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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	2009 calendar year, or tax year beginning OCT 1, 2009 and el	nding S	EP 30, 201	<u> </u>
В	Check if applicable	Please use IRS		D Employer ident	ification number
ſ	Addre	ss label or TIII THOTA CODE MADVEMENT DOLD			
Ī	Name chang	type		37-	1135507
ĺ	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) R	oom/suite	E Telephone numb	
[Termir	Specific Instruct P.O. BOX 487		(30	9)827-0912
[Amen	ded tions City or town, state or country, and ZIP + 4	·	G Gross receipts \$	7,325,316.
[Application	BLOOMINGION, ID 01702-0487		H(a) Is this a group	
	pendii	F Name and address of principal officer. RODNEY WEINZIERL		for affiliates?	Yes X No
_		P.O. BOX 487, BLOOMINGTON, IL 61702048	7	H(b) Are all affiliates i	ncluded? Yes No
_1		empt status X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527		If "No," attach	a list (see instructions)
_		e: ► ILCORN.ORG		H(c) Group exempt	
			N L Year o	of formation: 1979	M State of legal domicile: I
Li	Part I	Summary		222222	
	ც 1	Briefly describe the organization's mission or most significant activities TO PR			
	<u> </u>	DEVELOPMENT AND EFFICIENT MARKETS FOR ILL			
	2	Check this box if the organization discontinued its operations or dispose	ed of more	l	1
	<u> </u>	Number of voting members of the governing body (Part VI, line 1a)			
•	8 4 0 5	Number of independent voting members of the governing body (Part VI, line 1b)		14	
:	5 Ees	Total number of employees (Part V, line 2a)		1.5	
	5 6	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12		7	
•	V 7a	Net unrelated business taxable income from Form 990-T, line 34		7	
-		Tet difficiated business taxable income from 500 1, into 54		Prior Year	Current Year
	. B	Contri டிருத்தி ழுத் த் Part VIII, line 1h)	~	77707 7007	- Carrone roa
	ž 9	Pr pgram-service-reven ue-(Parit/VIII, line 2g)		7,590,920	. 7,309,389
	T I	Toyestment income (Part VIII, column (A), lines 3, 4, and 7d)		18,334	
(± 11	Dither it Anug (Part VII), folumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,693	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,615,947	
	13	Grant (A), lines 1-3)		3,230,128	3,450,599
		Benefits paid to or for members (Part IX, column (A), line 4)			
	ဖ္လ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)		479,160	612,517
	15 16a b	Professional fundraising fees (Part IX, column (A), line 11e)			
	Š b	Total fundraising expenses (Part IX, column (D), line 25)			
	[∐] 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<u>3,732,363</u>	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,441,651	
-		Revenue less expenses Subtract line 18 from line 12		174,296	
JO S	20		Beç	ginning of Current Yea	
988	을 20	Total assets (Part X, line 16)		3,912,665	
et A	5 ⊂ {	Total liabilities (Part X, line 26)		790,770	
	문 22 Part II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		3,121,895	. 4,040,172.
	raitii	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements a	and to the best of my knowl	edge and belief, it is true, correct
9		and complete Declaration of preparer (other than officer) is based on all morningtion of which preparer has any	y knowledge	. /	/
_	ign	Wind I		1 /2	6/11
	lere	Signature of officer		Date	*///
	iei e	RODNEY WEINZIERL, EXEC DIRECTOR			
		Type or print name and title		· 	
a -		Preparer's Date			parer's identifying number
==	aid .	signature / 1/24/	self self	ployed > (see	instructions)
=52	reparer's	Firm's name (or DUNBAR, BREITWEISER & COMPANY, L	LP	EIN ▶	
۩ڰۣ	se Only	self-employed), 202 N. CENTER ST.			
9		address, and ZIP + 4 BLOOMINGTON, IL 61701		Phone no. ▶	309-827-0348
~~_ M	lay the li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2009) ILLINOIS CORN MARKETING BOARD

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-11
٠	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
_	Schedule D, Part III	8		Х
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	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	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	_X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	į		
•	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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	х	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		47	<u> </u>
,,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Part 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			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u>X</u> _
19	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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	000 <i>"</i>	X
		LOLL	990 (2	∠∪∪9)

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2009)

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If "Yes," complete Schedule R, Part V, line 2

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

009) ILLINOIS CORN MARKETING BOARD
Statements Regarding Other IRS Filings and Tax Compliance Part V

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter ·0· if not applicable 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 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 b If at 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				Yes	No
b Enter the number of Forms W20 included in line 1a. Enter 0-if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. It is calendar year ending with or within the year covered by this return. It is a sum of lines 1s and 2s a greater than 250, you may be required to e-fifth this return (see instructions). Note: If the sum of lines 1s and 2s a greater than 250, you may be required to e-fifth this return (see instructions). Note: If the sum of lines 1s and 2s a greater than 250, you may be required to e-fifth this return (see instructions). Note: If the sum of lines 1s and 2s a greater than 250, you may be required to e-fifth this return (see instructions). If If I was a sum of lines 1s and 2s a greater than 250, you may be required to e-fifth this return (see instructions). If I was a sum of the sum of the thin 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 or a financial accountry or a prohibit of the organization have an interest in, or a signature or other authority over, a financial accountry or a prohibit of the organization and filing requirements for Form TD F3002 1, Report of Foreign Bank and Financial Accounts. If I was the organization and party to a prohibitot at any shelter transaction? If I was the organization and party to a prohibitot at a shelter transaction? If I was the organization solid the organization filing requirements for Form 1D F3002 1, Report of Foreign Bank and Financial Accounts. If I was not the support of the second solid the organization solid any contributions that the were not tax deductible? If I was not the organization is the second	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1	
Count the organization comply with backup withholding rules for reportable paymonts to vendors and reportable gaming (gambling) withings to prize withings? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. field for the catendar year ording with or within the year covered by this return. 5b. If at least one is reported on line 22, 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 6-file this return (see instructions). 8c. If west, "has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O. 8c. If west, "has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O. 8c. If west, "has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O. 8c. If west, "has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O. 8c. If west, "the the name of the foreign country (such as a bank account, securities account, or other financial account)? 8c. If west, "the third the name of the foreign country (such as a bank account, securities account, or other financial account)? 8c. If west, "the security file of the gamination of the form 7D F 90.22 1, Report of Foreign Bank and Financial Accounts." 8c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8c. Was the organization and a suppose that a was or is a party to a prohibited tax shelter fransaction? 8c. If "west," the file as or 5b, did the organization that it was or is a party to a prohibited tax shelter fransaction? 8c. If "west," the less as or 5b, did the organization file Form 8886-T, beclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter fransaction? 8c. If "west," the less as or 5b, did the organization file form 8886-T, beclosure by Tax Exempt Entity Regarding Prohibited any contributions that were not tax deductible? 9c. If "west," th		U.S. Information Returns. Enter -0- if not applicable) .		
Semble of employees reported on Form W.3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or within the year covered by this return. 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b () (· · · · · ·		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return If all teast 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) 3 but the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a If yes, "has it filed a Form 990-T for this year? If "No.", provide an expleatation in Schedule O 4 A 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)? 5 bit "Yes," inter the name of the foreign country \$ 5 cet the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction? 5 cet in "Yes," to line 5 or 55b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Dose the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 character and of the payor? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organizations and particular than the contributions of qualified intellectual property, did the organization file Form 8	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			,
field for the calendary year endring with or within the year covered by this return? Note. If the sum of lines is and 2a is greater than 250, you may be required for e-file this return (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31. But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32. But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 33. But if "Yes," she if the sum of lines is a fide a form 950-17 or this year? 34. All 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)? 35. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 36. If "Yes," to line 5a or 5b, did the organization the form 88651, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 36. If "Yes," did the organization never an unal gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 36. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 37. Organizations that may receive deductible contributions under section 170(c). 38. Did the organization or the value of the yalue of the goods or services provided? 39. If "Yes," fund the organization on the value of the yalue of the goods or services provided? 39. If "Yes, "Indicate the number of Forms 88282 filed during the year. 39. For contributions of cars, boast, anylanes, and other vehicles, did the organizat		(gambling) winnings to prize winners?	1c_		ľ
bill fall least one is reported on line 2a, dut 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? 3b. If "Yes," has it filed a Form 990-Ti for this year? If "No," provide an explanation in Schedule O 3b. At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? 5c. Be the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. A. X. Shelter Transaction? 5c. If "Yes," other the name of the foreign country (such as a bank account, secunties account, or other financial account? 5c. A. X. Shelter Transaction a party to a prohibited tax shelter transaction? 5c. A. X. Shelter Transaction? 5d. A. X. Shelter Transaction? 5d. A. X. Shelter Transaction? 6d. Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d. B. V. Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor. 7d. Total Contributions of qualified intellectual property, did the organization in a form 1908. 7e. Did the organization during the year, receive any fu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ί,
Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 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 account?) b if "Yes," enter the name of the foreign country ■		filed for the calendar year ending with or within the year covered by this return			` `
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it field a Form 990-T for this year? If *No," provide an explanation in Schedule O 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)? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
4a All 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)? 5b eth if "Yes," relate the name of the foreign country ▶ 5ca Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," do 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 Organization shat may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," indicate the number of Forms 8282 filled during the year 9d If "Yes," indicate the number of Forms 8282 filled during the year 9d If the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1d If the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 1d If the organization make any taxable distributions under section 49687 by Sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organ	За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
thrancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b 1"Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filting requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filting requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filting requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction? 5b	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bif "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year 6d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 7g For all contributions of any anitation maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund amintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization maintaining donor advised funds. 10d the organization make a distribution included on Part VIII, line 12 10d Gross receipts, included on Form 990, Part VIII	þ	If "Yes," enter the name of the foreign country			
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amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
			12a		
	b	IT "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		000	0000

Form 990 (2009) ILLINOIS CORN MARKETING BOARD 37-1135507 Page
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	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body) 🖂	~,	-3			
b		ת ∴ [כ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		`			
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_			
4	4 Did the organization make any significant changes to its organizational documents 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							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		_x_			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	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				
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b		<u> </u>			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			ŀ			
	ın Schedule O how this is done	12c					
13	Does the organization have a written whistleblower policy?	13		X			
14	Does the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1			
	taxable entity during the year?	16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b		<u> </u>			
Sec	tion C. Disclosure						
17	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 only) available	e for					
	public inspection Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ıncıal				
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of the pers	ation 🕨	_				
	RODNEY M. WEINZIERL - (309) 827-0912						
	P.O. BOX 487, BLOOMINGTON, IL 61702-0487						

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not of		y cu	rren			, dire	ecto			
(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	/-	Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per	\vdash	IECK	ant	ınat	app T	יעי ו	compensation from	compensation from related	amount of other
	week	individual trustee or director						the	organizations	compensation
		e or d	fee			sated		organization	(W·2/1099-MISC)	from the
		truste	nstitutional trustee		yee	Highest compensated employee		(W-2/1099-MISC)		organization
		ndual	tation	la la	Key employee	est co loyee	<u>ة</u>			and related organizations
		hdn	is is	Officer	Key	돌	Former			organizations
KENT KLEINSCHMIDT	<u> </u>									
TREASURER							<u> </u>	0.	0.	0.
JAMES ROBBINS										
DIRECTOR							L	0.	0.	0.
JIM RAPP										
PAST CHAIRMAN			<u></u>			ļ		0.	0.	0.
SCOTT STIRLING	1									
CHAIRMAN		<u> </u>	ļ			<u> </u>	<u> </u>	0.	0.	0.
DONNA JESCHKE									_	_
DIRECTOR	ļ	ļ	ļ		_	-		0.	0.	0.
TIMOTHY SEIFERT									•	
DIRECTOR		-		ļ	_	-	_	0.	0.	0.
BILL CHRIST									0	•
VICE CHAIR		-		_	H		<u> </u>	0.	0.	0.
LARRY HASHEIDER									•	0
SECRETARY BON CRAY					\vdash	\vdash		0.	0.	0.
RON GRAY DIRECTOR				ļ				0.	0.	0.
JAMES RABEN						 		U •		0.
DIRECTOR								0.	0.	0.
LOU LAMOREUX		 						0.	0.	<u>0.</u>
DIRECTOR								0.	0.	0.
JOHN SHORE		 -	<u> </u>			\vdash	_		· ·	<u> </u>
DIRECTOR								0.	0.	0.
TOM MUELLER	1						-			
DIRECTOR								0.	0.	0.
LEON CORZINE										
DIRECTOR								0.	0.	0.
ERIC KUNZEMAN										
ICGA LIASON								0.	0.	0.
GARY SCHMALSHOF										
DIRECTOR		<u> </u>						0.	0.	0.
RODNEY M. WEINZIERL										
EXEC DIRECTOR	40.00					<u> </u>	<u> </u>	71,284.	0.	0.

37-1135507

Par	T VII Section A. Officers, Directors, Tr	li de la companya de	mplo	oyee			High	est		1				
	(A)			(D) Reportable	(E) Reportable		Fe	(F) timate	ad.					
	Name and title	hours	(cl				app	ly)	compensation	compensation			nount	-
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		com fro orga and	other pensa om the anizati d relati	e ion ed

											\perp			
					-									
											_			
											_			
				_							_			
	······································													
											_			
									71,284.).			0
_ <u>1b</u> 2	Total Total number of individuals (including but i	not limited to th	nose	liste	ed al	hove	e) wi	no r			<u>' • </u>			
	compensation from the organization	101 111111100 10 11	1000	,,,,,,	, G u					,,000 111 10 portable				(
											_		Yes	No
3	Did the organization list any former officer			, ke	y en	plo	yee,	or I	highest compensated er	nployee on				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			nmn	ensa	ation	n and	t ot	her compensation from	the organization	h	3		X
7	and related organizations greater than \$15	•								ino organization		4		Х
5	Did any person listed on line 1a receive or									ices rendered to				
	the organization? If "Yes," complete Sched	dule J for such	pers	on								5		<u> X</u>
	tion B. Independent Contractors Complete this table for your five highest co					ont	racto	250.1	that recovered more than	\$100,000 of comp		tion f		
1	the organization NONE	mpensateu m	uepe	enue	:III C	.Oriti	acit	וכונ	mat received more man	\$100,000 or compe	IISal	HOIT I	10111	
	(A) Name and business	s address							(B) Description of s	services	Co	(C) nsatio	—— n
		***************************************							· · ·					
														
			_											
2	Total number of independent contractors (\$100,000 in compensation from the organ	-	not li	mite	d to		se li:	stec	d above) who received n	nore than				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			*	
	organizations in the U.S. See Part IV, line 21	3,450,599.		,	
2	Grants and other assistance to individuals in			`	
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			,	, ,
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-	,	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	549,600.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	62,917.			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	10.00			
С	Accounting	13,000.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	485			
g	Other	475.			
12	Advertising and promotion	00.256			
13	Office expenses	80,256.			
14	Information technology				
15	Royalties				
16	Occupancy	60 051			
17	Travel	60,951.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	99,035.			
19	, ,	99,033.			
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	19,727.			
23	Insurance	10,7276	 	-	
24	Other expenses Itemize expenses not covered				
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	EXPORT PROGRAMS FUNDING	916,520.			
b	INDUSTRIAL PROGRAMS FUN	703,640.			
c	EXECUTIVE PROGRAM FUNDI	330,246.		ļ <u></u>	
d	COMMUNICATIONS PLAN FUN	101,524.			
е	INSURANCE AND BONDING	8,568.			
f	All other expenses	9,981.	· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses Add lines 1 through 24f	6,407,039.	.		
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				
	aducational campaign and fundraiging collectation	1		1	i

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5.	1	
	2	Savings and temporary cash investments	3,427,812.	2	4,315,362.		
	3	Pledges and grants receivable, net		3	<u> </u>		
	4	Accounts receivable, net	158,913.	4	13,595.		
	5	Receivables from current and former officers, d	tees, kev				
		employees, and highest compensated employe				•	
		of Schedule L	•			5	
	6	Receivables from other disqualified persons (as	defined und	er section	10		,
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L	(-)(-)(-)			6	
S	7	Notes and loans receivable, net		Ī		7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use		ļ	***	8	
As	9	Prepaid expenses and deferred charges			228,026.	9	215,732.
	1	Land, buildings, and equipment cost or other	1 1	Ì	220,0201		220,700.
		basis. Complete Part VI of Schedule D	10a	323,481.			
	h	Less accumulated depreciation	10b	258,742.	93,266.	10c	64,739.
	11	Investments - publicly traded securities	100	23011426	33,200.	11	
	12	Investments - other securities See Part IV, line			12	·	
	13	Investments - program-related See Part IV, line	·	13			
	14	Intangible assets	<u> </u>		14	· · · · · · · · · · · · · · · · · · ·	
	15	Other assets See Part IV, line 11		4,643.	15	1 97/	
	16	Total assets. Add lines 1 through 15 (must equ	al line 24)		3,912,665.	16	1,874. 4,611,302.
	17	Accounts payable and accrued expenses	iai iii le 54)		228,337.	17	185,887.
	18	Grants payable	277,906.	18	66,653.		
	19	Deferred revenue	-	112,911.	19	144,057.	
	20	Tax-exempt bond liabilities		-	112,311.	20	144,057.
"	21	Escrow or custodial account liability Complete	Dart IV of So	hodulo D		21	
Liabilities	22	Payables to current and former officers, directo		F		21	
₫	22	highest compensated employees, and disqualif					
Ľ		of Schedule L.	ieu persons	Complete Part II		00	
	23	Secured mortgages and notes payable to unrela	atad third na	rtion		22	
	24	Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities Complete Part X of Schedule D	u tillu partie	.5	171,616.	25	174,533.
	26	Total liabilities. Add lines 17 through 25			790,770.	26	571,130.
	20	Organizations that follow SFAS 117, check h	oro X	and complete	130,110.	20	3/1,130.
rn.		lines 27 through 29, and lines 33 and 34.	ere 🚩 🕰	and complete			
ĕ	27	Unrestricted net assets			3,121,895.	27	4,040,172.
<u>a</u>	28	Temporarily restricted net assets		Ì	3,121,073.	28	4,040,172.
B	29	Permanently restricted net assets				29	
ů,	29	Organizations that do not follow SFAS 117, c	hook horo	▶ □ and		29	
Innes 27 through 29, and lines 33 and 34 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS complete lines 30 through 34. 30 Capital stock or trust principal, or current Paid-in or capital surplus, or land, building assets Retained earnings, endowment, accumulations		, ,	neck nere	and and			
S	20			20			
set	30	Capital stock or trust principal, or current funds		30			
t As	31	Paid-in or capital surplus, or land, building, or ed	. ,	F		31	
Red	32	Retained earnings, endowment, accumulated in	icome, or oth	ier iurius	2 121 OOF	32	1 040 170
	33	Total net assets or fund balances		}	3,121,895.	33	4,040,172.
	34	Total liabilities and net assets/fund balances			3,912,665.	34	4,611,302.

Form **990** (2009)

Form	990 (2009) ILLINOIS CORN MARKETING BOARD 37	-1135507	Pag	ge 12
Par	t 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	ıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ_	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	a [1
	consolidated basis, separate basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A	udit		1
	As a result of a federal award, was the organization required to undergo an addit of addits as set form in the single A Act and OMB Circular A-133?	3a		_x_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	Ī	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ILLINOIS CORN MARK		37-1135507
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor		· ·
	impermissible private benefit?	. , ,	Yes No
Pa		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		
Ŭ	year ►		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	·
8	Does each conservation easement reported on line 2(d) abo		
Ŭ	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense state	
Ŭ	include, if applicable, the text of the footnote to the organiza		
	conservation easements		gamzanon o accounting to
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	•	,,,
b	If the organization elected, as permitted under SFAS 116, to		eet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, of	•	•
	these items		ggg
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	
_	the following amounts required to be reported under SFAS 1		, p. 5
а	Revenues included in Form 990, Part VIII, line 1	. 10 Taking to mode forms	> \$
	Assets included in Form 990, Part X		► \$ ► \$
b	7-33613 moldoca in Form 990, Fart A		· · · · · · · · · · · · · · · · · · ·

Sche		S CORN MAR			or Otho		-1135507		
	t III Organizations Maintaining C Using the organization's acquisition, accessi								
3	(check all that apply).	on, and other record	is, check any	of the following th	at are a Si	grillicant use	or its conection	items	
_	Public exhibition	d	ı 🗀 loan	or exchange prog	rame				
a	Scholarly research	_			ans				
b		е		-					
C	•								
4									
5					ner similar	assets	<u></u>		
Da	to be sold to raise funds rather than to be ma						Yes	No_	
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contri	butions or other a	ssets not	ıncluded	C		
	on Form 990, Part X?						└── Yes	∟ No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.			 			
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV								
Par		f the organization ar	nswered "Yes"	to Form 990, Par	t IV, line 1	0			
		(a) Current year	(b) Prior ye			(d) Three years	back (e) Four y	ears back	
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses	 	·-						
ď	Grants or scholarships								
	Other expenditures for facilities								
е									
	and programs								
T	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a							
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
		%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and administ	ered for th	ne organizatio	n _		
	by							es No	
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R	?			3b		
4	Describe in Part XIV the intended uses of the					·			
Par	t VI Investments - Land, Building	s, and Equipm	ent. See For	m 990, Part X, line	10		_		
	Description of investment	(a) Cost or o	other (b) Cost or other	(c) Ac	cumulated	(d) Book	value	
		basis (investr	ment)	basıs (other)	dep	reciation			
1a	Land								
	Buildings				1				
	Leasehold improvements			•			1		
	Equipment	323,	481.		2	258,742	. 64	,739.	
	Other				<u> </u>		<u> </u>	<u> </u>	
_	. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X, column (B)	. line 10(c))		•	64	,739.	

Schedule D (Form 990) 2009 ILLINOIS CO	RN MARKETING	BOARD	37-1135507 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	T	
(a) Description of security or category	(b) Book value		ethod of valuation
(including name of security)	(5) 500	Cost or en	d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			
		·- ·- ·-	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value	1 ' '	ethod of valuation.
		Cost or en	d-of-year market value
			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line	15		
(a)	Description		(b) Book value
		····	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		N
Part X Other Liabilities. See Form 990, Part X,	line 25		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
ACCRUED POSTRETIREMENT BENEFI	ጥር	174,533.	
ACCROED TODINETINEMENT DEMETE	10	1/4,555.	
		174 533	
Total. (Column (b) must equal Form 990, Part X, col (B) line		174,533.	
9 FIN 48 Footpote In Part XIV provide the text of the foo	tnote to the organization's	financial statements that re	norte the erganization's liability for

uncertain tax positions under FIN 48

-	dule D (Form 990) 2009 ILLINOIS CORN MARKETING BO				.13550 / Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	$\neg \neg \neg \neg \neg$	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		7,325,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		6,407,039.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		918,277.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	r Doturn	918,277.
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with neve	nue pe	1 1	7 225 216
1	Total revenue, gains, and other support per audited financial statements			1	7,325,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV)			-	0
e	Add lines 2a through 2d			2e	7,325,316.
3	Subtract line 2e from line 1			3	1,345,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		- ₄-	0
c	Add lines 4a and 4b Tatal square Add lines 2 and 4a. (This must equal Form 900, Part I, line 12.)			4c	0.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses n		
1	Total expenses and losses per audited financial statements	onto man Exp	<u> </u>	1	6,407,039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				0,401,033.
a	Donated services and use of facilities	2a			
h	Prior year adjustments	2b		-	
	Other losses	2c			
4	Other (Describe in Part XIV)	2d		\neg	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,407,039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				, ., .,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			
	Add lines 4a and 4b	L. 1,2		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	6,407,039.
Pa	rt XIV Supplemental Information	·			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com				
					
			-		
			•		

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047

2009
Open to Public Inspection

14. ° ⊠ **Employer identification number** 37-1135507 (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ं Ö 0 ା (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 22,000, (d) Amount of 000 09 1,010,000 700,000 195,000 115,000 cash grant ILLINOIS CORN MARKETING BOARD (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 2300 w PARK PLACE BLVD, SUITE 100 UNIVERSITY OF ILLINOIS FOUNDATION SUITE A, ILLINOIS CORN GROWERS ASSOCIATION USA POULTRY & EGG EXPORT COUNCIL 1050 17TH STREET, SUITE 2200 US MEAT EXPORT FEDERATION BLOOMINGTON, IL 617021623 1901 SOUTH FIRST STREET, 1400 K ST NW, SUITE 1200 STONE MOUNTAIN, GA 30087 or government CHAMPAIGN, IL 618207406 UNIVERSITY OF ILLINOIS 1305 WEST GREEN STREET URBANA, IL 618012962 WASHINGTON, DC 20005 Name of the organization US GRAINS COUNCIL DENVER, CO 80265 P.O. BOX 1623 Part Part II Q

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

Schedule I (Form 990) 2009

37-1135507 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 ILLINOIS CORN MARKETING BOARD Schedule I (Form 990) 2009 Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Employer identification number Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance 37-1135507 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, o. 0 0 ી Ö 0 0 o (e) Amount of non-cash assistance (d) Amount of cash grant 45,840 000'09 40,000, 6,172 17,365 102,922, 1,061,300 15,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ILLINOIS CORN MARKETING BOARD (c) IRC section if applicable (P) EIN SUITE A, NATIONAL CORN GROWERS ASSOCIATION SUITE A, EMAC & EXPRESS ACADEMIC SERVICES DEPT AG & CONSUMER ECONOMICS (a) Name and address of organization or government OFFICE OF RESEARCH SERVICES EDWARDSVILLE, IL 62026-1046 EDWARDSVILLE, IL 62026-1046 1901 SOUTH FIRST STREET, RENDLEMAN HALL, BOX 1046 RENDLEMAN HALL, BOX 1046 1901 SOUTH FIRST STREET, MO 63005 UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS CHICAGO, IL 60612-7227 1301 W. GREGORY DRIVE 1737 WEST POLK STREET URBANA, IL 61801-3605 CHAMPAIGN, IL 61820 CHAMPAIGN, IL 61820 Name of the organization COLUMBIA, MO 65211 131 MUMFORD HALL SIU-EDWARDSVILLE SIU-EDWARDSVILLE CHESTERFIELD 632 CEPI DR

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Open to Public

Attach to Form 990. Inspection **Employer identification number** Name of the organization 37-1135507 ILLINOIS CORN MARKETING BOARD FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: ORGANIZATION CREATED THROUGH STATE STATUTE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRODUCTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EXECUTIVE PROGRAMS - PROVIDE SPONSORSHIP OF AGRICULTURE RELATED ORGANIZATIONS. ALSO PARTICIPATE IN EDUCATIONAL & PROMOTIONAL ACTIVITIES WITHIN THE AGRICULTURAL COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE ILLINOIS CORN MARKETING BOARD AND SUBSEQUENTLY REPORTED ON TO THE FULL BOARD OF DIRECTORS PRIOR TO FILLING. FORM 990, PART VI, SECTION C, LINE 19: ALL MARKETING BOARD GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST AT THE MARKETING BOARD'S OFFICE.