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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)

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

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 2009 ca	alendar yea	ar, or tax year beginning $10/01/09$, and ending $09/30$	0/10				
В	Check if applicable		C Name of organization			D Emplo	oyer identification number	
	Address change	use IRS label or	MICHIGAN CORN GROWERS ASSOCIAT	иоп				
	Name change	print or	Doing Business As			38-	2551765	
\Box	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)		loom/suite	•	none number	
H	Termination	Specific	13750 SOUTH SEDONA PARKWAY	;	5		7-668-2676	
		Instruc-	City or town, state or country, and ZIP + 4		}	G Gross reco	eipts \$ 190,459	
닏	Amended return	tions.	LANSING MI 48906			11/=> 1- 45	for	
	Application pending	F Name	and address of principal officer			affiliat	a group return for es? Yes X No	
		Ì				H(b) Are al	l affiliates	
			•				attach a list. (see instructions)	
1	Tax-exempt statu	tus X	501(c) (6) ◀ (insert no) 4947(a)(1) or 527				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
j	Website: ▶ 1	N/A				H(c) Group	exemption number	
	Type of organization	n X Corp	oration Trust Association Other	L Year	r of formation	M State of legal domicile		
<u>F</u>	art I S	<u>Summar</u>	<u> </u>		·			
			e organization's mission or most significant activities					
9			, EDUCATION AND MARKETING OF CORN AND CORN					
nan	PROI	DUCTS						
4 201! Activities & Governance	2 Chook th	his box >	if the organization discontinued its operations or disposed of more tha	an 250/ af	ita not accota			
တို	l .		members of the governing body (Part VI, line 1a)	all 25 /6 Ol	ito rici assets	3	23	
رة ق م	l .	_	ndent voting members of the governing body (Part VI, line 1b)			4	23	
201	1	· ·	mployees (Part V, line 2a)			5	0	
Ç, L	1		olunteers (estimate if necessary)			6		
6	l .		ted business revenue from Part VIII, column (C), line 12			7a		
	b Net unre	elated bus	iness taxable income from Form 990-T, line 34			7b	0	
JAN				_	Prior Year		Current Year	
£ C)≗	1		grants (Part VIII, line 1h)	\vdash		2,968 9,994	95,775 48,136	
7.5	1		evenue (Part VIII, line 2g)	-		5,232	5,926	
SCA NINED	1		e (Part VIII, column (A), lines 3, 4, and 7d) art VIII, column (A), lines 5, 6d, 8c, 9c, 10c <u>, apd-1</u> 1e)			2,344	40,622	
4			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)			L,538	190,459	
Ù,						958	359,776	
	14 Benefits	s paid to or	r amounts paid (Part IX) column (A), line 1 3 (C)					
ģ	15 Salaries	s, other co						
enses	16a Professi	ional fundr	raising fees (Palitex) columnit(A), fine 11e)					
Expe	b Total fur	ndraising e	expenses (Part IX, column (D), line 25)	<u> </u>	,			
Ш	1 17 Other ex	xpenses (F	Part IX, column (A), lines T = 178 (1.14.24)	<u> </u>		5,614	147,656	
	18 Total ex	cpenses A	dd lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>		5,572	507,432	
	19 Revenue	ie less exp	enses Subtract line 18 from line 12	·	- 8 5 Beginning of Curr	5,034	-316,973 End of Year	
Assets or	20 Total as	ssets (Part	X line 16)	-		3,904	512,235	
Ass	21 Total lial	•	•			L,256	51,558	
Š	=1	•	I balances Subtract line 21 from line 20			7,648	460,677	
F	art II S	Signatur	e Block					
	Ur	Inder penalti	es of perjury, I declare that I have examined this return, including accompanying sched s true, correct, and complete. Declaration of preparer (other than officer) is based on a	edules and s	statements, and t	to the best o	of my knowledge	
	١.		Study, contest, and positional declaration of preparer (other than officer) is based on a	an miorinan	on or which prep	l	y kilowiedge	
Sig	-	*	147. FULL					
He	ere /	Signatur	14 E. Pollok, Executive Din	o at	^ ×	Date \	-10-11	
		Type or I	print name and title	e C.	<u> </u>		10-11	
				ate	Check II		Preparer's identifying number	
Pa	ומו	reparer's ignature		.2/01/	colf		(see instructions) P00020907	
	eparer's	-	ANDERSON, TUCKEY, BERNHARDT &	DOR		EIN	38-2475073	
Us		irm's name (self-employe	or yours		, - - - -	Phone		
	1	ddress, and					989-673-3137	
Ma	y the IRS discu	iss this reti	urn with the preparer shown above? (see instructions)			\sim	Yes No	
Fo		ind Papen	work Reduction Act Notice, see the separate instructions.			$\mathcal{I}(I)$	Form 990 (2009)	

Form 990 (2009) MICHIGAN CORN GROWERS ASSOCIATION 38-2551765

<u>Pa</u>	irt IV Checklist of Required Schedules		1	
			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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
		<u> </u>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
	complete Schedule D, Part III	- <u>°</u> -		
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,"	9		x
	complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		х
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		-
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	44		х
	VII, VIII, IX, or X as applicable	11		
•	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 related 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	<u> </u>	Х	┞
	Schedule D, Parts XI, XII, and XIII	12	<u>^</u>	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N	→		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	\lnot		. ,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		٠,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		٠,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		}	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			7.
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	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	 	X
<u>2</u> 0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

Pa	art 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	- 1		
	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	ļ	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		Х
24a	G Free Control of the	- {		
	\$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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<u> </u>	
d		24d	<u> </u>	
25a	(17)		1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			7.5
	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?			. v
00	If "Yes," complete Schedule L, Part III	27	-	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)		1	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		х
С	Schedule L, Part IV	28b	_	
·	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 more than \$25,000 in horr-cash contributions. If Tes, complete ochedule in	23		
•	Conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	100	<u> </u>	
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
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		х
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		<u>L</u>
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ļ	ĺ

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

Form 990 (2009) MICHIGAN CORN GROWERS ASSOCIATION Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 12 U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 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? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3b If "Yes," has it filed 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 X 4a account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 X organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? 7d d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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

DAA

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			
b	Enter the number of voting members that are independent 1b 23			
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?	<u>_2</u>		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			.
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	-	X
6	Does the organization have members or stockholders?	6	ļ. —	<u>├</u> ~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70		x
h	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
Ü	the year by the following			
а	The governing body?	8a	x	Ī
b	Each committee with authority to act on behalf of the governing body?	8b	x	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-32		_
•	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			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	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	<u> </u>	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	ļ	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	ļ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this is done	12c	├	
13	Does the organization have a written whistleblower policy?	13	-	X
14	Does the organization have a written document retention and destruction policy?	14	ļ	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?		1	
a	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	15b	 	<u> </u>
40-	• • • • • • • • • • • • • • • • • • • •			
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	1	х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	\vdash	 ^ -
b	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	İ	Ī
Sec	etion C. Disclosure		1	
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 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 financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JODY E. POLLOK-NEWSOM 13750 SOUTH SEDONA PARKWAY			
L	ANSING MI 48906	517-66	8-2	<u>67</u> 6

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		ate a	any c	urre	nt of	ficer,	dıre	ctor, or trustee		
(A) Name and Title	(B) Average hours per				k all t	hat ar		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	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)	other compensation from the organization and related organizations
SEE ATTACHED SCHE	DULE			_						
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		-	_	_	<u> </u>	-				

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and Title	(B) Average hours per	\vdash	$\overline{}$	_	k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	. ,	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)	other compensation from the organization and related organizations	
		<u> </u>	<u> </u>									
			_									
												
•												
					_							
						_						
			-		-	-						
1b	Total							•				
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in		
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1a services rendered to the organization and related or individual.	complete Schedu 1a, is the sum or ganizations great a receive or accru	ule J f repeter the	for sontab an \$ ompe	uch de co 150, ensat	indiv ompe 000? ion f	idual ensat If "Y	ion a 'es," any l	and other compensation from complete Schedule J for su unrelated organization for		3 X 4 X 5 X	
Sec 1	tion B. Independent Contractor Complete this table for your five		nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100.000 of		
	compensation from the organiz									(B) strong of services	(C) Compensation	
		-										
								ļ. <u>.</u>				
	·											
2	Total number of independent of more than \$100,000 in competitions.		_				to th	ose	listed above) who received		0	
DAA	more than wroo,000 in compet	loadon nom the C	, gai		VII						Form 990 (2009)	

	(2009) MICHIGAN CO		WERS ASSO	CLATION	38-2551765		Page
art V	III Statement of Reve	enue			(n)	(0)	(0)
				(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	•				function revenue	revenue	under sections 512, 513, or 514
0 1a	Federated campaigns	1a					
ь	Membership dues	1b					
c	Fundraising events	1c					.
1a b c d e f g h	Related organizations	1d	75,775				Ī
е	Government grants (contributions)	1e	20,000				į.
f f	All other contributions, gifts, grants,						‡
	and similar amounts not included above	1f					
g		-1f \$		05 775			•
<u> </u>	Total. Add lines 1a-1f		Pura Ocata	95,775			
ا .	ADVINIONDAMIN MEN	-	Busn. Code	48,136	48,136		
2a b	ADMINISTRATIVE FEES	5		40,150	10,130		
6							
ď							
e							
2a b c d e f	All other program service reve	nue					
9	Total. Add lines 2a-2f		•	48,136			
3	Investment income (including	dıvıdends, inte	erest, and				İ
	other similar amounts)		▶	5,926	5,926		
4	Income from investment of tax	c-exempt bond	proceeds -				- · · · · · · · · · · · · · · · · · ·
5	Royalties		() B				
	(i) Real		(II) Personal				
6a							
b	Less rental exps						
٦	Rental inc or (loss)		-	Ī			†
d 7a	Net rental income or (loss) Gross amount from (i) Securitie	es	(II) Other				
1	sales of assets other than inventory		(4)	1			
Ь,	Less cost or other			1			
~	basis & sales exps			‡			
c	Gain or (loss)			1			-
	Net gain or (loss)		•				
8a	Gross income from fundraising eve	ents					
	(not including \$			1			
b	of contributions reported on line 10	;)		1			
.	See Part IV, line 18	a		1			
b	Less direct expenses	ь[1			1
C	Net income or (loss) from fund		s >				
9a	Gross income from gaming activiti			1			
1.	See Part IV, line 19	a		1			1
	Less direct expenses	bd					
	Net income or (loss) from gan Gross sales of inventory, less						
iva	returns and allowances	a		1			1
h	Less cost of goods sold	ъ <u> — </u>		1			
- 1	Net income or (loss) from sale		•	1			<u> </u>
	Miscellaneous Revenu		Busn. Code				
11a	MEMBERSHIP INCOME			52,767	52,767		
b				6,000	6,000		
C				3,910	3,910		
d	All other revenue			-22,055	-22,055		
е	Total. Add lines 11a-11d		>	40,622			
12	Total Revenue. See instruction	ons	▶	190,459	94,684		0

MICHIGAN CORN GROWERS ASSOCIATION Form 990 (2009)

Statement of Functional Expenses Part IX

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

	All other organizations must be				(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	354 55	353 55		
	organizations in the U.S. See Part IV, line 21	359,776	359,776		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		··		
5	Compensation of current officers, directors,			Ì	
_	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 11	Payroll taxes Fees for services (non-employees)				
11	, , , ,				
	Management Legal				
b	Accounting	2,020		2,020	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,068		8,068	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E 055		7 077	
19		7,977		7,977	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		· · · · · · · · · · · · · · · · · · ·		
24	Other expenses Itemize expenses not				
44	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	MEMBERSHIP EXPENSE	37,928		37,928	
b	ADMINISTRATIVE CHARGES	25,000		25,000	
C	MISCELLANEOUS	21,288		21,288	
d	SCHOLARSHIPS	12,903		12,903	
θ	EDUCATIONAL	10,400		10,400	
f	•	22,072		22,072	
25	Total functional expenses. Add lines 1 through 24f	507,432	35 <u>9,776</u>	147,656	
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u> </u>		l <u> </u>	Form 990 (2009)
· ·					(2003)

Form 990 (ASSOCIATION	38-2551/65		Page 11
Part X	Balance Sheet				
			(A) Beginning of year		(B) End of year
	Oach man attack have		243,416	1	73,429
	Cash—non-interest bearing		243,410	 	215,889
	Savings and temporary cash investments		3	213,009	
	Pledges and grants receivable, net	619,378		200,157	
1	Accounts receivable, net		019,376	4	200,137
1	Receivables from current and former officers, directors, tri				
1	employees, and highest compensated employees. Comple		ا ۔ ا		
	Schedule L		5		
1	Receivables from other disqualified persons (as defined u				
1	4958(f)(1)) and persons described in section 4958(c)(3)(B	İ	ا , ا		
<u>v</u> _	Part II of Schedule L		6		
%	Notes and loans receivable, net			7	
A AS	Inventories for sale or use		16,110	8	22,760
` 9	Prepaid expenses and deferred charges	1 [10,110	9	22,700
	Land, buildings, and equipment cost or				
	other basis. Complete Part VI of Schedule D	10a			
	Less accumulated depreciation		10c		
	Investments—publicly traded securities		11		
	Investments—other securities See Part IV, line 11			12	
	Investments—program-related See Part IV, line 11			13	
	Intangible assets			14	
1	Other assets See Part IV, line 11		978 004	15	E12 22E
	Total assets. Add lines 1 through 15 (must equal line 34)		878,904	16	512,235
	Accounts payable and accrued expenses		-	17	
	Grants payable		101,256	18	51,558
	Deferred revenue		101,250	 	51,556
	Tax-exempt bond liabilities	0.1.1.5		20	·, - ··-
.≌ ।	Escrow or custodial account liability. Complete Part IV of			21	
₹ 22	Payables to current and former officers, directors, trustees	•			
ia b	employees, highest compensated employees, and disqua	ilitiea	į.		
	persons Complete Part II of Schedule L			22	
	Secured mortgages and notes payable to unrelated third p			23	
	Unsecured notes and loans payable to unrelated third par	Ties		24	
1	Other liabilities Complete Part X of Schedule D		101,256	-	51,558
	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 【※ ■ Total liabilities. Add lines 17 through 25	and	101,230	20	31,330
Ψ 1	complete lines 27 through 29, and lines 33 and 34.	allu			
<u>E</u> 27	Unrestricted net assets		240,653	27	289,319
Ba 28	Temporarily restricted net assets		536,995		171,358
D 29	Permanently restricted net assets		3307333	29	
Š 23	Organizations that do not follow SFAS 117, check her	~ ► □		23	
Ľ	and complete lines 30 through 34.				
ටි ග 30	Capital stock or trust principal, or current funds		30		
S 31	Paid-in or capital surplus, or land, building, or equipment t		31	_	
8 3	•				
A 32	Total net assets or fund balances	outer funds	777.648		460,677
S 34					512,235
33	Total net ass	_		ets or fund balances 777,648	ets or fund balances 777, 648 33

Form **990** (2009)

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

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 2009

Open to Public Inspection

Employer identification number

38-2551765 MICHIGAN CORN GROWERS ASSOCIATION 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? 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 Preservation of certified historic structure Protection of natural habitat 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 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 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 No 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009 MICHIGAN C	ORN GROWERS	ASSOCIATIO	N 38-25	51765		Page 2	
	rt III Organizations Maintaining C	Collections of Art,	Historical Treas	ures, or Other S	imilar Assets (d	continued)		
3	Using the organization's acquisition, accession, a collection items (check all that apply)							
а	Public exhibition	d Loan	or exchange program	s				
b	Scholarly research	e Other						
c	Preservation for future generations	·						
	<u> </u>	tions and evolute how th	ov further the organize	ation's evernt numos	se in			
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	e maintained as part of the	ne organization's collei	ction?		Yes [No	
	rt IV Escrow and Custodial Arrar IV, line 9, or reported an amo	ount on Form 990,	Part X, line 21.		Yes to Form 99	υ, Ραπ		
1a	Is the organization an agent, trustee, custodian of	or other intermediary for	contributions or other	assets not			٦	
	included on Form 990, Part X?					Yes _	_j No	
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table.		Г	A		
					<u> </u>	Amount		
C	Beginning balance				1c			
d	Additions during the year				1d			
6	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?				Yes _	No	
***************************************	If "Yes," explain the arrangement in Part XIV.		1 40 4 19 1	E 000 B	D / C = 40			
Pa	rt V Endowment Funds. Comple							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
6	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance			<u> </u>		<u> </u>		
2	Provide the estimated percentage of the year er	nd balance held as						
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶%							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered for the		<u></u>		
	organization by	·				Yes	No_	
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sche	edule R?			3b		
4	Describe in Part XIV the intended uses of the or							
P#	art VI Investments—Land, Buildir	ngs. and Equipme	nt. See Form 990), Part X, line 10	•			
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value	,	
		(investment)	basis (other	r) depr	reciation			
	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
		I Form 000 Port V col	ump (B) line 10(e))					

WORTH VII INVOSTMENTE ITREF SECTIFITIES SEE FORM WILL	Part X line 12	38-2551765	Page 3
Part VII Investments—Other Securities. See Form 990, (a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	, ,	Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-yea	r market value
<u></u>			
			
	· · · · · · · · · · · · · · · · · · ·		

	*		
······································			· · · · · · · · · · · · · · · · · · ·
Total (Column /h) must equal Form 990 Part Y col (R) line 13 \			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets, See Form 990, Part X, line 15.			
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability		•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value

organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 MICHIGAN CORN GROWERS ASSOCIA			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	190,459
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	507,432
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-316 <u>,</u> 973
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-316,973
	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	190,459
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	_{2a}		
b		2b	7 1	
c	Recoveries of prior year grants	2c	1 1	
d		2d	1 1	
9	Add lines 2a through 2d	10	2e	
3	Subtract line 2e from line 1		3	190,459
4		1 1	"	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV)	4b	┨╻	
	Add lines 4a and 4b		4c	100 450
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	and Mith The angle and	5	190,459
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ients with Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	507,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a	Donated services and use of facilities	_2a	-	
þ	Prior year adjustments	2b	-	
C	Other losses	_2c	-	
d	Other (Describe in Part XIV.)		-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1)	3	507,432
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	4a	_	
b	Other (Describe in Part XIV)	4b	」	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	507,432
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	s 2d and 4b Also complete		
hıs p	art to provide any additional information			
		· 		
	 ~ 			
		· = = -		· – -

Sche	dule (D (Fo	rm 99	0) 200	9	M]	СH	IG	AN	COR	N G	RO	WEI	RS	ASS	SOC	[A]	rio	N	3	8-2	551	<u> 765</u>				Page 5
Pa	rt X	IV	Sup	pler	nen	tal I	Info	rma	tion	(con	tinue	ed)															
		_	- ;		_	_			- –	_		-		_			_			-				_	_	 _	
	- –	_			_	_	– ·			_		-	_	_			_	- ·						· –	_	 _	
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

2009

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Yes X

OMB No 1545-0047

Open to Public Inspection Employer Identification number 38-2551765 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. MICHIGAN CORN GROWERS ASSOCIATION General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Parti

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?

Part II	Grants and Other Assistance to Governments and Or	ernments and	d Organiz	ganizations in the United States. Complete if the organization answered "Yes" to	ted States. Comp	lete if the orga	nization answe	red "Yes" to	
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ipient that rec if additional sp	seived mo pace is ne	ore than \$5,000. C seded	heck this box if no	o one recipient	received more	than \$5,000. Use	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	<u> </u>
KETTERI	KETTERING UNIVERSITY								
1700 W.	1700 W. THIRD AVE.								
FLINT	MI 48504			13,350					
MICHIGA	MICHIGAN STATE UNIVERSITY								
301 ADM	301 ADMINISTRATION BUILDING								
EAST LANSING	ANSING MI 48824			135,063					
MUSKEGC	MUSKEGON COMMUNITY COLLEGE								
221 S.	221 S. QUARTERLINE RD.								
MUSKEGON	ON MI 49442			6,800					
AMERIFUELS	JELS								
124 W 2	124 W 25TH STE#B2								
KEARNEY	r NE 68847			7,500					
WAYNE 5	WAYNE STATE UNIVERSITY								
5050 AA	5050 ANTHONY WAYNE DR.								
DETROIT	r MI 48202			119,543			1		
MISSISE	MISSISSIPPI STATE UNIVERSITY								
449 HARDY RD	RDY RD.								
MISS STATE	FATE MS 39762			8,625					
SAGINAN	SAGINAW VALLEY STATE UNIVERSITY								
7400 BA	7400 BAY ROAD								
SAGINAW	WI 48710			8,895					
WORKING BUGS,	3 BUGS, LLC								
16647 C	16647 CHANDLER RD.								
EAST LANSING	ANSING MI 48823			56,250					
				,					

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 38-2551765 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant Schedule I (Form 990) 2009 MICHIGAN CORN GROWERS ASSOCIATION (b) Number of recipients (a) Type of grant or assistance Part III

Part IV

Schedule I (Form 990) 2009

SCHEDULE O (Form 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

MICHIGAN CORN GROWERS ASSOCIATION

Employer identification number 38-2551765

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY MANAGEMENT AND APPROVED BY BOARD

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST

620600 12/01/201	IO 11 44 AM	•	•			•				
	20	Special Events Schedule								
Form 99	90	For calendar year 2009, or	tax vear beginning	10/01/09	and ending 09	/30/10	2009			
Name				• • •			ntification Number			
MICHIG	AN COR	N GROWERS ASSO	CIATION			38-2551	765			
		(A)	(B)	(C)	Others		Total			
Gross receipt	s	16,706	15,638	2,725	5	0	35,069			
Less contrit		0	0	0		0	(
Gross revenu	е	16,706	15,638	2,725	5	0	35,069			
Less direct	expenses	29,937	13,267	15,270		0	<u>5</u> 8,474			
Net income (l	oss)	-13,231	2,371	-12,545	5	0	-23,40			
Description	(A)	RACING SOCIA	AL EVENT							
	(B)	GOLF OUTING								
	(C)	ANNUAL MEET	NG							
	(-)									
	Others									
		···								
										
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35,069

35,069 58,474 -23,405

MICHIGAN CORN GROWERS ASSOCIATION 2010 BOARD MEMBERS

NAME	CONTACT NUMBERS	DISTRICT	TERM EXPIRES	TERM SERVING
Kenneth Blaauw (Karen)	(269) 792-6930 (Home)			
2874 13th St.	(269) 509-7833 (Cell)	6	2013	1
Shelbyville, MI 49344	kenblaauw@hotmail.com			
Russell Braun	(989) 834-5742 (Home)	Climton Co	Elasta d	_
1774 S. Shepardsville Rd.	(989) 277-5265 (Cell)	Clinton Co.	Elected	
Ovid, MI 48866	russellbraun@hughes.net	President	Mar. 2010	
Ed Breitmeyer (Brenda)	(231) 263-5846 (Home/Office)			
President	(231) 590-2729 (Mobile)		2011	1
8881 Davis Road	(231) 263-5846 (Fax – Call First)	1	2011	1
Buckley, MI 49620	carrouselfarm@earthlink.net			
Dan Cable (Denise)				
Cable Farms	(734) 216-5840 (Office/Cell)			
13795 Ostrander Rd	(734) 529-8427 (Fax)	District 8	2013	1
Maybee, MI 48159-9786	dcable@stewartseeds.com			
Matt Cary	(989) 239-0286 (Cell)			
Cary's Pioneer Farm	(989) 463-2372 (Work)			
3977 N. Bliss Rd.	(989) 463-2312 (Home)	2	2011	1
Alma, MI 48801-9585	matthewdcary@yahoo.com			
John DiMartini (Nancy)	(419) 891-6491 (Office)			
The Andersons, Inc.	(419) 349-8702 (Cell)			
P. O. Box 119	• • • • • • • • • • • • • • • • • • • •	Industry	2012	2
	(419) 897-6712 (Fax)	·		
Maumee, OH 43537	john_dimartini@andersonsinc.com			
Tom Durand (Daphne)	(810) 404-4888 (Cell)			
Chairman	(810) 679-4888 (Home & Fax)	At-Large	2013	3
1725 Aitken Road	aitkenacres@airadv.net	111 241.60	20.3	J
Croswell, MI 48422				
Steve Errer (Diane)	(989) 874-5187 (Home)			
3820 North Van Dyke	(989) 550-3357 (Cell)	3	2012	2
Filion, MI 48432	sderrer@centurylink.net			
Pat Feldpausch (Becky)	(517) 202-5894 (Cell)			
2858 S. Bauer Road	(989) 593-3464 (Home)	1	2011	3
	(989) 593-2703 (Fax)	4	2011	3
Fowler, MI 48835	patfeldpausch@gmail.com			
Alvin Ferguson (Deborah)	(810) 395-7512 (Home)			
15943 Almont Road	(586) 531-8497 (Cell)	5	2011	1
Allenton, MI 48002-2907	alvinferguson@fergusonfarms.net			
Jim Gillispie				
11632 King Road	(517) 206-1386 (Cell)	7	2013	2
Concord, MI 49237	(517) 524-8512 (Home)	•	20.5	_
Dr. Kelvin Grant	· · · · · · · · · · · · · · · · · · ·			
Pioneer Hi-Bred Int'l Inc.	(989) 285-3132 (Work)			
1635 N Wisner Rd	(989) 620-4291 (Cell)	Industry	2013	1
Ithaca, MI 48847-9440	kelvin.grant@pioneer.com			
Tony Igl (Jeanie)	(517) 628-2050 (Work)			
4885 W. Barnes Rd.	, ,	Λ	2012	1
	(517) 628-3568 (Home)	4	2013	i
Mason, MI 48854	Tjigl@cablespeed.com			
Mark Kies (Sheryl)	(517) 869-2158 (Home)	Hillsdale Co.	2011	•
5551 Thompson Road	(517) 398-0705 (Cell)	President & 7	2011	2
Allen, MI 49227	mjkies72@hotmail.com			

Loren Koeman (Dana)	(616) 458-5212 (Work)			
Secretary	(616) 437-7830 (Cell)	6	2012	1
80 Ottawa Ave. NW, #308	(616) 235-3171 (Fax)	6	2012	ì
Grand Rapids, MI 49503	lorenk@koemangroup.com			
Brian Kreps	(734) 777-8159 (Cell)	Manna Ca	Elected	
1366 West Stein Road	(734) 269-6342 (Office/Fax)	Monroe Co.		
LaSalle, MI 48145	bak531@yahoo.com	President	Mar. 2006	
Scott Lonier (Stephanie)	(517) 719-5641 (Cell)			
Treasurer	(517) 626-2391 (Work)	8	2013	1
8415 Doe Pass	(517) 627-5808 (Home)	O	2013	1
Lansing, MI 48917	scottlonier@core.com			
Richard Maurer (Barbara)	(989) 479-9458 (Home)			
5319 Rapson Rd	(989) 550-4821 (Cell)	3	2013	1
Harbor Beach, MI 48441	(909) 330-4021 (CCII)			
Scott Millor (Jane)	(517) 204-2894 (Cell)			
Scott Miller (Jane) 6757 Warren Rd.	(989) 862-5055 (Home)	At-Large	2011	1
	(989) 862-5055 (Fax-Call First)	At-Large	2011	1
Elsie, MI 48831	sjm@mutualdata.com			
Don Morse (Helen)	(989) 239-2791 (Cell)	Sacinaw Ca	Elected	
7800 Burt Road	(989) 624-9879 (Work)	Saginaw Co.		
Birch Run, MI 48415	(989) 624-5430 (Home)	President	Mar. 2010	
Dennis Quandt (Lori)	(212) 278 5202 (055-2)	Caullas Ca	Flootod	
3600 Prentice Rd	(313) 378-5303 (Office)	Sanilac Co.	Elected	
Peck, MI 48466	(313) 378-5226 (Home)	President	Sept 2008	
Jeff Sandborn (Kelly)	(517) 204-3637 (Cell)			
Vice President	(517) 647-4449 (Office)	A + I a # a a	2012	2
10227 Keefer Highway	(517) 647-5559 (Home)	At-Large	2012	2
Portland, MI 48875	jeff@sandbornfarms.com			
Tom Ziel (Anne)	(989) 553-4046 (Cell)	Huron Co.	Elected	
1660 Maxwell Road	ltzfarms@gmail.com	President	Dec. 2005	
Pigeon, MI 48755	itziainis@ginan.com	President	Dec. 2003	
Jody E. Pollok-Newsom (Brett)	888-323-6601 (Toll Free)			
Executive Director	(517) 668-2676 (Office)	(517) 490-028	n (Call)	
657 E. Winegar Road	(517) 625-6061 (Home)		ct - 131*21501	1 * 1
Morrice, MI 48857	(517) 668-2670 (Fax)	Direct Connec	151 21501	1 1
	jpollok@micorn.org			
	EX-OFFICIO MEMBERS			
Clark Gerstacker (Jennifer)	(989) 615-3133 (Cell)			
Gerstacker Farms	(989) 835-6074 (Home)	National Corn	Roard	
2319 N. Waldo	(989) 832-3233 (Office)	CMPM Presid		
	cgerstacker@charter.net	CIVIL IVI FIESIU	CIII	
Midland, MI 48642	egerstacker@charter.net			
Dr. James Kells, Acting Chair	(517) 355-0271 x1226 (Office)			
Crop & Soil Sciences Dept.	(517) 353-5174 (Fax)	MSU Represe	ntative	
468 Plant & Soil Science Bldg.	kells@msu.edu		-	
East Lansing, MI 48824-1325				