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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

	A F	or the	2009 cal	endar year, or tax year beginning OCT 1, 2009 and ending	SEP 30, 2010	
				C Name of organization	D Employer identifi	<del>-</del>
	B c	heck if pplicable	Please use IRS	C Name of organization	Employer identifi	cauon number
		∏Addres	s label or	TAIDTANA GODN MADVEMING GOINGII		
	$\vdash$	_]change □Name	print or type	INDIANA CORN MARKETING COUNCIL	→   >7 1	420610
	$\vdash$	_ change □tnitial		Doing Business As		420618
	느	return	See Specific	Number and street (or P.O. box if mail is not delivered to street address)		
	╘	Termin ated	Instruc-	5730 W 74TH ST	317-	347-3620
		Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>4,401,504.</u>
	X	Applica		INDIANAPOLIS, IN 46278-1754	H(a) Is this a group r	
		pendin	F Nan	ne and address of principal officer TONY WALKER	for affiliates?	Yes X No
				E AS C ABOVE	H(b) Are all affiliates in	cluded? Yes No
				s: X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
	<u>ا ل</u>	<u>Nebsit</u>	e: <b>▶</b> ₩₩	W.INCORN.ORG	H(c) Group exemption	
	K F		<u>organizatic</u>		ear of formation: 1986 i	M State of legal domicile: IN
	Pa	art I	Summ	ary		
	d)	1	Briefly des	cribe the organization's mission or most significant activities THE INDIA	ANA CORN MARK	ETING
	Š		COUNC	IL ("ICMC") WORKS TO ENHANCE THE VALUE (	OF CORN FOR I	NDIANA CORN
==	Ē	2	Check this	s box   if the organization discontinued its operations or disposed of m	ore than 25% of its net a	ssets
2011	Governance	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	18
		4	Number o	findependent voting members of the governing body (Part VI, line 1b)	4	18
04	S	1		ber of employees (Part V, line 2a)	5	0
	Activities &	6	Total num	ber of volunteers (estimate if necessary)	6	0
MAR	ξį	ı		s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
≥	ď	I	_	ited business taxable income from Form 990-T, line 34	7b	0.
Ü					Prior Year	Current Year
SCANNED	•	8	Contributi	ons and grants (Part VIII, line 1h)	2,500.	
Z	ž	1		ervice revenue (Part VIII, line 2g)	3,903,430.	4,393,427.
Ķ	Revenue	1	•	nt income (Part VIII, column (A), lines 3, 4, and 7d)	11,639.	4,645.
တ	ď	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,964.	3,432.
		1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,937,533.	4,401,504.
				d sımılar amounts paid (Rart IX-column (A), lines 1-3)	648,211.	762,063.
		14	Benefits p	aid to or for members (Part IX column (A), line 4)		
	ģ			other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	Expenses	16a	Profession	nal fundiasing fees (Part IX Column (A) line 11e)		
	Бē			raising expenses (Part IX, column (D) line 25)		
	ũ			enses (Part IX column (A), lines 1 a 11d, 11f-24f)	3,064,552.	2,806,251.
		18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,712,763.	3,568,314.
				ess expenses Subtract line 18 from line 12	224,770.	
	oc				Beginning of Current Year	End of Year
	Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	1,841,089.	2,777,727.
	ASS	21	Total liabi	ities (Part X, line 26)	552,824.	656,272.
	ᅗ	22	Net asset	s or fund balances. Subtract line 21 from line 20	1,288,265.	2,121,455.
	Pa	art II	Signa	ture Block		
			Under pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and statemer te Declaration of preparer (other than officer) is based on all information of which preparer has any knowle-	its, and to the best of my knowled	lge and belief, it is true, correct,
			and comple	The Decidation of prepared found that officer is based on an information of which prepared has any known	- <b>190</b>	
	Sig	n		om hall	2.11.2	.0//
	Her	·e	Sign	ature of offuer	Date	
			TC	NY WALKER, SENIOR DIRECTOR OF FINANCE &	ADMIN	
			Тур	e or print name and title		
	Dai		Preparer's	Date	Check if Preparence in Self-	rer's identifying number istructions)
	Paid	_	signature		employed >	
		parer's	Firm's name	e (or BLUE & CO., LLC	EIN ►	
	use	Only	self-employ			
			address, an ZIP + 4	CARMEL, IN 46032	Phone no. ► 3	17-848-8920
	Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No
	9320	01 02-0	4-10 LF	A For Privacy Act and Paperwork Reduction Act Notice, see the separate	nstructions.	Form <b>990</b> (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

) (Revenue \$

including grants of \$

4e

(Expenses \$

Total program service expenses ▶ \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_	<u> </u>	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		x
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	Х	L.
•	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			
•	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			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the 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_	Х	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			~
40	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	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </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	10		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	$\vdash \dashv$	X
20	one the organization operate one or more mospitals: II Tes, complete schedule n	<b>Z</b> U		

Form 990 (2009) INDIANA CORN MARKETING COUNCIL
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	İ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ł	
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ľ	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		- 1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	<u> X  </u>	
	Note. All Form 990 filets are required to complete Schedule O.	<u>38  </u> Form 9		_

009) INDIANA CORN MARKETING COUNCIL Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable 101			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			ĺ
	Financial Accounts.			l
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		<u> </u>
С	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible?	6a		<u> X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>0</b> 1.		
7	Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		:	
a	provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		<u> X</u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	_9a		<u>X</u>
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12  Cross received an Earth 900, Part VIII, line 12 fee public use of all the feedback.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501/4/10 experimentations. Enter			
11	Section 501(c)(12) organizations. Enter  Green prompt from members or charabelders			
	Gross income from members or shareholders  Gross income from other sources /Do not not amounts due or paid to other sources against			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
199	amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
	in 1991, Silicon and amount of the compt interest research of decided during the year.		990 (	

Form 990 (2009) INDIANA CORN MARKETING COUNCIL 37-1420618 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

500	tion A. Governing Body and Management			
Sec	tion A. Governing Body and Management		V	l Na
1a	Enter the number of voting members of the governing body	8	Yes	No
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ť		ľ
_	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	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	T	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	İ	X
6	Does the organization have members or stockholders?	6		Х
7a				
	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		х
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		L
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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
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	1		
	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			
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
	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	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsim \boxed{IN}\)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website X 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,	and fina	incial	
	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 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	ation		
	TONY WALKER - 317-347-3620			
	5730 W 74TH ST, INDIANAPOLIS, IN 46278-1754			

Form 990 (2009)

# 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

X Check this box if the organization did	not compensate an	у сі	ırren	t off	icer	, dire	ecto	r, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	١	Position					Reportable	Reportable	Estimated
	hours	(C	(check all			app	ly)	compensation	compensation	amount of
	per week	ecto						from the	from related organizations	other compensation
	WOOK	or dir	<sub>82</sub>		İ	ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		   8	ubeu		(W-2/1099-MISC)	,	organization
		individual trustee or director	Institutional trustee	_	Key employee	st co				and related
		Indiv	Instit	Officer	Key e	Highest compensated employee	Former			organizations
JOHN WHALEY								-		
DIRECTOR	2.00	X						0.	0.	0.
DEAN EPPLEY					ŀ					
DIRECTOR	2.00	X						0.	0.	0.
DAVID JOHNSON		1								
DIRECTOR	2.00	X				ļ		0.	0.	0.
GERALD GAUCK										
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
MARK BACON										
DIRECTOR	2.00	X	<u> </u>	<u> </u>		ļ		0.	0.	0.
GLENN CONNER								_		
DIRECTOR	2.00	X	ļ			<u> </u>	Щ	0.	0.	0.
RALPH KAUFFMAN						ĺ		_	_	
DIRECTOR	2.00	X	_		_	-	<u> </u>	0.	0.	0.
DAVID GOTTBRATH									_	
DIRECTOR	2.00	X	├		_	<b>-</b>	Ш	0.	0.	0.
RONNIE MOHR	0.00	l <u></u>								_
DIRECTOR	2.00	X	<u> </u>			<del>                                     </del>		0.	0.	0.
MICHAEL NICHOLS	2 00	,,						_		•
DIRECTOR	2.00	A	-					0.	0.	0.
MICHAEL BUIS	2 00	7				Ì		_		•
DIRECTOR	2.00	<u> </u>	├			┢		0.	0.	0.
RANDY KRON DIRECTOR	2.00	v						0.	0	0
TOM KNOLLMAN	2.00	^	┢			$\vdash$		U •	0.	0.
EX OFFICIO	2.00	v						0.	0.	^
RICHARD YOUNG	2.00	┲				┝		<u> </u>		0.
EX OFFICIO	2.00	v						0.	0.	^
BRUCE HARTLEY	2.00	^	$\vdash$			<del>                                     </del>				0.
EX OFFICIO	2.00	Y						0.	0.	0.
MARSHALL MARTIN	2.00	1				╁╌		0.		<u></u>
EX OFFICIO	2.00	x						0.	0.	0.
LEE PAARLBERG	2.00	<u> </u>	$\vdash$			$\vdash$	Н			<u></u>
EX OFFICIO	2.00	x						0.	0.	0.
			_		_					

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)		
(A)	(B)	Γ_		((	 >)			(D)	(E)	. i	F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated	
	hours	(cl				app	ly)	compensation	compensation		unt of
	per	H				T	Ĺ	from	from related		her
	week	Irect						the	organizations	compe	ensation
		6 0 0	ee			sated		organization	(W-2/1099-MISC)	fror	n the
		ruste	T trus		99/	ubeu		(W·2/1099·MISC)		organ	ization
		lag (	tona		oldu	S as	_			and r	elated
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organi	zations
DENNIS WHITSITT	<u>.</u>		<del> </del>	-		╁					
DIRECTOR	2.00	X						0.	0.		0
JEROD CHEW	2.00	Λ					-				0.
EX OFFICIO	2.00	х						0.	0.		0.
JEAN LEISING	2.00	Λ	$\vdash$					0.			0 .
EX OFFICIO	2.00	х							0		^
JOSEPH PEARSON	2.00	Λ			_	1		0.	0.		0.
	2 00	٦,							•		•
EX OFFICIO	2.00	Х	<del> </del>				-	0.	0.		0.
MICHAEL SHUTER	0 00								•		_
PRESIDENT	2.00	<u> </u>	<u> </u>	X			_	0.	0.		0.
DAVID HOWELL			•						_		
VICE-PRESIDENT	2.00			X		<u> </u>	_	0.	0.		<u>0.</u>
GARY LAMIE											
SECRETARY	2.00			Х			<u> </u>	0.	0.		<u> </u>
DENNIS MAPLE											
TREASURER	2.00		Щ	X				0.	0.		0.
MARK HENDERSON											
EXECUTIVE DIRECTOR	20.00	<u> </u>		X				0.	0.		0.
TONY WALKER											
SENIOR DIRECTOR OF FINAN	20.00			X		<u> </u>		0.	0.		0.
1b Total						<u> </u>		0.	0.		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	οονε	e) wł	no re	eceived more than \$100	,000 ın reportable		
compensation from the organization	-										0
										Y	es No
3 Did the organization list any former officer,	director or tru	stee	, key	em/	ploy	yee,	or h	nighest compensated en	iployee on		
line 1a? If "Yes," complete Schedule J for si	ıch ındıvıdual									3	X
4 For any individual listed on line 1a, is the su	m of reportab	e co	mpe	ensa	tion	and	d oth	ner compensation from t	he organization		
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	che	dule	Jf	or such individual		4	X_
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr	elate	ed organization for servi	ces rendered to		
the organization? If "Yes," complete Schedu	ıle J for such j	<u>oers</u>	on							_ 5	X
Section B. Independent Contractors									a_		
<ol> <li>Complete this table for your five highest cor</li> </ol>	npensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compens	ation froi	n
the organization. NONE											
(A)	- 1 1							(B)		(C)	
Name and business	address						4	Description of se	ervices	ompensa	ation
							ı				
							$\dashv$				
							$\dashv$				
	_						+				
2 Total number of independent contractors (in	cluding but n	ot lir	niter	1 to	thos	م اند	ted	ahove) who received m	ore than		
\$100,000 in compensation from the organiz	•	111			r	_			5 11,001		

Form **990** (2009)

#### Part IX | Statement of Functional Expenses

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

	All other organizations must comp	and 501(c)(4) organizat lete column (A) but are			d (D).
	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	748,063.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	14,000.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		· · · · -		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	46,044.			
С	Accounting	34,532.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<del> </del>
f	Investment management fees		,		
g	Other	131,748.	<del></del>		
12	Advertising and promotion	49,911.			
13	Office expenses	52,261.			
14	Information technology				
15	Royalties				
16	Occupancy	00 040			
17	Travel	99,249.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 100			
19	Conferences, conventions, and meetings	42,129.			
20	Interest				
21	Payments to affiliates	_		-	
22	Depreciation, depletion, and amortization	2 500			
23	Insurance	2,500.			<u>-</u>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	700 050			
a	ISB CONTRACTED SERVICES	702,252.			
p	STATE OF INDIANA SHARE	498,930.			
C	CORN CHECK-OFF REFUNDS	408,863.	· ·		<del></del>
d	SPONSORSHIPS AND AWARDS	318,631. 237,849.			
e	AGENCY SERVICES				
	All other expenses	181,352. 3,568,314.	·		
25	Total functional expenses Add lines 1 through 24f	3,300,314.			
26	Joint costs. Check here Jif 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	- <u>.                                    </u>		<u> </u>	C 990 (2000)

Pai	rt X	Balance Sheet			_	
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		84,062.	1	
	2	Savings and temporary cash investments	1,725,360.	2	2,652,575.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		2,500.	4	55,000.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L		6		
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ď	9	Prepaid expenses and deferred charges		29,167.	9	70,152.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments · program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,841,089.	16	2,777,727.
	17	Accounts payable and accrued expenses		255,260.	17	265,645.
	18	Grants payable		172,564.	18	<u>265,627.</u>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	<del>-</del> -
es	21	Escrow or custodial account liability Complete F			21	
Liabilities	22	Payables to current and former officers, director			ĺ	
iat Ta		highest compensated employees, and disqualific	ed persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	125 000	24	105 000
	25	Other liabilities Complete Part X of Schedule D		125,000.	25	125,000.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	<b>▶</b> [♥]	552,824.	26	656,272.
			ere 🖊 🔼 and complete			
Ç		lines 27 through 29, and lines 33 and 34.		1,288,265.		2 121 455
lan	27	Unrestricted net assets Temporarily restricted net assets		1,200,200.	27 28	2,121,455.
Ba	28 29	Permanently restricted net assets				<del></del>
Ę	29	Organizations that do not follow SFAS 117, cl	neck here		29	<del> </del>
Ē		complete lines 30 through 34.	leck liefe  and			
S)	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	unment fund		31	<del></del>
ξ	32	Retained earnings, endowment, accumulated in		-	32	
Ž	33	Total net assets or fund balances	come, or other lattus	1,288,265.	33	2,121,455.
	34	Total liabilities and net assets/fund balances		1,841,089.	34	2,777,727
	, , , , ,	rotal habilities and flet assets/fully balaffees			<del></del>	Form 990 (0000)

Form **990** (2009)

Form	990	(2009)	
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#### INDIANA CORN MARKETING COUNCIL

37-1420618 Page 12

Pa	rt XI   Financial Statements and Reporting					
•		_	Yes	No		
1	Accounting method used to prepare the Form 990 Cash Cash Corual X Other MODIFIED CASH					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			ļ		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
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 oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
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					
	consolidated basis, separate basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь				

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

**Employer identification number** 

37-1420618 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if 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 a 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 Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 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 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Assets included in Form 990, Part X

		CORN MARK								8 Page <b>2</b>
Pai	t III Organizations Maintaining C									
3	t , , , , , , , , , , , , , , , , , , ,									
	(check all that apply)									
а	Public exhibition	c			hange programs					
b	Scholarly research	6	. 🗀	ther	·					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how the	ey further t	he organization's e	xemp	t purpo	se in Par	XIV	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be m								Yes	No.
Pa	t IV Escrow and Custodial Arran		ete if orga	anızatıon ar	nswered "Yes" to F	orm 9	90, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other assets i	not inc	luded		_	
	on Form 990, Part X?							L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able.						
									Amount	t
C	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 F	orm 990, Part X, line	21?					L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV	<del></del>								
Pa	t V Endowment Funds. Complete		nswered "	Yes" to Fo	r <del></del>					
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two years back	(d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance					<b>_</b>				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				<del></del>					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as.							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered fo	r the d	organız	ation	Г	<del></del>
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
Dai	Describe in Part XIV the intended uses of the t VI Investments - Land, Building				D-4 V I 10					
I al								<del> </del>		
	Description of investment	(a) Cost or o		(b) Cost			mulate	a	(d) Book	k value
	Lond	basis (investr	nem)	basis	(Otrier)	api ec	ciation			
_	Land									
b	Buildings				<del></del>					
C	Leasehold improvements					_				
d	Equipment						-			
e	Other  Add lines 1a through 1e (Column (d) must e	gual Form 000 Post	Y och :=	n /P) /ma 1	0(a) )			_		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 IN	<u> DIANA COR</u>	N MARKETING	COUNCIL	37-14206	518 Page <b>3</b>
Part VII Investments - Other		e Form 990, Part X, line	12		- <del></del>
(a) Description of security or ca (including name of securit		(b) Book value	Co	(c) Method of valuation st or end-of-year market value	
Financial derivatives					
Closely-held equity interests				<u>.</u> ,	
Other					
					<del></del> .
<del></del>					· -
Total. (Col (b) must equal Form 990, Part X, c	nl (R) line 12 )				
Part VIII Investments - Progra	m Related. s	ee Form 990. Part X. line	13		
			Ĭ	(c) Method of valuation	
(a) Description of investment	туре	(b) Book value	Co	st or end-of-year market value	
	,== ,==				
				··	
<u>-</u>					
<del></del>					_
				<del></del> -	
	_				<del></del> -
Total. (Col (b) must equal Form 990, Part X, c	ol (B) line 13.)				
Part IX Other Assets. See Form	n 990, Part X, line	15	- I		
		Description		( <b>b</b> ) Bo	ook value
					. <u> </u>
			<del></del>		
					<del></del>
			<del></del>		
Total. (Column (b) must equal Form 990,	Part X. col (B) line	<u>.                                    </u>		<b>•</b>	
Part X Other Liabilities. See F					
1 (a) Description	of liability		(b) Amount		
Federal income taxes					
STATE OF INDIANA'S SI	HARE OF N	ET CORN			
CHECKOFF ASSESSMENTS			125,000.		
	<del></del> -				
			·		
	<del>-</del>		<del>-</del>	-	
Total (Calumn (b) must a sure! 5 000	Part V and (D) In-	25)	125,000.	1	
Total. (Column (b) must equal Form 990, 2. FIN 48 Footnote In Part XIV, provide t				s that reports the organization's	liability for

	dule D (Form 990) 2009 INDIANA CORN MARKETING COUNCIL	maial Cta		1420618 Page 4
Par			temen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,401,504.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		3,568,314.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<del> </del>	833,190.
4	Net unrealized gains (losses) on investments	4	<del></del>	<del></del>
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		<del></del>
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		833,190.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  t XII Reconciliation of Revenue per Audited Financial Statements With Rev	<u>  10  </u> enue per	Return	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	3,385,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
d	· · · · · · · · · · · · · · · · · · ·	16,008	5. I	
e	Add lines 2a through 2d		2e	-1,016,008.
3	Subtract line 2e from line 1		3	4,401,504.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c │	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,401,504.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses pe	er Retu	rn
1	Total expenses and losses per audited financial statements		1	<u>2,552,</u> 306.
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		_	
C	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,552,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)  4b 1,0	16,008	<u>.</u>	
С	Add lines 4a and 4b		4c	<u>1,016,008.</u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u>3,568,314.</u>
	t XIV Supplemental Information			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, let 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to p			
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
FIE	RST PURCHASER HANDLING FEES: -108215.			
COF	N CHECK-OFF REFUNDS: -408863.			
STA	ATE OF INDIANA'S SHARE OF COLLECTIONS: -498930.			<del></del>
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:	<del></del>		
E T	OCM DIDOUXCED UNIDITING BEEG. 100015			
<u>r 11</u>	RST PURCHASER HANDLING FEES: 108215.		Sched	ule D (Form 990) 2009

Schedule D (Form 990) 2009 Part XIV Supplemental Int	INDIANA (	CORN MARKETING COUNCIL	37-1420618 Page 5
Part XIV Supplemental In	formation (continue	ed)	
CORN CHECK-OFF REI	FUNDS: 40886	53.	
STATE OF INDIANA'S	S SHARE OF (	COLLECTIONS: 498930.	
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<u>.                                    </u>			
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# Schedule F (Form 990)

### **Statement of Activities Outside the United States**

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

OMB No 1545-0047
2009
<b>2003</b>
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INI	DIANA CORN MA	RKETING	COUNCIL			37-142061	.8
Par	t I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organi	zation answered "	Yes"
	to Form 990, Pai				<del></del>		
1	=			ds to substantiate the amount of the gi selection criteria used to award the gra			Yes No
	grantees eligibility for tr	ne grams or assi	stance, and the s	selection criteria used to award the gra	ints or assistan	ce? Las.	res L No
2	For grantmakers. Desc	cribe in Part IV th	e organızatıon's	procedures for monitoring the use of g	rant funds outs	side the United Sta	tes
_3_	Activities per Region. (L			ditional space is needed)			,
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	r (by type) (i.e., fundraising, is a program service, ex			(f) Total expenditures for region
	<del></del>						, <u>_,</u> ,
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<u>Tota</u>		· 1	0				0.
LHA	For Privacy Act and Pa	aperwork Reduc	tion Act Notice	, see the Instructions for Form 990.		Schedule F (	Form 990) 2009

. Page 2 (i) Method of valuation (book, FMV, appraisal, other) 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 (h) Description of non-cash assistance (g) Amount of non-cash assistance Ö 37-1420618 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 14 000 FUNDS TRANSFER (f) Manner of SLECTRONIC of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter INDIANA CORN MARKETING COUNCIL UTTING VALUE-ADDED PLATES IN ZHEJIANG, (d) Purpose of INDIANA BEEF ON grant JAPAN. EAST ASIA AND THE Use Schedule F-1 (Form 990) if additional space is needed (c) Region PACIFIC Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization Part II 3

Schedule F (Form 990) 2009

Page 3

37-1420618

INDIANA CORN MARKETING COUNCIL

Schedule F (Form 990) 2009

Part III 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

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2009
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2009 INDIANA CORN MARKETING COUNCIL	37-1420618	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information	·	
SCHEDULE F, PART I, LINE 2: THE GRANTS ARE LOGGED INTERNA	ALLY IN A	
SPREADSHEET. THIS SPREADSHEET IS THEN USED TO MONITOR A	LL GRANT MONIE	S
PAID DURING THE GRANT PERIOD AND THE END OF THE GRANT PER	RIOD. THE	
GRANTEE MUST PROVIDE AN END OF GRANT PERIOD REPORT THAT I	DETAILS THE	
OUTCOME OF MONIES SPENT.		
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		· · · · · · · · · · · · · · · · · · ·

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

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

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

2 TO SUPPORT BASIC PROGRAMS Schedule I (Form 990) 2009 **Employer identification number** OF TILLAGE AND FERTILIZER 37-1420618 NEW USES STUDENT CONTEST AND REDUCE ENVIRONMENTAL VALUE OF POULTRY MANURE OR CROPLAND IN INDIANA CORN FIELDS; EVALUATION SURVEY OF AVAILABILITY. PPLICATION & ECONOMIC REDUCING NITROUS OXIDE MISSIONS FROM INDIANA INCREASE PROFITABILITY (h) Purpose of grant INE-TUNING NITROGEN or assistance RECOMMENDATIONS TO MAGE & ACTIVISIM X 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 AND SERVICES AMPAIGN 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 ö o ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 110,000 (d) Amount of 300 000 90,000 6,638 93,426 64,999 cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INDIANA CORN MARKETING COUNCIL (c) IRC section if applicable 501(C)(5) 501(C)(3) 501(C)(5) 501(C)(3) 501(C)(3) 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations 42-0897662 42-0897662 35-6002041 35-6002041 35-6002041 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 NATIONAL CORN GROWERS ASSOCIATION NATIONAL CORN GROWERS ASSOCIATION or government MO 63005 CHICAGO, IL 60673-1235 CHICAGO, IL 60673-1235 MO 63005 CHICAGO, IL 60673-1235 CHICAGO, IL 60673-1235 23510 NETWORK PLACE 23510 NETWORK PLACE 23510 NETWORK PLACE 23510 NETWORK PLACE Name of the organization PURDUE UNIVERSITY PURDUE UNIVERSITY PURDUE UNIVERSITY PURDUE UNIVERSITY CHESTERFIELD CHESTERFIELD. 632 CEPI DR 632 CEPI DR Part Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 932101 02-02-10

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 THE GRANTEE Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THIS SPREADSHEET IS THEN USED TO MONITOR ALL GRANT MONIES MUST PROVIDE AN END OF GRANT PERIOD REPORT THAT DETAILS THE OUTCOME OF SCHEDULE I, PART I, LINE 2: THE GRANTS ARE LOGGED INTERNALLY IN A (d) Amount of non-cash assistance PAID DURING THE GRANT PERIOD AND THE END OF THE GRANT PERIOD. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance MONIES SPENT SPREADSHEET. Part III

Page 2

37-1420618

INDIANA CORN MARKETING COUNCIL

Schedule I (Form 990) 2009

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PURDUE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCING NITROUS OXIDE EMISSIONS

932102 02-02-10

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 Inspection

**Employer identification number** 

EASIBILITY OF INCREASING MAIRY AND CATTLE HERDS IN EVALUATING THE EFFECTS OF INDUSTRY HAS ON INDIANA TRANSPORTATION RELATIVE MEASURE ECONOMIC IMPACT (h) Purpose of grant or assistance THAT INDIANA ETHANOL NFRASTRUCTURE AND CONOMY & OVERALL TRUCK WEIGHT TO EVALUATING THE 37-1420618 NDIANA (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation o. ö (e) Amount of non-cash assistance (d) Amount of cash grant 30,000 45,500 7,500 INDIANA CORN MARKETING COUNCIL (c) IRC section if applicable 62-1011283 62-1011283 62-1011283 (b) EIN (a) Name and address of organization or government HARTFORD, CT 06150-3282 HARTFORD, CT 06150-3282 HARTFORD, CT 06150-3282 Name of the organization PO BOX 33282 PO BOX 33282 PO BOX 33282 INFORMA INFORMA INFORMA Part

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

Schedule I-1 (Form 990) 2009

Schedule   (Form 990) 2009 INDIANA CORN MARKETING COUNCIL 37-1420618 Page 2   Part IV   Supplemental Information
FROM INDIANA CORN FIELDS; EVALUATION OF TILLAGE AND FERTILIZER BEST
MANAGEMENT APPROACHES
NAME OF ORGANIZATION OF COMPRIMENTS, DIPONE INTURDITY
NAME OF ORGANIZATION OR GOVERNMENT: PURDUE UNIVERSITY  (H) PURPOSE OF GRANT OR ASSISTANCE: FINE-TUNING NITROGEN RECOMMENDATIONS
TO INCREASE PROFITABILITY AND REDUCE ENVIRONMENTAL IMPACT
NAME OF ORGANIZATION OR GOVERNMENT: INFORMA
(H) PURPOSE OF GRANT OR ASSISTANCE: MEASURE ECONOMIC IMPACT THAT INDIANA
ETHANOL INDUSTRY HAS ON INDIANA ECONOMY & OVERALL AGRICULTURE COMMUNITY
NAME OF ORGANIZATION OR GOVERNMENT: INFORMA
(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING THE EFFECTS OF TRUCK
WEIGHT TO INFRASTRUCTURE AND TRANSPORTATION RELATIVE TO AGRICULTURE

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number 37-1420618

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number 37-1420618

ASSESSMENT MAY NOT BE USED TO INFLUENCE LEGISLATION OR GOVERNMENTAL
ACTION OR POLICY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PRODUCTION AND ENVIRONMENTAL STEWARDSHIP INITIATIVE - CONDUCTS PROJECTS
TO PROMOTE THE USE OF ECONOMIC AND ENVIRONMENTALLY SOUND PRODUCTION
PRACTICES THAT HELP FARMERS MANAGE PRODUCTION RISKS. IN FISCAL YEARS
2010 AND 2009, THIS INITIATIVE TARGETED PRODUCTION AND ENVIRONMENTAL
STEWARDSHIP GRANTS AND IMPLEMENTATION.
VALUE ADDED AND EXPORTS INITIATIVE - CONDUCTS PROJECTS TO INCREASE
VALUE ADDED CORN EXPORTS SUCH AS GRAIN, CORN CO-PRODUCTS, MEAT AND MEAT
PRODUCTS, AND OTHER PRODUCTS THAT MARKETS AND/OR RESEARCH MAY IDENTIFY.
IN FISCAL YEARS 2010 AND 2009, THIS INITIATIVE TARGETED INDUSTRY
RELATIONS, GRAIN QUALITY AND CROP IMPROVEMENT, IDENTITY PRESERVATION,
INTERNATIONAL MARKETING, AND TRANSPORTATION INFRASTRUCTURE.
NEW USES INITIATIVE - CONDUCTS PROJECTS TO INVEST IN RESEARCH AND
DEVELOPMENT THAT WILL FIND ECONOMICALLY SOUND NEW USES FOR CORN AND
CORN BY-PRODUCTS. IN FISCAL YEARS 2010 AND 2009, THIS INITIATIVE
TARGETED ACTIVITIES SUCH AS GRAIN BASED NEW USES, NON-GRAIN BASED NEW
USES, CORN NEW USES PROMOTION, LOW VALUE AND BY-PRODUCT ENHANCEMENT
USES, STUDENT CORN INNOVATION COMPETITION, AND EMERGING TECHNOLOGIES.
FORM 990, PART VI, SECTION A, LINE 7A: FARMERS MAY ELECT ONE OR MORE
MEMBERS OF THE GOVERNING BODY.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INDIANA CORN MARKETING COUNCIL

Employer identification number 37-1420618

FORM 990, PART VI, SECTION B, LINE 11: THE BUDGET & FINANCE COMMITTEE WILL
REVIEW AND APPROVE THE 990 FOR FILING. A COPY OF THE APPROVED 990 WILL BE
PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AN INDEPENDENT CONSULTANT WHO

SERVES AS THE ORGANIZATION'S COMPLIANCE OFFICER REVIEWS AND MONITORS THE

COMPLETED CONFLICT OF INTEREST STATEMENTS REGULARLY.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND ANNUAL REPORTS ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT APPEARS ANNUALLY IN THE "INDIANA SOYBEAN & CORN REVIEW" MAGAZINE.

FORM 990, PART XI, LINE 1

THE ORGANIZATION PREPARES ITS FINANCIAL STATEMENTS ON A MODIFIED CASH
BASIS OF ACCOUNTING. UNDER THAT BASIS, CORN CHECKOFF ASSESSMENTS ARE
RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED, AND FIRST PURCHASER
HANDLING FEES AND REFUNDS ARE RECOGNIZED WHEN PAID RATHER THAN WHEN THE
OBLIGATION IS INCURRED. THE MODIFIED CASH BASIS OF ACCOUNTING DIFFERS
FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES
PRIMARILY BECAUSE THE ORGANIZATION HAS NOT RECOGNIZED RECEIVABLES FOR
CORN CHECKOFF ASSESSMENTS, ACCRUALS FOR ESTIMATED FIRST PURCHASER
HANDLING FEES, ACCRUALS FOR ESTIMATED REFUNDS, AND THEIR RELATED
EFFECTS ON THE CHANGE IN NET ASSETS. CONTRIBUTIONS ARE RECOGNIZED WHEN
PLEDGED BY THE DONOR. ALL OTHER REVENUES ARE RECOGNIZED WHEN EARNED.

#### SCHEDULE O

(F,orm 990)

# Supplemental Information to Form 990

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

Attach to Form 990

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or to provide any additional information.

Attach to Form 990.

Attach to Form 990.

Employer identification number 37-1420618

INDIANA CORN MARKETING COUNCIL	<u>37-1420618</u>
ASSESSMENTS RATABLY BASED ON THE TOTAL AMOUNT DUE ON JULY	1 OF EACH
YEAR. THE ORGANIZATION ACCRUES RESEARCH GRANTS IN WHICH T	HEY HAVE
MINIMAL INVOLVEMENT IN THE YEAR THE BOARD APPROVES THE GRA	NT FOR
FUNDING RATHER THAN AT THE TIME THE EXPENSES ARE INCURRED.	RESEARCH
GRANTS IN THE THE ORGANIZATION HAS SIGNIFICANT INVOLVEMENT	ARE EXPENSED
AS INCURRED. ALL OTHER EXPENSES ARE RECOGNIZED ON THE ACC	RUAL BASIS.
FORM 990, PART XI,LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR THE
OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT	ACCOUNTANT.
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
FORM 990, PART VI, LINE 15A AND 15B	
THE COUNCIL DOES NOT HAVE ANY EMPLOYEES. THE COUNCIL PAYS	A CONTRACTED
FEE TO THE INDIANA SOYBEAN ALLIANCE (ISA) FOR MANAGEMENT S	ERVICES
INCLUDING WORK PERFORMED BY ISA EMPLOYEES.	
FORM 990, PART VII, SECTION A	
THE COUNCIL DOES NOT HAVE ANY EMPLOYEES. THE COUNCIL PAYS	A CONTRACTED
FEE TO THE INDIANA SOYBEAN ALLIANCE (ISA) FOR MANAGEMENT ST	ERVICES
INCLUDING WORK PERFORMED BY ISA EMPLOYEES.	