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DLN: 93493135017103

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

Open to Public Inspection

A Fo	r the 2	2011 ca	lendar year, or tax year beginning 10-01-2011	and ending 09-30-20	012		
		pplicable	C Name of organization	_		D Employer	identification number
_	Iress ch		MISSOURI CORN MERCHANDISING COUNCIL			43-1359	257
— <sub>Nai</sub>	me chai	nge	Doing Business As			E Telephone	e number
— <sub>Init</sub>	ıal retu	m	Number and street (as D.O. have formal to got delivered	A A A A. A   D	/austa	(573)89	3-4181
_	mınate		Number and street (or P O box if mail is not delivered 3118 EMERALD LANE	to street address) Room,	/suite	<b>G</b> Gross recei	pts \$ 4,137,242
_			G. L.				
_	ended i		City or town, state or country, and ZIP + 4 JEFFERSON CITY, MO 65109				
App	olication	pending					
			<b>F</b> Name and address of principal officer			ıs a group ret	
					affilia	ites?	⊤Yes ▼ No
					H(b) Are al	l affiliates inc	luded?
					If "N	o," attach a l	ıst (see ınstructions)
<b>I</b> Ta	x-exem	npt status	501(c)(3) ✓ 501(c)(5) ◀ (insert no)	947(a)(1) or   527	H(c) Grou	ıp exemptıon	number 🕨
J W	ebsite	e:⊫ N/A	•				
<b>K</b> Forr	n of org	ganızatıon	Corporation Trust Association Other ►		L Year of fo	mation	M State of legal domicile
Pa	rt I	Sum	mary		<u>'</u>		
	1 6	Briefly d	escribe the organization's mission or most sign	ıfıcant actıvıtıes			
	7	The Miss	souri Corn Merchandising Council is a producer	elected organization			
φ			on by investing checkoff dollars in Developmen rs, and Utilization research	t and expansion of co	rn markets, Fac	ılıtatıng comı	munication with growers,
≘	-	cuscome	13, and o chization research				
Governance	-						
Š	-					F0/ 6 /	<del> </del>
	1		is box 🔭 if the organization discontinued its			1	1
<u>~</u>			of voting members of the governing body (Part			3	<del></del>
Ě			of independent voting members of the governing				
Activities &			mber of individuals employed in calendar year 2			5	
Q.	1		mber of volunteers (estimate if necessary) .			6	
			elated business revenue from Part VIII, colum lated business taxable income from Form 990-			76	<del>'</del>
	B	ivet uille	Taked business taxable income from Form 990-	1,11116 34	Drio	r Year	b 63,160 Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		FIIG	86,747	
<u>a</u>	9		m service revenue (Part VIII, line 2g)	•	3,539,189	<del> </del>	
Ravenue	10	_	ment income (Part VIII, column (A), lines 3, 4		53,692	<u> </u>	
Ě	11		revenue (Part VIII, column (A), lines 5, 6d, 8c		214,404		
	12		evenue—add lines 8 through 11 (must equal Pa		ine		
			<u> </u>			3,894,032	4,097,376
	13		and similar amounts paid (Part IX, column (A)		·	1,166,177	1,308,107
	14		ts paid to or for members (Part IX, column (A),		0		
Ø	15	Saları 5-10)	es, other compensation, employee benefits (Par	t IX, column (A), line	s	906,239	1,072,448
ž	16a	•	sional fundraising fees (Part IX, column (A), lin	e 11e)		7	0
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25) $\triangleright^0$				
Ω	17		expenses (Part IX, column (A), lines 11a-11d	11f-24e)	-	1,432,799	1,333,910
	18		expenses Add lines 13-17 (must equal Part I)	•		3,505,215	· · · · ·
	19		ue less expenses Subtract line 18 from line 12			388,817	<u> </u>
æ ø			·			g of Current	
Net Assets or Fund Balances						ear	End of Year
3° € 10° €	20		assets (Part X, line 16)			4,202,935	4,701,863
\$ E	21	Total I	iabilities (Part X, line 26)			159,838	
	22		sets or fund balances Subtract line 21 from lin	e 20		4,043,097	4,323,780
	rt II		ature Block				
			erjury, I declare that I have examined this return, in f, it is true, correct, and complete. Declaration of p				
know	ledge.			•	·		
		T k			l		
<u> </u>		**** Signa	** ture of officer			)13-05-15 ate	
Sign Here		'					
	_		MARSHALL CEO or print name and title				
		Dec ::	, k	Date	Check If	Prenarer's ta	xpayer identification number
Paid		Preparer signatur		2410	self- employed	(see instructi	
	arer's	en				1	
Use (		ıf self-er	ame (or yours Graves & Associates CPAs LLC phologed),			EIN 🕨	
	~···y	address,	and ZIP + 4 3702 West Truman Blvd Suite 213			Dhono == *	/E72) 002 7700
			Jefferson City, MO 651096156	Phone no 🕨 (573) 893-7700			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

Par		<b>ent of Program Service</b> Schedule O contains a respons	e to any question in this Part II	I	୮					
1	Briefly describe	the organization's mission								
by ın				growers dedicated to the profitab ating communication with growers						
2	Did the organiza the prior Form 9		program services during the yea		Yes 🔽 No					
	If "Yes," describ	e these new services on Scheo	lule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describ	If "Yes," describe these changes on Schedule O								
4	expenses Section	on 501(c)(3) and 501(c)(4) or	•	hree largest program services, as )(1) trusts are required to report ich program service reported	,					
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
				narkets, collecting and distributing inform ethanol, educate both farmers and cons						
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	National Corn Grov	wers Assocation - Create and increase	opportunities for corn growers							
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
	Ethanol - Working	with NASCAR to introduce a cleaner-l	ourning fuel to America, raise consume	r awareness of the benefits of corn based	d ethanol					
4d	Other program	services (Describe in Schedu	le O )							
	(Expenses \$	ıncludır	g grants of \$	) (Revenue \$	)					
4e	Total program s	service expenses►\$								

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II.	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	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.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV.	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
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		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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	Yes	
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38		No

•	·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 7			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
la	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			
b	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
h	year?	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	103	
_	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	טכ		No
		5c		
а	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		
d	file Form 8282?	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Grees receipts uncluded on Form 990. Part VIII, line 12 for public use of club.			
U	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
4	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		Νo
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			<b>.</b> .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ט	IT TES, HAS IT HELD A FORM 720 TO REPORT THESE PAYMENTS (IT NO, PROVIDE AN EXPLANATION IN SCHEAUE O	14b		Νo

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	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 cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)			l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	_		
	List the States with which a copy of this Form 990 is required to be filed <b>▶</b>			
10	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if anniveable), 990, and 990-T (50.1(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

(573)893-4181

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization GARY MARSHALL
  3118 EMERALD LANE
  JEFFERSON CITY, MO 65109

# <u>Part VII</u> 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

- ◆ 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, if any 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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 neither the organization nor any related organizations compensated any current or former officer, director,								or, or trustee		
<b>(A)</b> Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) JOHN MORETON BOARD MEMBER	2 00	Х						0	0	0
(2) JIM STUEVER BOARD MEMBER	1 00	Х						0	0	0
(3) MIKE GESKE EX-OFFICIO	7 00	Х						0	0	0
(4) GREG SCHNEIDER BOARD MEMBER	5 00	X						0	0	0
(5) MARK SCOTT BOARD MEMBER	20 00	X						0	0	0
(6) JAY FISCHER BOARD MEMBER	1 00	х						0	0	0
(7) BILLY THIEL BOARD MEMBER	6 00	х						0	0	0
(8) MIKE MORELAND BOARD MEMBER	1 00	Х						0	0	0
(9) KYLE KIRBY Secretary	9 00	Х		Х				0	0	0
(10) MARK GOLDINGER BOARD MEMBER	1 00	Х						0	0	0
(11) JAY SCHUTTE BOARD MEMBER	6 00	Х						0	0	0
(12) GARY PORTER BOARD MEMBER	20 00	Х						0	0	0
(13) ROB KORFF Chairman	17 00	х		Х				0	0	0
(14) MORRIS HEITMAN Treasurer	5 00	х		Х				0	0	0
(15) KEVIN HURST VICE CHAIRMAN	9 00	Х		Х				0	0	0
(16) GARY D MARSHALL CEO	32 00				Х			223,969	41,236	31,229

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth		Repo compo fro organiz	( <b>D)</b> ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of oth compensatio from the organization a	
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	
1b c	Sub-Total	to Part VIT Sec	 tion Δ					<b>+</b>						
d	Total (add lines 1b and 1c) .				•	•	•	<b>-</b>		223,969	41,23	36		31,229
2	Total number of individuals (incl \$100,000 of reportable compens					ted	above	) who	receive	d more tha	an	·		
													Yes	No No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee,o	r highes	t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz											5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	Nan	<b>(A)</b> ne and business add	dress							Desc	(B) ription of services		(C Comper	
_														
										·		$\mp$		
	Total number of independent cont \$100,000 of compensation from t			ot lır	nıted	d to	those	liste	d above)	who recei	ved more than			

Form 99						Page <b>9</b>
Part	<b>/**</b> 1	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
報報	1a	Federated campaigns 1a				
覆	ь	Membership dues 1b				
ું."	c	Fundraising events 1c				
Ħ <u></u>	d	Related organizations 1d				
<u>∞</u> [ <u>E</u>	e	Government grants (contributions) <b>1e</b> 106,982				
ਹੈਂ ਨੂੰ	f	All other contributions, gifts, grants, and similar amounts not included above				Ī
' <del>डे</del> <del>≩</del>	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$				
<u>ŏ≅</u>	h	Total. Add lines 1a-1f	106,982			
<u>e</u>		Business Code				
E E	2a	CHECKOFF INCOME	3,635,042	3,635,042		
<u>₹</u>	Ь					
931	C					
<u>\$</u>	d					
Ē	e					
Program Service Revenue	f	All other program service revenue				
Ě	g	<b>Total.</b> Add lines 2a−2f	3,635,042			
	3	Investment income (including dividends, interest				
		and other similar amounts)	96,950		88,588	8,362
	4	Income from investment of tax-exempt bond proceeds •	0			
	5	Royalties	0			
	 	(I) Real (II) Personal	_			
	6a   b	Gross rents Less rental	-			
		expenses	_			
	C	Rental income or (loss)	_			
	d	Net rental income or (loss)	0			
		(I) Securities (II) Other Gross amount 37,19				
	7a	from sales of				
		assets other than inventory				
	Ь	Less cost or 39,86 other basis and	5			
	c	sales expenses Gain or (loss) -2,66	<u> </u>			
	d	Net gain or (loss)	-2,668	-2,668		
	8a	Gross income from fundraising				
Φ		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>	١.	a	_			
‡	b   с	Less direct expenses <b>b</b> Net income or (loss) from fundraising events ▶	-			
0	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a	_			
	b	Less direct expenses b	_			
	С 10а	Net income or (loss) from gaming activities				
		returns and allowances .				
		a	_			
	Ь	Less cost of goods sold b	_			
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a	REIMBUR SHARED EMPLOYEES	260,717	260,717		
		REIMBUR SHARED EMPLOTEES	,	,		
	ь	MISCELLANEOUS	353			353
	c	MANAGEMENT FEE 56100				
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a−11d	261,070			
	12	Total revenue. See Instructions				
	] **	iotal levelue. See Instructions	4,097,376	3,893,091	88,588	8,715

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) 

C	heck if Schedule O contains a response to any question in this Part IX	<u></u>	<u> </u>	<u>                                 </u>	
	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 United States See Part IV, line 21	1,300,332			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,775			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	291,882			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	627,531			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,099			
9	Other employee benefits	50,383			
10	Payroll taxes	63,553			
11	Fees for services (non-employees)				_
а	Management	0			
Ь	Legal	6,096			
С	Accounting	35,016			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	330,485			
12	Advertising and promotion	25,303			
13	Office expenses	90,486			
14	Information technology	23,474			
15	Royalties	0			
16	Occupancy	39,353			_
17	Travel	416,912			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	37,672			
20	Interest	386			
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	63,781			_
23	Insurance	6,561			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				_
а	MISCELLANEOUS	3			
b	DUES AND SUBSCRIPTIONS	41,532			
c	GRANT WRITING/EXPENSE	88,103			
d	PROMOTIONS	128,747			
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	3,714,465	0	0	0
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,			<u> </u>
	compined educational campaign and fundraising solicitation			<u> </u>	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 0 1 1 3.066.840 3,356,168 2 2 3 80.575 94,733 3 209.357 4 365.083 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 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 0 0 7 0 8 9 0 9 Prepaid expenses and deferred charges . . . . 413.639 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 198,635 184,257 b Less accumulated depreciation . . . . . 10c 215,004 0 11 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 661,906 670,875 15 15 4,202,935 4,701,863 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 158,986 378,083 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 852 25 D . . . . 26 159,838 26 378,083 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,043,097 27 4,323,780 Unrestricted net assets . . . . 28 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 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 4.043.097 33 4,323,780 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.202.935 34 4.701.863

	Check if Schedule O contains a response to any question in this Part XI	•		. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	97,37
2	Total expenses (must equal Part IX, column (A), line 25)	2			714,46
3	Revenue less expenses Subtract line 2 from line 1	3		3	382,91
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	043,09
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1	102,22
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,3	323,78
Par	TXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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		<b>2</b> c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis		ı		
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?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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**Inspection** 

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization MISSOURI CORN MERCHANDISING COUNCIL

Employer identification number 43-1359257 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be

used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Purp	ose(s) of conservation easements held by the organization (chec	k all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of a certified historic structure
Γ	Preservation of open space		

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 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 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	<u>tori</u>	cal Treas	sures, or (	<u>Othe</u>	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check an	y of th	าe foll	owing that	are a signific	cant u	se of its collection	า	
а	Public exhibition		d	Γ	Loan or ex	kchange prog	grams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ıın hov	w the	/ further the	e organızatıo	n's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answer	ed "Y	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	forc	ontribution	s or other as	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able			Amou	ınt	
_	Da manana kalanaa						1-	Amot	ını	
c d	Beginning balance						1c 1d			
	Additions during the year						1a 1e			
e •	Distributions during the year									
f	Ending balance	000 - 111					1f	_		
2a	Did the organization include an amount on Fo	•	e 21?					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				II.v - III ·	000		T.V. 1 4.0		
Ра	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior \		<u>0 FOrm 990</u> Two Years Bacl			<b>1</b> Four Y	ears Back
1a	Beginning of year balance	(a)current rear		<i>)</i> 11101	icai (c)	TWO TCGTS EGG	(4)	Tillee Tears back (e	yr our r	cars back
 b	Contributions						+			
c	Investment earnings or losses						+			
d	Grants or scholarships						+			
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance						+			
2	Provide the estimated percentage of the yea	r end balance held	 as		I					
а	Board designated or quasi-endowment									
ь	Permanent endowment -									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation '	that a	re held and	d administer	ed for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations						•	3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						3b		<u> </u>
	t VI Land, Buildings, and Equipme									
FCI	Land, Buildings, and Equipme	inc. See Form 99	<u>,о, га</u>	Т		(1.)		(a) A		
	Description of property				) Cost or othe sis (investmer			(c) Accumulated depreciation	(d) B	ook value
	Land		•							
	Buildings		•	<u> </u>						
	Leasehold improvements						13,568	2,036		11,532
C										
	Equipment					3!	50,221	153,578		196,643
d   e	Equipment	<u> </u>	·	E			50,221 49,850			196,643 6,829

(a) Description of security or category		(c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year mark	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12,	) <b>F</b>		
Part VIII Investments—Program Related.		3.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
——————————————————————————————————————	(b) Book value	Cost or end-of-year mark	et value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13			
Part IX Other Assets. See Form 990, Part X		1 (1) 2	
	scription	( <b>B</b> ) Bo	ok value
(1) Rounding			3
(2) PREPAID LEASE			129,321
(3) DEFERRED TAX ASSET			4,367
Total. (Column (b) should equal Form 990, Part X, col.(B) I.	une 15 )	<u>.</u>	670,875
Part X Other Liabilities. See Form 990, Part X			070,073
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	(5)		
See Additional Data Table			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25,			
Total (Column (b) Should Equal Fulfil 330, Pall X, COI (B) IINE 25	· F		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,097,376
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,714,465
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	382,911
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	-87,500
8	Other (Describe in Part XIV)	8	-14,728
9	Total adjustments (net) Add lines 4 - 8	9	-102,228
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	280,683
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,097,376
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,097,376
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,097,376
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	s per	3,729,193
_	statements	1	3,729,193
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 14,728		
e	Add lines 2a through 2d	2e	14,728
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,714,465
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)	1	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,714,465

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	MCMC is exempt from federal income taxes under Section 501 (c)(5) of the Internal Revenue Code and applicable state law The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, MCMC may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of MCMC and various positions related to the potential sources of unrelated business taxable income (UBIT) MCMC files forms 990 in the U.S. federal jurisdiction. MCMC is generally no longer subject to examination by the Internal Revenue Service three years after the forms were filed.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	PROVISION FOR INCOME TAXES \$1950 INVEST IN ETHANOL PLANTS BOOK/TAX DIFF \$12778
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	PROVISION FOR INCOME TAXES \$ -1950 INVEST IN ETHANOL PLANTS BOOK/TAX DIFF \$ -12778

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Schedule I (Form 990)

### **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

OMB No 1545-0047

DLN: 93493135017103

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MISSOURI CORN MERCHANDI	SING COUNCIL					43-1359257	
Part I General Inform	nation on Grants	and Assistance				<b>'</b>	
<ol> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> </ol>	to award the grants of	orassistance?					✓ Yes   N
Form 990, Part I'	V, line 21 for any r	Governments and ecipient that received o) if additional space in	l more than \$5,000.	Check this box if no	one recipient rec	ceived more than \$5,	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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
(1) WALLIS PETROLEUM LLC106 EAST WASHINGTON CUBA,MO 65453	43-1890974		12,000	0			TO INSTALL BLENDER PUMPS
(2) US MEAT EXPORT FEDERATION600 S CHERRY SUITE 1000 DENVER,CO 80265	52-1067268	501(c)(6)	16,400	0			MARKET DEVELOPMENT
(3) UNIVERSITY OF MISSOURI223 MUMFORD HALL COLUMBIA,MO 65211	43-6003859		18,100	0			RESEARCH
(4) NATIONAL CORN GROWERS ASSOCIATION 632 CEPI DRIVE CHESTERFIELD, MO 63035	42-0897662	501(c)(5)	500,000	0			MARKET DEVELOPMENT
(5) MISSOURI FARMERS CAREPO BOX 104778 JEFFERSON CITY, MO 65110	01-0958163	501(c)(5)	10,000	0			GENERAL & ADMINISTRATIVE
(6) MISSOURI CORN GROWERS ASSOCIATION 3118 EMERALD LANE JEFFERSON CITY, MO 65109	43-1307182	501(c)(5)	500,000	0			EDUCATION AND RESEARCH
(7) MFA OIL COMPANYPO BOX 519 COLUMBIA,MO 65205	43-0415115		36,000	0			TO INSTALL BLENDER PUMPS
(8) ENVIRONMENTAL RESOURCE3118 EMERALD LANEQ JEFFERSON CITY, MO 65109	43-1938745	509(a)(2)	245,000	0			EDUCATION

Enter total number of other organizations listed in the line 1 table . . . . . . .

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Part III	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)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS	20	7,775			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		FOR THE GRANTS TO MFA OIL AND WALLIS PETROLEUM, MISSOURI CORN MERCHANDISING COUNCIL STAFF GO TO THE LOCATION OF THE BLENDER PUMP INSTALLATION AND MAKE SURE THAT THE INFRASTRUCTURE IS INSTALLED AND OPERATING FOR A PERIOD OF 3 YEARS

Schedule I (Form 990) 2011

**Software ID:** 11000144

Software Version: 2011v1.5

**EIN:** 43-1359257

Name: MISSOURI CORN MERCHANDISING COUNCIL

(a) Name and address of organization or government	<b>(b)</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 grant or assistance
WALLIS PETROLEUM LLC 106 EAST WASHINGTON CUBA,MO 65453	43- 1890974		12,000	0			TO INSTALL BLENDER PUMPS
US MEAT EXPORT FEDERATION600 S CHERRY SUITE 1000 DENVER, CO 80265	52- 1067268	501(c)(6)	16,400	0			MARKET DEVELOPMENT

(a) Name and address of organization or government	<b>(b)</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 grant or assistance
UNIVERSITY OF MISSOURI223 MUMFORD HALL COLUMBIA, MO 65211	43- 6003859		18,100	0			RESEARCH
NATIONAL CORN GROWERS ASSOCIATION632 CEPI DRIVE CHESTERFIELD, MO	42- 0897662	501(c)(5)	500,000	0			MARKET DEVELOPMENT

(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance
MISSOURI FARMERS CAREPO BOX 104778 JEFFERSON CITY, MO 65110	01- 0958163	1 501(6)(5)	10,000	0			GENERAL & ADMINISTRATIVE
MISSOURI CORN GROWERS ASSOCIATION 3118 EMERALD LANE JEFFERSON CITY, MO 65109	43- 1307182	I 501(c)(5)	500,000	0			EDUCATION AND RESEARCH

(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance
MFA OIL COMPANY PO BOX 519 COLUMBIA,MO 65205	43- 0415115		36,000	0			TO INSTALL BLENDER PUMPS
ENVIRONMENTAL RESOURCE3118 EMERALD LANEQ JEFFERSON CITY, MO 65109	43- 1938745	509(a)(2)	245,000	0			EDUCATION

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DLN: 93493135017103

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** 

MISSOURI CORN MERCHANDISING COUNCIL 43-1359257 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name (B) Brakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Base discribing incompensation (I) GARY D MARSHALL (I) 223,969 (II) GARY D MARSHALL (II) 41,236 (III) GARY D MARSHALL (III) 223,969 (III) GARY D MARSHALL (III) CARY D MARS									
(i) Base incentive compensation incentive compensation compensation compensation incentive compensation compensation Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(1) GARY D MARSHALL (II) 223,969 (III) 41,236 (III) 44,535 (IIII) 44,535			(i) Base compensation	ıncentive	(iii) Other reportable compensation		Denefits	(B)(I)-(D)	Form 990 or
	(1) GARY D MARSHALL	(I) (II)	223,969 41,236			17,847 3,299	10,083	251,899 44,535	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line  1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493135017103

Schedule L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization MISSOURI CORN MERCHANDISING COUNC	TI						Er	nployer id	lent if ica	tion numbe	er
							4:	3-13592	57		
Part I Excess Benefit Trar											
Complete If the organizat	ion ans	wered "	Yes" on Forr	m 990, F T	Part IV, line 25a c	or 25b, o	or Form	990-EZ,	Part V , lı		<i>(</i> )
1 (a) Name of disqu	ualified	person			<b>(b)</b> Desc	rintion	of tranca	action		(c) Corrected?	
1 (1)		p 0.00			(b) Desc	.iiptioii	or crans	action		Yes	No
											1
				<u> </u>							
2 Enter the amount of tax impose section 4958	ed on ti	ne orgar			disqualified perso			ear under	·		
3 Enter the amount of tax, if any,	on line	2 abo							\$		
		·		-					<u> </u>		
Part II Loans to and/or F						_					
Complete if the organiz			d "Yes" on F	orm 990	, Part IV, line 26	, or Fort	n 990-E	(f)	, line 38	<u>а</u> Т	
		oan to om the				<b>(e)</b> In		Approved		(g)Writt	en
(a) Name of interested person and purpose	1	zation?	(c)Orig		(d)Balance due	defau	lt?	by boar		agreement?	
p.apood						<b>V</b>	l Na	commit			No
	То	From				Yes	No	Yes	No	Yes	No
		1						1	1		
		1									
Total				<b>▶</b> \$							
Part III Grants or Assistan							. 7				
Complete if the orga	nizatio				rm 990, Part IV en interested per		27.				
(a) Name of interested pers	on	(			ganization	5011	<b>(c)</b> A m	ount of g	ant or ty	pe of assis	stance

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) MARSHALL AND COMPANY	CEO'S RELATIVE	2,500	STAFF GIFTS		No
(2) KIMBERLY MARSHALL	CEO'S RELATIVE	1,045	GRANT WRITING SERVICES		No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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Return

As Filed Data -

DLN: 93493135017103

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Identifier

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization MISSOURI CORN MERCHANDISING COUNCIL	Employer identific	cation number
	43-1359257	

Explanation

	Reference	·
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The MCGA President and MCMC Chairperson have been designated by the board to yearly evaluate the CEO along with the organizations goals and objectives. The process includes a discussion of yearly goals and objectives and how they were met. A general discussion is held regarding the CEOs direct activities and successes during the year along with an evaluation of staff provided by the CEO. The CEO has a contract which renews yearly for a two year period as long as both parties agree. Salary increases and performance bonuses are discussed between the CEO, President and Chairman and made on an annual basis. Outside information from the American Society of Association Executives, Missouri Society of Association Executives, the National Corn Growers Association and others is used to provide prospective on salaries of other comparable positions and to provide guidance to fulfill the MCGA/MCMC obligations under the contract to the CEO. After this initial meeting, the entire board of directors is given a report in executive session from that meeting. A general discussion is held between the board and CEO. After that, the CEO leaves the room and the board decides whether to accept the recommendations from the President and Chairperson or to make changes to those recommendations. Finally, the CEO is presented any final comments from the board and the formal salary and bonus adjustments. The CEO then indicates to the board his/her reaction to the proposal and an agreement is reached. Then the executive session is ended. A report of the salary and bonus adjustments is given to the appropriate staff for future payment.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	No review was or will be conducted

DLN: 93493135017103

Related Organizations and Unrelated Partnerships

2011

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE R** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization MISSOURI CORN MERCHANDISING COUNCIL				<b>Employe</b> 43-135		tification number		
Part I Identification of Disregarded Entities (Com	plete if the organizatio	n answered "Yes"	on Form 990, Pa					
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
(1) QT SOLUTIONS ILC 3118 EMERALD LANE JEFFERSON CITY, MO 65109 20-1855626	PERSERVE/PROMOTE GRAIN PRODUCTION SYSTEM	МО	-6,027	14,526 MISS		JRI CORN GROWNERS ATION		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		f the organization	answered "Yes"	on Form 990	, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity s (if section 501(		(f) Direct controlling entity	Section 512(b controlled organization	
(1) MISSOURI RENEWABLE FUELS ASSOCIATION							1	
3118 EMERALD LANE  JEFFERSON CITY, MO 65109 20-4310087	PROMOTE THE USE OF ETHANAL	МО	501(c)(6)			N/A		No
(2) MISSOURI CORN GROWERS ASSOCIATION AND SU 3118 EMERALD LANE JEFFERSON CITY, MO 65109 43-1307182	TO PROMOTE AND DEVELOP NEW USES FOR CORN AND CORN PRODUCTS	мо	501(C)(5)			N/A		No
(3) ENVIRONMENTAL RESOURCES COALITION 3118 EMERALD LANE SUITE 110 JEFFERSON CITY, MO 65109 43-1938745	MAINTAIN, IMPROVE, ENHANCE LAND/WATER MO RESOURCES		501(C)(3)	509	)(a)(2)	N/A		No

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Schedule	e R (Form 990) 2011		Pa	age <b>3</b>
Part \	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36	5.)		
Not	te. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gif	ft, grant, or capital contribution to related organization(s)	1b	Yes	
<b>c</b> Gıf	ft, grant, or capital contribution from related organization(s)	<b>1</b> c		No
<b>d</b> Lo	ans or loan guarantees to or for related organization(s)	1d		No
<b>e</b> Lo	ans or loan guarantees by related organization(s)	1e		No
		46		<u> </u>
	lle of assets to related organization(s)	1f	+	No
_	ırchase of assets from related organization(s)	1g		No
h Ex	change of assets with related organization(s)	1h		No
i Lea	ase of facilities, equipment, or other assets to related organization(s)	1i		No
i lea	ase of facilities, equipment, or other assets from related organization(s)	1j	-	No
_	erformance of services or membership or fundraising solicitations for related organization(s)	1k		No
	rformance of services or membership or fundraising solicitations by related organization(s)	11	Yes	1
	paring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	1
	naring of paid employees with related organization(s)	1n	Yes	1
				+
<b>o</b> Re	eimbursement paid to related organization(s) for expenses	10		No
<b>p</b> Re	embursement paid by related organization(s) for expenses	<b>1</b> p	Yes	
<b>q</b> Ot	ther transfer of cash or property to related organization(s)	<b>1</b> q	+	No
r Otl	her transfer of cash or property from related organization(s)	1r		No

2	If the answer to any of the above is "Yes,	' see the instructions for information on who mus	t complete this line, including covered	relationships and transaction thresholds
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(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MISSOURI CORN GROWERS ASSOCIATION AND SU	n	244,074	
(2) MISSOURI CORN GROWERS ASSOCIATION AND SU	m	54,276	
(3) MISSOURI CORN GROWERS ASSOCIATION AND SU	b	500,000	
(4) ENVIRONMENTAL RESOURCES COALITION	p	3,572	
(5) ENVIRONMENTAL RESOURCES COALITION	1	10,575	
(6) ENVIRONMENTAL RESOURCES COALITION	b	245,000	

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)  (j) General or managing partner?		eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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Schedule R (Form 990) 2011

**Software ID:** 11000144

**Software Version:** 2011v1.5

**EIN:** 43-1359257

Name: MISSOURI CORN MERCHANDISING COUNCIL

### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	MISSOURI CORN GROWERS ASSOCIATION AND SU	n	244,074	
(2)	MISSOURI CORN GROWERS ASSOCIATION AND SU	m	54,276	
(3)	MISSOURI CORN GROWERS ASSOCIATION AND SU	b	500,000	
(4)	ENVIRONMENTAL RESOURCES COALITION	р	3,572	
(5)	ENVIRONMENTAL RESOURCES COALITION	l	10,575	
(6)	ENVIRONMENTAL RESOURCES COALITION	b	245,000	