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Form 990

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)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

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	For the	e 2009 calen	dar year,	or tax year beginning	7/01	, 2009, and ending	6/3	30	, 2010	
В	Check if	applicable		С		·· 		D Employer	Identification Numbe	r
	Add	Iress change	Please use IRS label	MISSOURI SOYBE	AN MERCHANDIS	SING COUNCIL		43-12	211279	
	\vdash	ne change	or print	P O BOX 104778			1	E Telephone		
	\vdash	•	or type. See	JEFFERSON CITY	. MO 65110-47	'78	- 1		635-3819	
	Initi	al return	specific Instruc-		,	-	1	(5/3)	633-3819	
	Terr	mination	tions.							
	Ame	ended return		<u> </u>				G Gross rece	ipts \$ 5,58	31,047.
	App	dication pending	F Name a	and address of principal officer	DALE R. LUD	WIG H	(a) Is this a	a group return fe	or affiliates? Y	res X No
	_		Same A	As C Above		H		affiliates include		res No
ī	Tax-e	exempt statu			no) 4947(a)(1) or 527	If 'No,' a	attach a list (se	e instructions) —	_
		site: ► N/		7-7- / - / - / - / - / - / - / - / - / -	7		(e) Group e	exemption numb	har ►	
ĸ		of organization	X Corpora	ation Trust Associa	otion Other ►	L Year of Formation			te of legal domicile	MO
_		Summa		RIOH TIUSE ASSOCIA	idon Other	■ rear of Formation	1 1 7 0 0) IVI Stat	e or regar domicile 1	.40
Ti C						TO DOMONITON	OF 6	OVER TANK	TAIDHCONNY 31	
				ganization's mission or r	nost significant activ	ities <u>PROMOTION</u>	<u>OF SQ</u>	DAREWN -	<u>INDUSTRY_A</u>	<u> QI</u> V
ė	نے ا	<u>SOYBEAN</u>	<u>PRODUC</u>	<u>TS</u>					· 	
Governance	_									
ē	-		ح-							
õ				if the organization disco			than 25	% of its as:	_ 1	
જ				bers of the governing be				<u> </u>	3	13
es				t voting members of the	governing body (Pa	irt VI, line 1b)		-	4	13
Σ				yees (Part V, line 2a)					5	0
Activities &				eers (estimate if necess		when 10		 	6	0
•	/a i	iotai gross ui	irelateu u	ousiness revenue from P	art vill, column	FIVE		_	7a	0.
	יום	vet unrelated	business	taxable income from Fo		-IVED]			7b	<u> </u>
					[8]	3 2011 S		rior Year	Current	
ō	ľ	Contributions	_	4	, 386, 55		71,649.			
Revenue				ue (Part VIII, line 2g)		3 2011 S		4,75		12,045.
ě	10 li	nvestment in	come (Pa	art VIII, column (A), lines	3, 4, and 7, a			135,74		7,304.
щ				II, column (A), lines 5, 6		N.e)UT		104,33		<u>49.</u>
	12 T	otal revenue	add lir	nes 8 through 11 (must	equal Part VIII, colu	min (A), luge 12)	4	<u>, 631, 37</u>	8. <u>5,5</u> 8	31,047.
	1 3 G	Grants and si	mılar amo	ounts paid (Part IX, colu	mn (A), lines 1-3)			138,50	0. 22	29,042.
	14 E	Benefits paid	to or for i	members (Part IX, colur	nn (A), line 4)					
	15 S	Salaries, othe	r comper	sation, employee benef	its (Part IX, column	(A), lines 5-10)				
Se:	16a P	Professional f	undraisin	g fees (Part IX, column	(A), line 11e)					
Expenses					• • •		3112.00		· 大學 精神	
Ä				nses (Part IX, column (D	·		THE PERSON		AND CONTRACTOR	APPLACE SET
ľ				X, column (A), lines 11a				,749,81		7,422.
		•		nes 13-17 (must equal P		ine 25)	3	<u>,888,31</u>		<u> 6,464.</u>
	19 F	Revenue less	expenses	Subtract line 18 from	line 12			743,06	1. 1,88	<u>84,583.</u>
Net Assats or Fund Balances							Begin	ning of Yea	r End of	Year
alat	20 T	otal assets (Part X, lır	ne 16)			6	, 383, 40	8. 7,06	9,861.
ĀĀ	21 T	otal liabilities	s (Part X,	line 26)			2	, 329, 190	0. 1,13	31,060.
žį	22 N	let assets or	fund bala	inces Subtract line 21 f	rom line 20		4	,054,218	·	88,801.
Pa	rtill					·		,	3.1 3733	0,001.
					nis return, including accom	nanyung schedules and statem	nents and	to the heet of m	av knowledge and hele	
		true, correct a	nd complete	I declare that I have examined to Declaration of preparer (other t	han officer) is based on all	information of which prepare	r has any k	nowledge	ly knowledge and bell	ei, ii is
Sig	ın	log val	(\mathbf{x}, \mathbf{x})	~ Judie	1)		1.	5-18	- 11	
He		Signature	of officer	Janes J	‡		Date	<u> </u>		
		► DATE	R. LUI	NATC (1		Fares	D: /CEO		
		DALL	nt name and		<u></u>	- <u></u>	Exec	Dir/CEO		
		<u> </u>			_ ·	Date	1.		Prenarer's identifia	na aumbor
Pai	d					Date	Che sel	eck if f-	Preparer's identifyi (see instructions)	ng number
Pre		Preparer's						ployed ►	١	
	er's	signature		ie L. Seaver		2-116-11	<u> </u>		N/A	
Us	e. 5	Firm's name (o	HSS,	LLE						
On		yours it self- employed; address and	162	Southridge Dr			EIN	<u> ► N/A</u>	<u> </u>	
		ZIP + 4	Jef:	erson City MO	65109		Pho	one no 🕨 (573) 636-5	507
May	the IR	S discuss thi	s return v	vith the preparer shown	above? (see instruc	tions)		<u>`</u>	X Yes	No

SCANNED JUN 2 3 2011

	m 990 (2009) MISSOURI SOYBEAN MERCHANDISING COUNCIL	43-121		Page 2		
	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission PROMOTION OF SOYBEAN INDUSTRY AND SOYBEAN PRODUCTS.	- -				
		-				-
	Did the organization undertake any significant program services during the year which were not listed on the	e prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	3, 3	es ⁷		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by	v expense:	s Sec	tion 5	i01(c)	(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported	íllocations	to oth	ers, t	he tot	àl
4	a (Code:) (Expenses \$ 3,563,153. including grants of \$) (Re					<u>49.</u>)
	THE COUNCIL SERVES TO PROMOTE, ASSIST AND ENHANCE THE SOYBEAN INDUSTRIBUTION, AND MARKET DEVELOPMENT.	STRY_OF	_ WT	<u>SSO</u> (īKT _	
	INCOUGH RESEARCH, EDUCATION, AND MARKET DEVELOPMENT.				- - -	
			- - -			
4	b (Code Including grants of \$) (Re	venue \$)
		-				
					- 	
	c (Code) (Expenses \$ including grants of \$) (Re	vonuo ¢				``
_	(Code) (Expenses V) (Ne	venue p				,
		- -				- - -
		- -				
						-
		-				
						- <i>-</i> -
				- - -	-	
4	d Other program services (Describe in Schedule O)					
_	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 3,563,153.					

•	ditti oneokiistoi kodanea ooaarios		V	NI-
			Yes	No
1	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		х
2	2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat for public office? If 'Yes,' complete Schedule C, Part I	es <u>3</u>		_x_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	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	d 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule leart I	to D, <u>6</u>		х
7	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	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	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		Х
10	O Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments 'Yes,' complete Schedule D, Part V	s? //		X
11	1 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10² If 'Yes,' complete Sched D, Part VI 	ule		
	 Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 	otal		
	 Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its tassets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	otal		
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If 'Yes,' complete Schedule D, Part IX 	ed in		-
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 	s		
12	2 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	2A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A	No X		
13	3 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	4a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization entity located outside the United States? If 'Yes,' complete Schedule F, Part II	on 15	Х	
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	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		_ X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If No, go to line 25 24a Х **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 24c any tax-exempt bonds? 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 is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete 25b Schedule L, Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete Schedule L, Part III Х 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I X 31 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 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V. 34 Х 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 Χ 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 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

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0, in file applicable Information Returns -1, in file app			· · · · · · · · · · · · · · · · · · ·		Yes	No			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of englypses reported on Form W-3, Transmittal of Wags and Tax Statements, filed for the called river ending with of which the year owered by this return 2b 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? 3b If Yes' has it filed a Form 990-1 for this year? If No, provide an explanation in Schedule O 4a An any time during the calendary 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)? 5b If Yes', enter the name of the foreign country • Vietnam and Taiwan 5cent her instructions for exceptions and filing requirements for Form TD F 90-22 I, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization a party to a prohibited tax shelter transaction? 5a Does the organization are annual gross recepts that are normally greater than \$100,000, and did the organization shell were not tax deducible? 5c Organizations that may receive deducitible contributions under section 170(c). 6a X 5b If Yes', did the organization necked educitible contributions under section 170(c). 6b If Yes' indicate the number of Forms 8282 filed during the year pay formation in the sample of Forms 8282 filed during the year pay formation of a qualified intellectual property, did the organization file a Form 1098-C as required? 7b If Yes' indicate the nu	1 :	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Firm W3, Trainmital of Wage and Tax Statements, filed for the calculater year entered by this return 2b If at least one is reported on fine 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines I a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 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 (see as a bank account, cordien financial account); or the return of the foreign country or the same of the foreign country or the same of the foreign country or the financial account, or other financial accounts? bit Yes' enter the name of the foreign country or the financial account, or other financial accounts. bit Yes' enter the name of the foreign country or the financial account in order financial accounts. bit Yes, to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes, to line 5a or 5b, dot the organization this form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b If Yes, dot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a provided to the payor? 5 bit Yes, did the organization notify the donor		• • • • • • • • • • • • • • • • • • • •							
(gambling) winnings to prize winners? 2 a first the number of employees reported on Form W.3, Transmital of Wage and Tax Statements, filed for the callendar year ending with or within the year covered by this return. 2 b		•		{					
calendry year ending with or within the year covered by this return 2 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 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. b If "Yes' has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes' has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes' has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3c A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c A tany time the name of the foreign country * Vietnam and Talivan 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 Was the organization a party to a prohibited tax shelter transaction? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not deductible or the value of the goods or services provided? 7b If the organization shall may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services for which it was required to file Form 8282? If If Yes, if an organization is a payment in excess of \$75 made partly as a con	(: Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c	X				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes' has it filed a Form 990-T for this year? If Yo, 'provide an explanation in Schedule O 4 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)? b if Yes' and there the name of the foreign country by Vietnam and Tailwan See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction? 6 a Does the organization that we annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 b If yes,' did the organization notify the donor of the value of the goods or services provided? 7 b If Yes,' did the organization notify the donor of the value of the goods or services provided? 8 b If Yes,' did the organization on this type donor of the value of the goods or services provided? 9 b If Yes,' did the organization or caving the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Id the organization or a qualified intellectual property, did the organization have a secure organization or a donor organization and p	2	a 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						
3 a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial account)? b if Yes,' enter the name of the foreign country (such as a bank account), securities account, or other financial account)? b if Yes,' enter the name of the foreign country (such as a bank account), securities account, or other financial account)? b if Yes,' industing the organization aparty to a prohibited tax shelter transaction? c if 'Yes,' industable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if 'Yes,' industing the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292 (if if 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 b of ordinativations of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 p organ	21	of at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b					
this return? 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 accountry? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry? 4a X 4b If Yes, 'enter the name of the foreign country * * *Vietnam* and *Taiwan** 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 Was the organization aparty to a prohibited tax shelter transaction? 6b Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7c Did the organization seceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8b If Yes,' did the organization notify the donor of the value of the goods or services provided? 9c Did the organization notify the donor of the value of the goods or services provided? 9c Did the organization or during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization organization flue personal property, did the organization flue form the year personal property or indirectly, on a personal benefit contract? 9c Did the organization organi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)						
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	8	supporting organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	Ω					
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b Did the organization make any distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a				9 a		J			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		-		-					
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		- · · · · · · · · · · · · · · · · · · ·							
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		· · · · · -	10a			Ì			
a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?									
a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	11		· · · · · · · · · · · · · · · · · · ·						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	â	· · · · · · ·	11 a			ļ			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a					
	t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b						

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Form **990** (2009)

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

Sec	ction A. Governing Body and Management		-						
	Month actorning body and management		Yes	No					
1 a	a Enter the number of voting members of the governing body	13							
	b Enter the number of voting members that are independent 1b	13							
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?	r							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person?	ion 3		Х					
4	Did the organization make any significant changes to its organizational documents	4		X					
	since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6									
7 8	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х					
ŀ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	у							
ā	a The governing body?	8a	Х						
ŀ	b Each committee with authority to act on behalf of the governing body?	8b		X					
9	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	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal							
Reve	enue Code)								
			Yes	No					
10 a	a Does the organization have local chapters, branches, or affiliates?	10a		Χ_					
Ł	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with those of the organization?	s, 10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X						
11 /	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule	0							
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X						
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х						
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12c	Х						
13	Does the organization have a written whistleblower policy?	13	Х						
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 independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t							
ē	a The organization's CEO, Executive Director, or top management official	15a		X					
Ł	Other officers of key employees of the organization	15b		_X_					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)								
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxi entity during the year?	able							
Ł	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple status with respect to such arrangements?	npt 16b							
Sec	ction C. Disclosures	,							
	List the states with which a copy of this Form 990 is required to be filed ► None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on inspection. Indicate how you make these available. Check all that apply	iy) avaılab	le for p	oublic					
	Own website X Upon request								
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest statements available to the public See Schedule O	· -		ncıal					
	State the name, physical address, and telephone number of the person who possesses the books and records of the DALE R. LUDWIG 3337 EMERALD LANE JEFFERSON CITY MO 65109 573 635 3819	organızatı	on: - – – -	- - -					

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees.
 See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week	or director	institutional trustee	_	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		ıstee	trustee		æ	pensated				
CECIL DEMOTT										
BOARD MEMBER	5	Х						0.	0.	0.
HAROLD GLOE	_	١,,								
BOARD MEMBER	5	Х	-	_		-		0.	0.	0.
DAVID_LUECKBOARD_MEMBER	5	Ų,			ļ			_	2	
LEWIS RONE	3 -	Х	\vdash					0.	0.	0.
BOARD MEMBER	5	Х			١.,			0.	0.	0
PAUL THOMAS		_ ^						0.	0.	0.
BOARD MEMBER	5	X						0.	0.	0.
PATRICK HOBBS		^	-					0.	0.	
BOARD MEMBER	5	X						0.	0.	0.
REX WOOD										
BOARD MEMBER	5	х						0.	0.	0.
JIM UNDERHILL										
BOARD MEMBER	5	Х						0.	0.	0.
TODD GIBSON										
Board Member	5	Х						0.	0.	0.
KEITH PHILLIPS										
Chairman	5		Ĺ	Χ				0.	0.	0.
GARY ALPERS										
Vice Chair	5			Х				0.	0.	0.
WILL SPARGO										
Secty/Treas	5			Χ	_			0.	0.	0.
DALE R. LUDWIG										
Exec Dir/CEO	5				X			0.	220,000.	23,333.
		_								
BAA		Т	EEA)107L	11	/10/09		<u>,</u>		Form 990 (2009)

Part VII Section A. Officers, Directors, Trus	1	(ey	En			es,	an			loyee		nt.)_
(A)	(B)	Pos	tion (•	c)	hat a	notu)	(D)	(E)	_	(F)	
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	arno cor or a	Estimated bunt of of mpensation the ganization and related ganization	ther ion on ed
	-			_	i —							
												_
												_
											·	
										l		
1 b Total							•	0.	220,000.		23,3	
 Total number of individuals (including but not limited from the organization ▶ 0 	d to thos	se lis	sted	abo	ve)	who	rec	ceived more than !	\$100,000 in reporta	ble cor	npensa	ation
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndividua.	1			-					3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable han \$15	con 0,00	nper 0?	nsat If 'Y	on es' d	and comp	othe plet	er compensation f e Schedule J for s	rom uch	4	X	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens hedule J	ation	n fro suci	m a	ny ι rsor	unre	late	d organization for	services	5		X
Section B. Independent Contractors												
1 Complete this table for your five highest compensation from the organization	ed indep	end	ent	con	trac	tors	that	t received more th	an \$100,000 of			
(A) Name and business address								(B) Description o	f Services	Compe		
Donald Danforth Plant Science Center 975 North Warson Road St Louis, RESEARCH PROJECTS							1	54,2	<u> 75.</u>			
							_					
							_		-			
2 Total number of independent contractors (including \$100.000 in compensation from the organization ▶		lımıt	ed t	o the	ose	liste	ed al	bove) who receive	d more than			

Pa	rt 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
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 a b 5,471,649 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions)				
CONTRIBUTAND OTHE	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f	► 5,471,649.			
ICE REVENUE	Business Code 2a Contracts-Osborn & Barr b	12,045.	12,045.		
OGRAM SER	d e f All other program service revenue				
8	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 	► 12,045. ► 97,304.			97,304.
	5 Royalties (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses	49.			49.
	c Rental Income or (loss) d Net rental Income or (loss) 7a Gross amount from sales of assets other than Inventory	P			
	b Less cost or other basis and sales expenses c Gain or (loss)				
ÆNUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)	>		· · · · · · · · · · · · · · · · · · ·	
OTHER REVENUE	See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events	P			
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities	P			
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Code 11 a ROYALTY INCOME b				
		► 5,581,047.	12,045.	0.,	97,353.

Page 10

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).

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,000.	expenses 6,000.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	8,000.	0,000.		
3	·	223,042.	223,042.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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)				
ā	n Management	133,311.		133,311.	<u>. </u>
ŀ	Legal				
(: Accounting				
C	i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,480.	9,480.		
	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	RESEARCH	2,600,737.	2,600,737.		
t	PRODUCER COMMUNICATIONS	220,097.	220,097.		
	: INDUSTRY INFORMATION	212,200.	212,200.		
	CONSUMER INFORMATION	151,666.	151,666.		
€	PROMOTION	139,931.	139,931.		
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	3,696,464.	3,563,153.	133,311.	0.
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				
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43-1211279 Form **990** (2009) MISSOURI SOYBEAN MERCHANDISING COUNCIL Page 11 **Balance Sheet** Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 2 6,867,219. 6,035,898 Savings and temporary cash investments 3 3 Pledges and grants receivable, net. 338,031 4 202,642 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis 10a 341,331. Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 341,331 9,479. 10 c 11 11 Investments - publicly-traded securities. 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 15 Other assets See Part IV, line 11 6,383,408. 7,069,861. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 2,329,190. 17 Accounts payable and accrued expenses 17 1,131,060 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 2,329,190 26 1,131,060 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 4,054,218. 27 5,938,801. 28 Temporarily restricted net assets. 28

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30

31

34

Permanently restricted net assets

Total net assets or fund balances

lines 30 through 34.

Organizations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, building, and equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

7,069,861. Form 990 (2009)

5,938,801

29

30

31

32

33

34

4,054,218.

6,383,408.

and complete

Form 990 (2009) MISSOURI SOYBEAN MERCHANDISING COUNCIL	43-1211279	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L	Х
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explair in Schedule O	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both	e issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit		

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Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number Name of the organization MISSOURI SOYBEAN MERCHANDISING COUNCIL 43-1211279 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete of the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2ь c Number of conservation easements on a certified historic structure included in (a) 2с 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 tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 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

Schedule D (Form 990) 2009 MISS	OURI SOYBEAN	MERCHANDIS	ING COUNCIL	43-121	1279		Page 2
Part III Organizations Mainta				r Other Similar Ass	ets (co	ntını	ıed)
3 Using the organization's acquisit items (check all that apply)	ion accession and o	other records, che	ck any of the following	that are a significant us	e of its co	ollectio	on
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV		·	,	. , ,	se in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or receivather than to be ma	ve donations of ar	t, historical treasures, of the organization's co	or other similar illection?	Yes	Γ	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements	Complete if c	organization answe		90, Parl	t IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or o	other intermediary	for contributions or oth	her assets not	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ng table				
					Amount		
c Beginning balance				1c			
d Additions during the year		•		1 d			
e Distributions during the year				1 e			
f Ending balance				1f		—г	٦
2a Did the organization include an a), Part X, line 21?	•		Yes	L	No
b If 'Yes,' explain the arrangement		=======================================	ad Waal ta Farm O	00 Dowt IV June 10	-		
Part V Endowment Funds Co		_					
1 a Beginning of year belones	(a) Current year	(b) Prior yea	r (c) Two years bad	(d) Three years back	(e) FO	our years	s Dack
1 a Beginning of year balance b Contributions	<u> </u>						
b Contributions							
c Net Investment earnings, gains, and losses					ļ		
d Grants or scholarships					_		
 Other expenditures for facilities and programs 							
f Administrative expenses							Ī
g End of year balance	<u></u>						
2 Provide the estimated percentage	e of the year end ba	alance held as:					
a Board designated or quasi-endown	vment ►	%					
b Permanent endowment ▶	<u> </u>						
c Term endowment ►	[%]						
3a Are there endowment funds not i	n the possession of	the organization	that are held and admi	nistered 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 of	-	•			3b		<u> </u>
4 Describe in Part XIV the intended				l 10			
Part VI Investments—Land, B				<u> </u>			
Description of investment		ost or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bo	ok Va	alue
1a Land							
b Buildings	<u> </u>						
c Leasehold improvements	<u> </u>		222 22=				
d Equipment			339, 935.	339, 935.			0.
e Other			1,396.	1,396.			0.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, c	olumn (B), line 10(c))	<u> </u>			0.
BAA				Sched	lule D (For	rm 99	0) 2009

(a) Description of security or category (b) Book value (c) Method of valuation (Cost or end-of-year market value) Financial derivatives Closely-held equity interests Cloter Total. (Column (b) must equal form 599 Pet X ot (c) lien 12) - Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (c) Method of valuation (c) Description of investment type (b) Book value (c) Description of valuation (c) must equal form 599 Pet X, ot (c) lien 12) - Total. (Column (b) must equal form 599 Pet X, ot (c) lien 12) - Tatal (Column (b) must equal form 599 Pet X, ot (c) lien 12) - Tatal (Column (b) must equal form 599, Part X, ot (c) lien 13) - Total. (Column (b) must equal form 599, Part X, ot (c) lien 13) - Total. (Column (b) must equal form 599, Part X, ot (c) lien 2) - (d) Description (e) Book value (b) Book value (c) Method of valuation (c) must equal form 599, Part X, ot (d) lien 2) - (e) Description (d) must equal form 599, Part X, ot (d) lien 2) - Total. (Column (b) must equal form 599, Part X, ot (d) lien 2) - (e) Amount (e) Part XI (or Part XI) (or Pa	Schedule D (Form 990) 2009 MISSOURI SOYBEAN I			43-123	11279 <u>P</u> age
Financial derivatives Closely-held equity interests Clother Clother Security Cost or end-of-year market value Clother Security Security			ne 12.	N/A	
Total. (Column (b) must equal form 990 Part X, col (B) line 12) Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Michael of valuation Cost or end-of-year market value Total. (Column (b) must equal form 990, Part X, col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value (c) Michael of valuation Cost or end-of-year market value Total. (Column (b) must equal form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) Part X Other Liabilities (See Form 990, Part X, line 25) Total. (Column (b) must equal form 990, Part X, col (B), line 25) Part X Other Liabilities (See Form 990, Part X, line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Part X Other Liabilities (See Form 990, Part X, col (B) line 25) Total. (Column (b) must equal form 990, Part X, col (B) line 25) Part X Other Liabilities (See Form 990, Part X, col (B) line 25) Part X Other Liabilities (See Form 990, Part X, col (B) line 25)	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	ition ket value
Total. (Column (b) must equal form 980 Part X, col (B) line 12) • Part VIII Investments — Program Related (See Form 990, Part X, line 13) N/A (c) Method of valuation (c) Description of investment type (b) Book value Cost or end-of-year market value	Financial derivatives				
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Part VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value					
Part VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value					
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Part VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value					
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Part IX Other Assets (See Form 990, Part X, line 15) N/A	<u> </u>				
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Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
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Part IX Other Assets (See Form 990, Part X, line 15) N/A					<u> </u>
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Part IX Other Assets (See Form 990, Part X, line 15) N/A					
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Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.	(a) De	scription			(b) Book value
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Federal Income Taxes	Part X Other Liabilities (See Form 990, Part				
Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.	(a) Description of Liability	(b) Amount			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.	Federal Income Taxes				
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.]		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.					
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.			\neg		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.	Total (Column (b) must equal Form 990, Part X. col (B) line 25)				
		note to the organization	's financial	statements that reports the	organization's liabilit

Page 3

Sche	edule D (Form 990) 2009 MISSOURI SOYBEAN MERCHANDISING COUNCIL 4	3-12112	279	Page 4
_	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1			5,581	,047.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,696	,464.
3	Excess or (deficit) for the year Subtract line 2 from line 1		1,884	, 583.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		•	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,884	,583.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return		
1	Total revenue, gains, and other support per audited financial statements	1	5,581	,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments 2a	<u> </u>		
t	Donated services and use of facilities 2b			
c	Recoveries of prior year grants	_		
c	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	5,581	,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b			
t	Other (Describe in Part XIV)			
	: Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,581	,047.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	<u>r Return</u>		
	Total expenses and losses per audited financial statements	1	3,696	<u>, 464.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	- -		
b	Prior year adjustments 2b	⊣ ∣		
	Other losses 2c	 		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	3,696	464.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	_		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	<u>3,696,</u>	464.
Par	t XIV Supplemental Information			
Com line 4 infori	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p mation	/, lines 1b a	and 2b, Paride any addi	: V, tional
<u>-</u>				
			- -	
				_ _

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 MISSOURI SOYBEAN MERCHANDISING COUNCIL PartXXIV Supplemental Information (continued)	43-1211279	Page 5
PartXIV Supplemental Information (continued)		
		
		
		
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

uon

Employer identification number

MISSOURI SOYBEAN MERCHANDISING COUNCIL

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
TAIWAN	1	1	Promotion of soybeans	Financial	63,042
			and soybean products.	support-promotin	
				g soybeans and	
				soybean	
				products.	
VIETNAM	1	1	RESEARCH EFFORT	FINANCIAL	160,000
 			RELATED TO	SUPPORT FOR	
			AGRICULTURE. SOYBEAN	RESEARCH -	
			BREEDING PROJECT -	PROGRAM SERVICE.	
			WINTER NURSERY.		
					<u> </u>
					· · · · · · · · · · · · · · · · · · ·
Totals.	▶ 2	2			223,042.

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Schedule F (Form 990) (2009)

Page 2

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)											
(h) Description of non-cash assistance											
(g) Amount of non-cash assistance											
(f) Manner of cash disbursement	Wire	Transfer		Wire	Transfer						
(e) Amount of cash grant	63,042. Wire			160,000. Wire							
(d) Purpose of grant	PROGRAM	SERVICE	ASSISTANCE	PROGRAM	SERVICE	ASSISTANCE					
(c) Region	TAIWAN			VIETNAM							
(b) IRS code section and EIN (if applicable)											
1 (a) Name of organization											

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities BAA

2 Schedule **F** (Form 990) 2009

TEEA3502L 07/06/09

Page 3

Schedule F (Form 990) 2009 MISSOURI SOYBEAN MERCHANDISING COUNCIL 43-1211279

[Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

100 000 OH 110 OH 1	(OCC 11110 1) 1 1 2000	וו מתחווסו ומו שלמכב	dace is liceded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							!
ВАА						Schedule F	Schedule F (Form 990) 2009

Schedule F (Form 990) 2009	MISSOURI	SOYBEAN	MERCHANDISI	NG COUNCIL		43-1211279	Page 4
Schedule F (Form 990) 2009 Partily Supplementa	Information						
Complete this pa	rt to provide the	· · information	required in Part I. I	ine 2, and any addi	tional informa	tion	
Complete this pa	it to provide the	momaton	required in reactiful	ino e, and any again			
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SCHEDULE I

Department of the Treasury Internal Revenue Service

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

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 43-1211279 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? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Part I General Information on Grants and Assistance MISSOURI SOYBEAN MERCHANDISING COUNCIL Name of the organization

» X Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if add	Itional space is	needed				A
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
Missouri FFA Leadership Fund			6,000.	.0			Education
	ie,						
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	(3) and government o tions	ırganızatıons				A A	0 0

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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MISSOURI SOYBEAN MERCHANDISING COUNCIL

Page 2 Schedule I (Form 990) 2009 MISSOURI SOYBEAN MERCHANDISING COUNCIL

| Partitle | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
				int, appraisa, ourci	
Supplemental Information. Complete this part to provide the information required in Part	elete this part to pi	rovide the informat	ion required in Par	, line 2,	and any other additional information.

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Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MISSOURI SOYBEAN MERCHANDISING COUNCIL Employer identification number

43-1211279

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4с If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5 a **b** Any related organization? 5 b If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a b Any related organization? 6b If 'Yes' to line 6a or 6b, describe in Part III For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If 'Yes,' describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III 8 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

section 53 4958-6(c)?

Schedule J (Form 990) 2009

Page 2

Parting Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. MISSOURI SOYBEAN MERCHANDISING COUNCIL Schedule J (Form 990) 2009

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Betrement and	Oldevetook (A)	Total of continue	(F) Compensation
(A) Name	L	(f) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MISSOURI SOYBEAN MERCHANDISING COUNCIL

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

2009

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 43-1211279

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 170 (B) (1) (A) **(D)** Exempt Code section **(D)** Total income 501 (C) (3) 501(c)(5)TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 9 S SHARE FACILITIES BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B)
Primary activity AND STAFF PROJECTS RESEARCH MID AMERICA RESEARCH & DEVELOPMENT FNDTN (A) (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity MISSOURI SOYBEAN ASSOCIATION JEFFERSON_CITY, MO_65109 JEFFERSON_CITY, MO_65109 3337 EMERALD LANE 3337 EMERALD LANE 23-7032186 82-0586024 Part II

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le P (Form 990) 2009	
0	,

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

Page 2

43-1211279

	(J) General or	haging -		9 V	-	 							
	Gen	mar	1	Yes									
	Code V-UBI	amount in box	X-1-X	(Form 1065)									
	(H) Dispropor-	tionate cations?		Yes No									
	<u>, z</u>			×		 			 	-			
, 12	(G) Share of end-of-yea	assets											
Consider the difference of the tay and the tay of the tay and the	(F) (G) Share of total income Share of end-of-year												
מים מים מים מים	(E) Predominant	income (related, unrelated, excluded	from tax under	sections 512-514)									
	(C) (D) Legal Direct	ntity.											
5	Cegal Legal	domicile (state or	foreign	country)							·		
	(B) Primary Activity												
55	(A) Name, address, and EIN of						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			 		

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor d organizations	poration or Tru treated as a co	ust (Complete	of the organizations	ation answered 'Ye tax vear.)	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	art IV,
(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	Activity C) (C) (D) (E) Type of entity (C corp, S corp, country) (C) (D) (E) Type of entity (C corp, S corp, country) (C) (D) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(H) Percentage ownership
							_

Schedule R (Form 990) (2009)

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43-1211279

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	å
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		-	×
c Gift grant or capital contribution from other organization(s)			×
		; اح	: ا
		P _L	×
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		1.	×
g Purchase of assets from other organization(s)		Ja	×
		=	×
i Lease of facilities, equipment, or other assets to other organization(s)		-	×
j Lease of facilities, equipment, or other assets from other organization(s)		i.	
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>+</u>	×
l Performance of services or membership or fundraising solicitations by other organization(s)		-	×
m Sharing of facilities, equipment, mailing lists, or other assets		-u-L	×
n Sharing of paid employees		n X	
		7 - Prop.	
o Reimbursement paid to other organization for expenses.		10	
p Reimbursement paid by other organization for expenses		<u> </u>	×
		2	-,
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transaction thres	sholds.	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	ved
(1) MISSOURT SOVREAN ASSOCIATION	, ,	7	7.0 61.4
		0	, 914.
(2)			
(4)			
(5)			
(9)			
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43-1211279

[Parivil | Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	rding exclusion for co	ertain investment par	tnerships	-	•		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of end-of-vear	(F) Dispropor-	(G) Code V-UBI amount	(H) General or
		(state or foreign country)	section 501(c)(3) organizations?	assets	tionate allocations?	Schedule K-1	managing partner?
			Yes No		Yes No	(6001)	Yes No
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

	Employer identification number
MISSOURI SOYBEAN MERCHANDISING COUNCIL	43-1211279
Form 990, Part VI, Line 11 - Form 990 Review Process	
A_COPY_IS_PROVIDED_TO_THE_EXECUTIVE_COMMITTEE_AND_EXECUTIVE_DIR	ECTOR/CEO FOR REVIEW
PRIOR TO FILING WITH THE IRS.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	f <u>licts</u>
Addressed annually.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Upon request.	
	-
	

Schedule O (F	orm 990) 200	9	Page 2
Name of the organ	ization		Employer identification number
MISSOURI	SOYBEAN	MERCHANDISING COUNCIL	43-1211279
			
			
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(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

-	_	th Extension, complete only Part I and check this box			► X
•	•	automatic) 3-Month Extension, complete only Part II(
		ready been granted an automatic 3-month extension or		led Form 8868	
Part I		nsion of Time. Only submit original (no copi	es needed).		
					. —
•	·	nd requesting an automatic 6-month extension — chec			
All other o income ta		rs), partnerships, REMICS, and trusts must use Form	7004 to request	an extension of t	ıme to file
returns no the addition Form 990	ited below (6 months for a corpora onal (not automatic) 3-month exte T Instead, you must submit the f	n electronically file Form 8868 if you want a 3-month at ation required to file Form 990-T). However, you canno nsion or (2) you file Forms 990-BL, 6069, or 8870, groi ully completed and signed page 2 (Part II) of Form 886 n e-file for Charities & Nonprofits.	t file Form 8868 up returns, or a	Belectronically if (composite or con	(1) you want isolidated
	Name of Exempt Organization			Employer identification	n number
Type or					
print	MISSOURI SOYBEAN ME	ERCHANDISING COUNCIL		43-1211279	
ile by the	Number, street, and room or suite number			10 11111	
due date for iling your	P O BOX 104778				
eturn See nstructions		code For a foreign address, see instructions			
	JEFFERSON CITY, MO	65110-4778			
Chock tur	e of return to be filed (file a sepa				
X Form	, ,	Form 990-T (corporation)	☐ Form 472	0	
—	990-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
—			—		
_	990-EZ	Form 990-T (trust other than above) Form 1041-A	Form 606		
Form	990-FF	Form 1041-A	Form 887	0	
Teleph If the c If this check	one No ► 573 635 3819 organization does not have an official for a Group Return, enter the o	FAX No Fa	 s box l) If		
		nths for a corporation required to file Form 990-T) exte	nsion of time		
		le the exempt organization return for the organization			
	extension is for the organization's		nameu above		
		return for			
	calendar year 20 or	00 00 6/20 00	1.0		
	X) tax year beginning _ 1/01_	, 20 <u>09</u> _, and ending <u>6/30</u> , 20	<u>_10</u> _		
2 If the	s tax year is for less than 12 mon	ths, check reason.	turn C	hange in accounti	ng period
3a If the	s application is for Form 990-BL, efundable credits. See instruction	990-PF, 990-T, 4720, or 6069, enter the tentative tax, Is	less any	3a \$	0.
	s application is for Form 990-PF of Include any prior year overpayr	or 990-T, enter any refundable credits and estimated ta ment allowed as a credit	x payments	3b \$	0.
c Bala depo See	nce Due. Subtract line 3b from lin sit with FTD coupon or, if required instructions	e 3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	ed, ystem)	3c \$	0.
	f you are going to make an electronstructions	onic fund withdrawal with this Form 8868, see Form 84	53-EO and Forr	m 8879-EO for	
BAA For	Privacy Act and Paperwork Redu	ction Act Notice, see instructions.		Form 8868	(Rev 4-2009)