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan admistrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student prectitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

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▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Mark W Henderson	7/12/10	EXECUTIVE DIRECTOR
Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
Mark W Henderson	☐☐☐☐☐	Indiana Corn Marketing Council
Signature	Date	Title (if applicable)
Print Name	PIN Number	
	☐☐☐☐☐	

Part II Declaration of Representative

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Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following

a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.

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c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.

d Officer - a bona fide officer of the taxpayer's organization.

e Full-Time Employee - a full-time employee of the taxpayer.

f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).

g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).

h Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.

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l Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.

r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

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Designation - Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
a	IN		7/21/10
a	IN		07/21/10