

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0047

2009

DLN: 93493045011861

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

<b>B</b> Che		pplicable Please	r, or tax year beginning 10-01-2009 a  C Name of organization MARYLAND GRAIN PRODUCERS	<u>-</u>		D Employer i	dentification number
Address change use IRS label or print or UTILIZATION BOARD INC  Doing Business As					52-17520 <b>E Telephone</b>		
		type. See	55 <b>g</b> 5466557.6			(410) 956	
∏ Initi □ -		Instruc-	Number and street (or P O box if mail is not 53 SLAMA ROAD	delivered to street address	) Room/suite		ts \$ 1,140,527
∏ Terr ∏ Am∈			City or town, state or country, and ZIP + 4				
		n pending	EDGEWATER, MD 210371423				
			l ne and address of principal officer		<b>H(a)</b> Is th	l Is a group retu	ırn for
			R GORDON PRESIDENT MA ROAD		affilia		⊤Yes <b>√</b> No
			/ATER, MD 210371423		H(b) Are al	l affiliates inclu	uded?
<b>T</b> Tax	r-exem	nnt status 🔽 501/c	(5) ◀ (insert no )	27			st (see instructions)
		: ► WWW MARYLA		21	H(c) Grou	ıp exemption i	number 🟲
			on	l	I Van af fa		M Ctata of local democals
			ion   Trust   Association   Other		L Year of fo	rmation 1992	<b>M</b> State of legal domicile MD
Par		Summary	e organization's mission or most signific				
Governance		THE MARYLAND OF THE PROFITABIL AGRICULTURE U	GRAIN PRODUCERS UTILIZATION BO ITY OF MARYLAND GRAIN PRODUCT SING CHECKOFF INVESTMENTS TO S LIZATION OF GRAIN	DARD WAS ESTABLIS TION AND TO IMPRO	VE PUBLIC	UNDERSTAN	DINGOF
ove							
		,	if the organization discontinued its op				
Activities &		_	nembers of the governing body (Part VI				3 <u>1</u> 4 1
Ĭ			dent voting members of the governing background to the solution of the governing background to the desired the solutions of the governing background to the solutions of the governing background the solutions of the governing background to the governing background to the governing background to the governing background the governing background to the governing background the government of the go				4 <u>1</u>
र्			lunteers (estimate if necessary)				62
	7a	Total gross unrela	ted business revenue from Part VIII, co			7a	
	ь	Net unrelated bus	ness taxable income from Form 990-T,			7b	
		C	d arranta (Dant WIII dua dib)		Prio	r Year	Current Year
ē	8 9		d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)			20,208	162,086 962,012
Ravenue	10		ne (Part VIII, column (A), lines 3, 4, ar			822	16,429
걒	11		art VIII, column (A), lines 5, 6d, 8c, 9c				C
	12		dd lines 8 through 11 (must equal Part				1,140,527
	13		ır amounts paıd (Part IX, column (A), lır			1,120,477	827,929
	14		r for members (Part IX, column (A), line	•		,	C
ی	15	,	mpensation, employee benefits (Part I	X, column (A), lines 5-			
Expenses	16a	10)	raising fees (Part IX, column (A), line 1	1 a )			C
<b>⊕</b>	b		enses (Part IX, column (D), line 25) $\blacktriangleright^0$	16)			
<u> </u>	17		Part IX, column (A), lines 11a-11d, 11			145,306	150,863
	18	Total expenses	Add lines 13–17 (must equal Part IX, c	olumn (A), line 25)		810,716	978,792
	19	Revenue less exp	enses Subtract line 18 from line 12 .			309,761	161,735
Not Assets or Fund Balances						g of Current 'ear	End of Year
See See	20	Total assets (Pa	t X, line 16)			1,513,638	1,675,373
P P P	21	Total liabilities (f	Part X, line 26)				0
	22		d balances Subtract line 21 from line 2	20		1,513,638	1,675,373
1	t II	Signature Bl	<b>DCK</b> ηury, I declare that I have examined this return	uncluding accompanying s	chedules and s	tatements and t	o the hest of my knowledge
rell		Under penalties of ne		, including accompanying 3			
rall			correct, and complete Declaration of preparer (	other than officer) is based	on an imonnac	ion or which prep	arer nas any knowledge
Sign			correct, and complete Declaration of preparer (o	other than officer) is based	1	02-09	arer nas any knowleage
Sign Here		****** Signature of office	correct, and complete Declaration of preparer (correct, and correct, a	other than officer) is based	2011-		arer nas any knowleage
Sign		****** Signature of office  LYNNE HOOT EXE Type or print name	correct, and complete Declaration of preparer (control of preparer (cont	,	2011- Date	02-09	
Sign Here		****** Signature of office LYNNE HOOT EXE Type or print nam	correct, and complete Declaration of preparer (control of preparer (cont	te Ch 11-02-14 se	2011- Date neck if	02-09	ntıfyıng number
Sign Here	2	and belief, it is true,  ******  Signature of office  LYNNE HOOT EXE Type or print nam  Preparer's signature  THADI  Firm's name (or your	CUTIVE DIRECTOR e and title DEUS N TOAL CPA Declaration of preparer (or preparer (o	te Ch 11-02-14 se	2011- Date	Preparer's ider (see instructio	ntıfyıng number
Sign	e arer's	****** Signature of office LYNNE HOOT EXE Type or print nam  Preparer's signature THADI	CUTIVE DIRECTOR e and title DEUS N TOAL CPA Declaration of preparer (or preparer) Declaration of preparer (o	te Ch 11-02-14 se	2011- Date neck if	02-09  Preparer's ider	ntıfyıng number

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MARYLAND GRAIN PRODUCERS UTILIZATION BOARD WAS ESTABLISHED IN 1991 ITS MISSION IS TO INCREASE THE PROFITABILITY OF MARYLAND GRAIN PRODUCTION AND TO IMPROVE PUBLIC UNDERSTANDING OF AGRICULTURE USING CHECKOFF INVESTMENTS TO SUPPORT PROMOTION, EDUCATION, AND RESEARCH RESULTING IN GREATER UTILIZATION OF GRAIN

2		tion undertake any significant pro 90 or 990-EZ?	ogram services during the year wh		es 🔽 No
	If "Yes," describ	e these new services on Schedul	e O		
3	services? .		ıgnıficant changes ın how it condu		es 🔽 No
	If "Yes," describ	e these changes on Schedule O			
4	Section 501(c)(	3) and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are r enue, if any, for each program serv	equired to report the amount o	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	EXPAND THE UTIL PROGRAMS AND P PRODUCER WHO	IZATION AND PROFITABLITY OF GRAIN PI PUBLIC RELATIONS ACTIVITIES TO EXPAN REQUESTS A REFUND A PRODUCER MAY	(MGPUB) PROVIDES GRANTS TO CONDUC RODUCTION MGPUB USES GRANT FUNDS O THE USE OF GRAINS MGPUB IS REQUIR REQUEST TO HAVE 50 FOR 1 YEAR OR 1: DN FOR MEMBERSHIP, SO HE/SHE CAN RE	TO EXPAND THE USE OF ETHANOL M RED TO RETURN CHECKOFF FUNDS C 25 FOR 3 YEARS OF HIS/HER CHECK	GPUB CONDUCTS OLLECTED TO ANY GRAIN OFF MONEY TO BE
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program	services (Describe in Schedule	0 )		
	(Expenses \$	•	•	) (Revenue \$	)
4e	Total program	service expenses <b>⊳</b> \$			

Part TV	Checklist	of Re	auired	Schedule	

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11		No
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
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 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		Νo
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		Νo
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νo
36	<b>Section 501(c)(3) organizations.</b> 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		Νο
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	Yes	

Part V State	ements 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			
	Tatantha number of Forms W. 2C maladad in last 1a. Enter C. days a supleable			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<del>1</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

53 SLAMA ROAD EDGEWATER, MD 21037

(410) 956-5771

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

Sa	ection A. Governing Body and Management				
36	ction A. Governing body and Hanagement			Yes	N.
		ſ		res	No
1a	Enter the number of voting members of the governing body 1a	17			
b	Enter the number of voting members that are independent 1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business	tionship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or und		3		
4	supervision of officers, directors or trustees, or key employees to a management company or o Did the organization make any significant changes to its organizational documents since the pi	·			No
_	filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's	assets?	5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or mo governing body?		7a		Νo
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other	erpersons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertyear by the following	aken during the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno	ŀ		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo
	ction B. Policies (This Section B requests information about policies not required	by the Internal			
ке	venue Code.)			V	N-
		1		Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		No
ь	If "Yes," does the organization have written policies and procedures governing the activities of 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 be	fore filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this is done	cy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
			14	Yes	
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and app		14	res	
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	tion and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, 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 a taxable entity during the year?		16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to 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?	<u> </u>	16b		
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and (3)s only) available for public inspection. Indicate how you make these available. Check all that Own website. A nother's website.				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume interest policy, and financial statements available to the public See Additional Data Table	nts, conflict of			
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of th	e orga	nızatıor	<b>)</b>
	LYNNE HOOT				

# Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(B) (C) verage Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Officer Institutional Trustee Individual trustee or chrector		Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page <b>8</b>
<b>1</b> b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm <b>99</b> 0	(2009)

Form 9								Page <b>9</b>
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
蒜菇	1a	Federated cam	paigns 1a					
호프	Ь	Membership du	ies <b>1b</b>					
કે. સ	c	Fundraising eve	ents <b>1c</b>					
<u>₩</u>	d	Related organiz	zations 1d					
ěŒ.	e	Government grant	s (contributions) <b>1e</b>	162,086				
ıtío er ∢	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contr	ibutions included in					
돌	h		s 1a-1f	▶	162,086			
<u>Q 48</u>	<b>⊢"</b>	iotai. Aud iiile:	5 14-11		102,000			
E E	2a	CHECKOFF PAYME	INTS	Business Code	962,012	962,012		
ever	Ь	CHECKOTT FATRE			962,012	962,012		
or GE	c							
r ve	d	_						
Ž.	e							
<u> </u>	f	All other progra	am service revenue					
Program Service Revenue		Total Adding	s 2a-2f		962,012			
	g 3		ome (including divident	+	962,012			
			ar amounts)	· · ·	16,429			16,429
	4	Income from inves	stment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties .						
	l_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
	Ь	than inventory Less cost or						
	-	other basis and sales expenses						
	c	Gain or (loss)						
	d		ss)	►				
une	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18					
her	ь	Less direct ex	penses b					
2	с		(loss) from fundraising (	events 🗠				
	9a		rom gaming activities					
	ь	Less directev	penses b					
	c		(loss) from gaming activ	vities►				
	10a	Gross sales of returns and allo	owances .					
	ь	less costofa	a oods sold b					
	c		(loss) from sales of inve	entory 🛏				
		Miscellaneou		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	▶				

1,140,527

962,012

### Part IX Statement of Functional Expenses

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

Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	817,351			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,578			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	47,172			
b	Legal	453			
c	Accounting	3,500			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	8,522			
14	Information technology				
15	Royalties				
16	Occupancy	600			
17	Travel	12,239			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	REFUNDS OF CHECKOFFS	64,127			
b	SUPPLIES	8,658			
c	BOARD MEETINGS	5,592			
d		-,-32			
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	978,792	0	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2	370,132	ľ		
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 513.638 917.864 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1,000,000 2 757,509 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 9 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 1.513.638 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1.675.373 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 26 0 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.239.379 1,675,373 27 Unrestricted net assets . . . . 27 28 274.259 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 1,513,638 33 33 1,675,373 34 Total liabilities and net assets/fund balances . . . . . 1.513.638 1.675.373 34

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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  Separate basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493045011861 OMB No 1545-0047

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

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

**Inspection** 

Name of the organization						Employer identification	on number
MARYLAND GRAIN PRODUCERS UTILIZATION BOARD INC						52-1752000	
Part I General Information	on Grants and	l Assistance					
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organizat</li> </ul>	rd the grants or as	sistance?			-	•	✓ Yes
Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table					·		

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MARKET DEVELOPMENT	1	10,578			
See Additional Data Table					

Part IV Suppleme	ental Information. Complete t	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES		THE ORGANIZATION REQUIRES ALL GRANT RECIPIENTS TO PREPARE FINAL REPORTS DOCUMENTING THE RESULTS OF THEIR RESEARCH, EDUCATION, AND MARKET DEVELOPMENT ACTIVITIES, THIS INFORMATION IS CONVEYED TO THE MARYLAND GRAIN PRODUCERS IN SUMMARY FORM AT LEAST TWICE ANNUALLY WITH THE FULL INFORMATION AVAILABLE ON REQUEST
<u> </u>		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045011861

OMB No 1545-0047

2009

Open to Public Inspection

### **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.

Name of the organization MARYLAND GRAIN PRODUCERS UTILIZATION BOARD INC

**Employer identification number** 52-1752000

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MARY LAND GRAIN PRODUCERS UTILIZATION BOARD WAS ESTABLISHED IN 1991 ITS MISSION IS TO INCREASE THE PROFITABILITY OF MARY LAND GRAIN PRODUCTION AND TO IMPROVE PUBLIC UNDERSTANDING OF A GRICULTURE USING CHECKOFF INVESTMENTS TO SUPPORT PROMOTION, EDUCATION, AND RESEARCH RESULTING IN GREATER UTILIZATION OF GRAIN
FIRST A CHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	RECEIVE EDUCATIONAL UPDATES ON THE CHECKOFF PROGRAM
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	MGPUB WILL DISCLOSE ITS COMPLETED FORM 990 TO THE MGPUB BOARD FOR REVIEW PRIOR TO FILING THE FORM 990 WITH THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EACH BOARD MEMBER WILL BE ASKED TO SIGN A BOARD CODE OF CONDUCT THAT ASK THEM TO DISCLOSE ANY POTENTIAL CONFLICTS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE MGPUB OFFICERS SET THE BASE CONTRACTUAL FEE FOR THE EXECUTIVE DIRECTOR BASED ON EXPERIENCE, QUALIFICATIONS, SKILLS, LEADERSHIP, COMMUNICATION ABILITY AND INDUSTRY STANDARDS THE MGPUB OFFICERS CONDUCT AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR WITH INPUT FROM THE FULL BOARD TO DETERMINE ANY INCREASE IN BASE FEE BASED ON LEADERSHIP, COMMUNICATION, DECISION MAKING, ACCOUNTABILITY AND OTHER FACTORS AS DEEMED NECESSARY
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	MGPUB CONTRACTUAL STAFF COMPENSATION INCLUDES BASE FEES DETERMINED BY AN EVALUATION PROCESS OVERSEEN BY THE EXECUTIVE DIRECTOR BASE FEES AND THE RANGE FOR MERIT RAISES ARE SET BY THE MGPUB EXECUTIVE DIRECTOR BASED ON JOB RESPONSABILITIES, EXPERIENCE QUALIFICATIONS AND INDUSTRY STANDARDS IN EVALUATING POTENTIAL MERIT RAISES, THE EXECUTIVE DIRECTOR ANNUALLY WILL LOOK AT A VARIETY OF SKILLS AND FACTORS INCLUDING BUT NOT LIMITED TO LEADERSHIP ABILITIES, KNOWLEDGE OF THE ASSOCIATION AND INDUSTRY, COMMUNICATION AND DECISION MAKING ABILITIES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST

# Software ID: Software Version:

**EIN:** 52-1752000

Name: MARYLAND GRAIN PRODUCERS UTILIZATION BOARD INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(( tion ( that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WALTER GORDON PRESIDENT	2 00	X		X				0	0	0
ROBERT GARRETT V PRESIDENT	1 00	X		X				0	0	0
CHARLES OTTO TREASURER	2 00	X		X				0	0	0
STEVE ERNST SECRETARY	1 00	Х		X				0	0	0
ROBERT HUTCHINSON MEMBER	1 00	Χ						0	0	0
JAMIE JAMISON MEMBER	1 00	Х						0	0	0
CHIP BOWLING MEMBER	1 00	Х						0	0	0
BUBBY NORRIS MEMBER	1 00	Х						0	0	0
JASON SCOTT MEMBER	1 00	Х						0	0	0
KEVIN ANDERSON MEMBER	1 00	Х						0	0	0
ZEKE COLLINS MEMBER	1 00	Х						0	0	0
PAUL SPIES MEMBER	1 00	Х						0	0	0
TOM GANNON MEMBER	1 00	Х						0	0	0
MARION WILSON MEMBER	1 00	Χ						0	0	0
LA WRENCE MEEKS MEMBER	1 00	Х						0	0	0
CHIP COUNCELL MEMBER	1 00	Х						0	0	0
MARK POWELL NON-VOTE MEM	1 00	Х						0	0	0
ROBERT KRATOCHVIL NON-VOTE MEM	1 00	X						0	0	0
CHARLES MORRIS NON-VOTE MEM	1 00	X						0	0	0
ALLEN DAVIS NON-VOTE MEM	1 00	X						0	0	0

Software ID:

**Software Version:** 

**EIN:** 52-1752000

Name: MARYLAND GRAIN PRODUCERS

UTILIZATION BOARD INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND OFFICE OF THE CONTROLLER CHESAPEAKE BLDG RM 4101 COLLEGE PARK, MD 20742	52-6002033	GOV	200,014		other)		EDUCATION, RESEARCH
PHILLIPS ENERGY INCPO BOX 726 GLOUCESTER POINT, VA 23062	54-1915006		137,785				MKT DEVELOPMENT
NATIONAL CORN GROWERS ASSOC632 CEPI DRIVE CHESTERFIELD,MO 63005	42-0897662	5	121,850				MKT DEVELOPMENT
MARYLAND GRAIN PRODUCERS ASSOC53 SLAMA ROAD EDGEWATER,MD 21037	52-0312970	5	81,300				MKT DEV / EDUCATION
MARYLAND FARM BUREAU 8930 LIBERTY RD RANDALLSTOWN, MD 21133	52-0403490	5	43,000				RESEARCH
US GRAINS COUNCIL1400 K ST STE 1200 WASHINGTON, DC 20005	43-0260714	6	31,871				MKT DEVELOPMENT
SUSTAINABLE ENERGY STRATEGIES4803 MARYMEAD DRIVE FAIRFAX,VA 22032	54-1881156		30,399				MKT DEVELOPMENT
US WHEAT ASSOCIATES 3103 10TH ST NORTH 300 ARLINGTON,VA 22201	48-0643776	6	29,800				MKT DEVELOPMENT
LEAD MARYLANDPO BOX 169 QUEENSTOWN,MD 21658	01-0725238	3	25,138				EDUCATION
WHEAT FOODS COUNCIL 19201 EAST MAIN ST STE 103 PARKER, CO 80134	36-3495285	6	25,000				EDUCATION

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
MASCD53 SLAMA ROAD EDGEWATER,MD 21037	23-7003994	3	20,850				EDUCATION					
VIRGINIA TECHOFFICE OF SPONSORED PROGRAMS 1880 PRATT ST STE 2006 BLACKSBURG,VA 24060	54-6001805	GOV	20,232				RESEARCH					
MARYLAND AG EDUCATION FDNPO BOX 536 HAVRE DE GRACE, MD 21078	52-1643073	3	10,000				EDUCATION					
MARYLAND FFA FOUNDATIONPO BOX 3241 SILVER SPRING,MD 20918	52-1354382	3	8,500				EDUCATION					
NATIONAL ASSOC OF WHEAT GROWERS415 2ND ST NE STE 300 WASHINGTON,DC 20002	48-0668648	6	8,000				MKT DEVELOPMENT					
LESS THAN 5000			20,612				VARIOUS					