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Form **990-PF** 

Return of Private Foundation , or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

		Ide Service   Note The foundation may be able			ate reporting	equirements					
For	calenda	ar year 2009, or tax year beginning $07/01/09$ , a		30/10		<del></del>					
G C	heck al	ll that apply Initial return Initial ret	turn of a former public	charity		Final return					
		Amended return Add	ress change	Name	e change						
Use	the IRS					loyer identification numb	oer				
ı	abel.	UNIVERSITY OF MISSOURI COL	LEGE OF		23						
Oth	erwise	, AGRICULTURE FOUNDATION			B Telep	of the instructions)					
1	orint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	573 - 882 - 8295  C If exemption application is pending, check here  D 1. Foreign organizations, check here  2. Foreign organizations meeting the						
or	type.	2-20 AGRICULTURE BUILDING									
See	Specifi	City or town, state, and ZIP code									
Instr	uctions	s. COLUMBIA MO	65211								
H C	heck tv	rpe of organization: X Section 501(c)(3) exempt private	foundation			% test, check here and att	T [ ]				
_	-		e private foundation		E If priv	ate foundation status was t	terminated under				
		et value of all assets at end J Accounting method.		crual	section	on 507(b)(1)(A), check here	• ▶ ∐				
of	vear (fr	rom Part II, col (c), Other (specify)			F If the	foundation is in a 60-montl	h termination				
	e 16) ▶		e on cash basis )		under	r section 507(b)(1)(B), chec	ck here				
	art I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements				
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for charitable				
_		the amounts in column (a) (see page 11 of the instructions) )	books	inc	ome	income	purposes (cash basis only)				
	1	Contributions, gifts, grants, etc , received (attach schedule)	20,000				,				
_	1	Check ► If the foundation is <b>not</b> required to attach Sch B		1							
$\infty$	1	Interest on savings and temporary cash investments	28	3	28	28					
_	4	Dividends and interest from securities				20					
7	1	Gross rents		1							
₹.	l			<del>                                     </del>							
28	1 .	Net rental income or (loss)		1							
振	6a	Net gain or (loss) from sale of assets not on line 10									
	i _	Gross sales price for all assets on line 6a			0						
Ź.	7	Capital gain net income (from Part IV, line 2)		+		0					
SCARNERS JUL	1	Net short-term capital gain				U					
	ı	Income modifications		<del> </del>							
		Gross sales less returns & allowances		<del> </del>		<u> </u>	<del> </del>				
	1	Less Cost of goods sold		+							
	1	Gross profit or (loss) (attach schedule)	1.50.00			160 005					
	1	Other income (attach schedule) Stmt 1	160,997			160,997					
	12	Total. Add lines 1 through 11 FIVED	181,025		28	161,025					
Ś		Compensation of officers, directors, trustees, etc.		<del></del>	<del> </del>		·				
enses		Other employee salaries and wages		<del></del>	<del></del>						
ĕ	15	Pension plans, effaloyee belefit 2 2011 Collegal fees (attach schedule)		<del> </del>							
×		Legal fees (attach schedule)		<del> </del>	<del></del>						
Э	b	Accounting fees (attach schedule) UT  Other professional fees (attach schedule) Semt 2		ļ							
and Administrative Exp	С	Other professional fees (attach schedule) Semt 2	250	<u> </u>							
<u>ra</u>	17	Interest		ļ <u>-</u>							
isi	18	Taxes (attach schedule) (see page 14 of the instructions)		<u> </u>			·				
듣	19	Depreciation (attach schedule) and depletion Stmt 3	30,489	9							
ᇦ	20	Occupancy	58,244	<u> </u>							
Ϋ́	21	Travel, conferences, and meetings	2,062								
Ĭ	22	Printing and publications	1,033	3			١				
Ď	23	Other expenses (att sch) Stmt 4	37,211	L			855				
Ë	24	Total operating and administrative expenses.				,					
Fa		Add lines 13 through 23	129,289		0		855				
Operating	25	Contributions, gifts, grants paid	(				0				
O		Total expenses and disbursements. Add lines 24 and 25	129,289		0	0	855				
		Subtract line 26 from line 12	· ·	T							
	i e	Excess of revenue over expenses and disbursements	51,736	5							
		Net investment income (if negative, enter -0-)			28						
	1	Adjusted net income (if negative, enter -0-)			•	161,025					

23-7075466 UNIVERSITY OF MISSOURI COLLEGE OF Page 2 Form 990-PF (2009) End of year Beginning of year Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions ) Part II **Balance Sheets** (c) Fair Market Value (a) Book Value (b) Book Value 70,665 87,838 70,665 Cash-non-interest-bearing 18,785 18,813 18,813 2 Savings and temporary cash investments 24,668 3 Accounts receivable ▶ 24,668 24,668 Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable Receivables due from officers, directors, trustees, and other ĸ disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (att schedule) Less allowance for doubtful accounts ▶ 8 Inventories for sale or use 4,539 4,539 Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) b Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) c 11 Investments-land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments-mortgage loans 13 Investments—other (attach schedule) 922,822 14 Land, buildings, and equipment basis 69,125 Stmt 5 849,068 853,697 922,822 Less accumulated depreciation (attach sch.) See Statement 6 8,154 8,154 15 Other assets (describe Total assets (to be completed by all filers—see the 16 1,049,661 955,691 instructions. Also, see page 1, item I) 980,536 17 Accounts payable and accrued expenses 18 Grants payable Liabilities 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule) See Statement 7 665,816 638,925 22 Other liabilities (describe ) 638,925 665,816 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Assets or Fund Balances 24 Unrestricted 279,317 312,746 10,558 28,865 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the Net/ 289,875 341,611 instructions) 31 Total liabilities and net assets/fund balances (see page 17 955,691 980,536 of the instructions) Part III **Analysis of Changes in Net Assets or Fund Balances** 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 289,875 end-of-year figure reported on prior year's return) 1 Enter amount from Part I, line 27a 2 51,736

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341,611

341,611

3

<u>4</u> 5

6

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

5 Decreases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

R

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

	990-PF (2009) UNIVERSITY OF MISSOURI COLLEGE OF 23-7075466			Pag	<sub>je</sub> 4
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions	5)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ ☐ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	-			
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2				1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				1
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009  6a 1				
þ	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				<del></del>
<u>11</u>	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11				
<u>Pa</u>	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	$\vdash$			No_
	participate or intervene in any political campaign?		a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	i .		1	77
	of the instructions for definition)?	1	b	_	<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		İ	1	
	published or distributed by the foundation in connection with the activities			ŀ	
C	Did the foundation file Form 1120-POL for this year?	1.1	С	$\dashv$	<u>X</u> _
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		İ	,	
	(1) On the foundation > \$ (2) On foundation managers > \$				
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
	on foundation managers 🕨 💲				- 17
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		_	-	x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u> </u>	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4			<u>x</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			$\dashv$	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<sup>1</sup>	5	+	-
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	.   ,	K	
_	conflict with the state law remain in the governing instrument?			K	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	-	<del>-   -</del>	-	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
_	Instructions) None				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General  (or designate) of each state as required by General Instruction G? If "No." attach explanation	A 8	<u> </u>		
_	(6) 350.9(14.5) 51 5251 5441 57 57	ᢡ	<del>"-</del>	$\dashv$	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1		
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	.	9   2	ĸ	
40	27)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<del>*                                     </del>	+	
10	C+m+ 0	1	0 2	x	
	names and addresses SÇIIIC 6	Form			2009)
				- 1.	/

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_Pa	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	quired (contin	ued)		,		
5a	During the year did the foundation pay or incur any amount to		_	_	_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49-	45(e))?		Yes 🛚 🗵	No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	_		_			
	directly or indirectly, any voter registration drive?			Yes 🛚				
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🛚	No			
	(4) Provide a grant to an organization other than a charitable, etc., organization de	escribed in	_		_			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instru-	ctions)		Yes 🛚	No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e		. —	_	_			
	purposes, or for the prevention of cruelty to children or animals?		$\Box$	Yes 🛚	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc	<del></del>	_	_			ļ
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s				N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here	• •	· · · · · · · · · · · · · · · · · · ·	▶ [	ן '			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			·				
_	because it maintained expenditure responsibility for the grant?		N/A 🗍	Yes [	No			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)		, 🗀					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums						
Ju	on a personal benefit contract?	p. 0111101110	$\Box$	Yes 🗓	No			
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract	_			6b		x
-	If "Yes" to 6b, file Form 8870.	mai bonone oomaaci	•					
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelf	er transaction?		Yes X	No			
b	If yes, did the foundation receive any proceeds or have any net income attributable		_		N/A	7b		
	art VIII Information About Officers, Directors, Trustees, Fou			aid Em				
•	and Contractors		,,		,	-,		
1 1	ist all officers, directors, trustees, foundation managers and their compensat	ion (see page 22 o	f the instructions	s).				
		(b) Title, and average	(c) Compensation	(d) Cont	nbutions to			
	(a) Name and address	hours per week	(If not paid, enter		ee benefit id deferred		pense a r allowa	
		devoted to position	-0-)		ensation	J	allowa	11003
Se	e Statement 9						• • •	
		<u> </u>						
-								
		]					_	
2	Compensation of five highest-paid employees (other than those included on	line 1—see page 2	23 of the instructi	ions).				
	If none, enter "NONE."							
		(b) Title, and average			nbutions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation		ee benefit d deferred		pense a r allowa	
		devoted to position		compe	ensation	<u> </u>		
NC	NE							
		<u></u>		<u> </u>		ļ		
				ļ		ļ		
		1		ļ		ļ		
		1				•		
Tet	Laurabas of other ampleuses and also CEO COO	<u> </u>	<u> </u>	l		<u> </u>		
ıota	I number of other employees paid over \$50,000					•	1	

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Part VIII	Information About Officers, Directors, Trustees, Founda	ition Managers, Highly Paid Empl	oyees,
3 Five highe	and Contractors (continued) est-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
<del></del>			
	•		
Total number of	others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant statistical is distinct of other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
AGRIC	URPOSE OF THE AG FOUNDATION IS TO PROULTURAL EDUCATION IN MISSOURI THROUGH		
	SSOURI		855
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines	s 1 and 2	Amount
1 N/A			
2			
All other program	n-related investments. See page 24 of the instructions		
3	•		

▶

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

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Excess from 2008 Excess from 2009

Pa	art XIV Private Operating Fou	indations (see pa	ge 27 of the instru	uctions and Part	/II-A, question 9)						
1a	If the foundation has received a ruling or o	tetermination letter that	it is a private operating								
	foundation, and the ruling is effective for 2	009, enter the date of t	he ruling			N/A					
b	Check box to indicate whether the foundary	tion is a private operatii	ng foundation described	l in section X 4	942(j)(3) or 494	2(j)(5)					
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total					
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(6) 10(2)					
	investment return from Part X for										
	each year listed	20,169	15,588			35,757					
b	85% of line 2a	17,144	13,250			30,394					
C	Qualifying distributions from Part XII,										
	line 4 for each year listed	855				855					
d	Amounts included in line 2c not used directly										
	for active conduct of exempt activities										
e	Qualifying distributions made directly										
	for active conduct of exempt activities										
	Subtract line 2d from line 2c	855			<del> </del>	855					
3	Complete 3a, b, or c for the										
	alternative test relied upon										
а	"Assets" alternative test—enter										
	(1) Value of all assets	1,049,661	991,221		-	2,040,882					
	(2) Value of assets qualifying under										
	section 4942(j)(3)(B)(i)	1,049,661	991,221			2,040,882					
b	"Endowment" alternative test—enter 2/3										
	of minimum investment return shown in										
	Part X, line 6 for each year listed		<u> </u>	<del></del>	-	<del> </del>					
C	"Support" alternative test—enter										
	(1) Total support other than gross										
	investment income (interest, dividends, rents, payments on										
	512(a)(5)), or royalties) <b>N/A</b>										
	(2) Support from general public										
	and 5 or more exempt										
	organizations as provided in section 4942(j)(3)(B)(iii) N/A										
	(3) Largest amount of support from										
	an exempt organization N/A										
	(4) Gross investment income N/A										
Pa	art XV Supplementary Inform	nation (Complete	this part only if th	e foundation had	\$5.000 or more i	n assets at					
	any time during the ye				•						
1	Information Regarding Foundation Mar										
а	List any managers of the foundation who I	have contributed more	than 2% of the total cor	tributions received by	the foundation						
	before the close of any tax year (but only	if they have contributed	I more than \$5,000) (S	ee section 507(d)(2))							
	N/A	·									
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large po	ortion of the						
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater	interest.							
	N/A	,			· · · · · · · · · · · · · · · · · · ·						
2	Information Regarding Contribution, G										
	Check here ▶ X if the foundation only	makes contributions to	preselected charitable	organizations and doe	es not accept						
	unsolicited requests for funds. If the found	lation makes gifts, gran	ts, etc (see page 28 of	the instructions) to inc	lividuals or						
	organizations under other conditions, com	plete items 2a, b, c, an	<u>d d</u>								
а	The name, address, and telephone number	er of the person to who	m applications should b	e addressed							
	N/A										
b											
	N/A										
С	Any submission deadlines										
	N/A	<del></del>									
ď	Any restrictions or limitations on awards, s	such as by geographica	ıı areas, charitable field	s, kinds of institutions,	or other factors.						
	N/A					5 000-PE (2000)					

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Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for Fut	ure Payment	<del></del>	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	001111111111111111111111111111111111111	
	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Total	<u> </u>	<u> </u>	<b>▶</b> 3a	
Total  b Approved for future payment				
N/A				
	L	<u> </u>	<u></u>	
Total			<b>≥</b> 3b	

Ent	er gross amou	Analysis of Income-Producing Acusts unless otherwise indicated		d business income	Excluded by	section 512, 513, or 514	(e)
4	Program con	vee 10 vee ve	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See page 28 of the instructions)
1	Program serv	and Breakfast			+ +		160,342
	-		-		1	<del></del>	
	f						
	g Fees and	d contracts from government agencies					
	•	dues and assessments					
3		avings and temporary cash investments			14	28	
4		d interest from securities			-		<del></del>
5		come or (loss) from real estate			+		<del></del> .
		nnced property					<del></del> :
_		-financed property			<del></del>	<del></del>	
		come or (loss) from personal property			+	<del></del>	<del></del> -
_	Other investr	) from sales of assets other than inventory			<del> </del>		
8	•	or (loss) from special events			+		-
		or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
	Other revenu		<del> </del>				
• •		ellaneous Revenue	_		1	655	
			_		<del></del>		
	е						
12	Subtotal Add	d columns (b), (d), and (e)			0	683	160,342
13	Total. Add lin	ne 12, columns (b), (d), and (e)				13	161,025
		n line 13 instructions on page 28 to verify calculation				<u> </u>	
_F	art XVI-B	Relationship of Activities to the A	<u>\ccomplishme</u>	ent of Exempt Pu	rposes		
1	_ine No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp instructions.)					ne
	1a	The Bed and Breakfast s	erves to	provide an	educa	tional	
		opporturnity to student					
			<del></del>				
			,				
						<del> </del>	<del></del>
						<del></del>	
	•					<del>-</del>	<del></del>
_							
-						<del></del>	
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							Form <b>990-PF</b> (2009

1 Dot the organization directly or indirectly engage in any of the following with any other organizations of an eaction 501(c) of the Code (other than section 501(c)3) organizations) or a section 527, relating to political organizations or a contribution of the property of the Code (other than section 501(c)3) organizations of 1(1) Sah 2(2) Other assets  1 (3) Cher assets  2 (3) Cher assets  3 (4) Remitted seems to a noncharitable exempt organization  3 (3) Rental of facilities, orgument, or other assets  4 (3) Losans or foran guarantees  4 (4) Remitted control of services or membership or fundraising solicitations  5 Sharing of facilities, expurpment, making lists, other assets, or paid employees  6 If the answer to any of the above or "ves" complete the following schedule Column (b) should always show the fair market value on the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value in any immaching lists, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value on the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value on the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value on the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value on the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation (fit) foundation received less than fair market value of the goods of the foundation received less than fair market value of the goods of the foundation received less than fair market value of the goods of the foundation received	۲	art XVII	Exempt Organiza	•	insiers to and	u irans	sactions	ano	Relations	iips with No	ncnarii	able		
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2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   If "Yes," complete the following schedule.	_	<u> </u>	(b) Amount involved	(c) Name	or nonchantable exe	empt organ	lization		(a) Description (	or transfers, transac	ctions, and	snaring arrange	ments	
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X   No	-											<del></del> -	<del></del>	<del></del> -
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X   No				_						<del></del>			· · · · · · · · · · · · · · · · · · ·	
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No														
b if "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is took, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT  Title  Preparer's identifying number (see Signature on page 30 of the instructions)  Preparer's identifying number (see Signature on page 30 of the instructions)  Preparer's identifying number (see Signature on page 30 of the instructions)  Proposed Firm's name (or yours if self-employed), address, and ZIP code  Columbia, MO 65201-3721  Phone no 573-875-2525	<b>2</b> a	Is the found	ation directly or indirect	ly affiliated w	vith, or related to, o	one or mo	ore tax-exe	mpt or	ganizations			_	_	
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is took, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Preparer's signature of officer or trustee		described in	section 501(c) of the C	ode (other t	han section 501(c	(3)) or in	section 52	27?				∐ Ye	es X	No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is took, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Date   Preparer's identifying number (see Signature on page 30 of the instructions)	b	If "Yes," cor	nplete the following sch	edule.			···· <del>···</del> — - <sub>1</sub> .							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    PRESIDENT   Title			) Name of organization		(b) Type of	forganızatı	on			(c) Description	of relations	nip		
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Preparer's signature of officer or truster  Preparer's signature of officer or truster  Preparer's signature of officer or truster  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  Preparer's dentifying number (see Signature on page 30 of the instructions)  Preparer's dentifying number (see Signature on page 30 of the instructions)  Preparer's dentifying number (see Signature on page 30 of the instructions)  Preparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)  Proparer's dentifying number (see Signature on page 30 of the instructions)		Under penalti belief, it is too	es of perjury, I declare that e. correct, and complete. De	I have examin eclaration of p	ed this return, includi reparer (other than ta	ing accomp axpaver or	panying sche fiduciary) is l	edules a based o	ind statements, on all informatio	and to the best of a n of which prepared	my knowled r has anv kr	lge and nowledge		
Signature of officer or trustee    Date   Date   Check if self-employed   Debra   Debr			1. Mean	1/01	. 1						•	<b>-3-</b>		
Preparer's signature DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  DEBRA M HARRINGTON  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  Firm's name (or yours if self-employed), address, and ZIP code  DEBRA M HARRINGTON  DEBRA M HARRINGTO		Z///	of officer or trustee	MY	grace.		-		-		ENT			
Preparer's signature DEBRA M HARRINGTON 06/03/11 Self-employed DEBRA M HARRINGTON 06/03/11 P00532774  Firm's name (or yours if self-employed), address, and ZIP code Columbia, MO 65201-3721 Phone no 573-875-2525	6	7 Signiqual	e of officer of trustee				Date	<u></u>		Tide		Preparer's identif	VIDO	
Firm's name (or yours if self-employed), address, and ZIP code  Baer & Edington, LLC  3005 Chinaberry Dr. Ste A  Columbia, MO 65201-3721  EIN > 43-1723158  Phone no 573-875-2525	<u> </u>								Date			number (see Sig	nature o	
Firm's name (or yours if self-employed), address, and ZIP code  Baer & Edington, LLC  3005 Chinaberry Dr. Ste A  Columbia, MO 65201-3721  EIN > 43-1723158  Phone no 573-875-2525	5	-\$ <sup>-</sup> \$-\$-  si	· · . • • • • • • • • • • • • • • • • •	א שאפט	NCTON				06/03/	self-employe	d ▶ ∐│			
and ZIP code Columbia, MO 65201-3721 Phone no 573-875-2525	ח	Paid Pare	J DEDKA			n. 1.1	r.C		00/03/	<u>+ +1</u>		£00532	, , , <del>1</del>	
and ZIP code Columbia, MO 65201-3721 Phone no 573-875-2525	ļ	a Far						A			FIN .	43-170	315	8
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		L					<u> </u>				. none no			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

UNIVERSITY OF MISSOURI COLLEGE OF AGRICULTURE FOUNDATION

Employer identification number

JRE FOUNDATION 23-7075466

Organization type (check one).	
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
· -	rered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
<del></del>	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.
Special Rules	
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and
the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during tributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or rithe prevention of cruelty to children or animals. Complete Parts I, II, and III
the year, contributions for aggregate to more than year for an exclusively r	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during or use exclusively for religious, charitable, etc., purposes, but these contributions did not \$1,000. If this box is checked, enter here the total contributions that were received during the eligious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.
990-EZ, or 990-PF), but it <b>must</b>	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) **Employer identification number** Name of organization 23-7075466 UNIVERSITY OF MISSOURI COLLEGE OF Part I Contributors (see instructions) (d) (a) (c) Aggregate contributions Name, address, and ZIP + 4 Type of contribution No. 1 ALVIN E MCQUINN Person 1551 GULF SHORE BOULEVARD SOUTH **Payroll** 20,000 Noncash FL 34102-7454 NAPLES (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (a) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution ) (a) (c) (d) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution ) (c) (d) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person **Pavroli** \$ Noncash (Complete Part II if there is a noncash contribution )

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Name	• •	SITY OF MIS	SOURI COLLEG ATION	E OF		Identif		umber 5466
	ess or activity to which this form relates	_						
	ndirect Depreciat				·			<del></del>
Pa			erty Under Section					
			ty, complete Part V	betore you	complete Pa	rt I.	T .	250 000
1	Maximum amount See the instru						1_	250,000
2	Total cost of section 179 property			_			2	800 000
3	Threshold cost of section 179 pro			ins)			3	800,000
4	Reduction in limitation Subtract li		•				4	
_5	Dollar limitation for tax year Subtract I		<del></del>		<del> 1</del>	Tooted cost	5	
6	(a) Descripti	on of property	(b) Co	st (business use	e of hy) (C) h	Elected cost		
7	Listed property Enter the amount	t from line 29		<del></del>	7			
8	Total elected cost of section 179		in column (c) lines 6 and	7			8	
9	Tentative deduction Enter the sn		in column (c), inles o and	'			9	
10	Carryover of disallowed deduction		008 Form 4562				10	
11	Business income limitation Enter	•		ero) or line 5 (	see instructions)		11	
12	Section 179 expense deduction		•		, , , , , , , , , , , , , , , , , , , ,		12	
13	Carryover of disallowed deduction	•		<b>.</b>	13		<u>:=</u> _	
	: Do not use Part II or Part III below							<u> </u>
Pa	rt II Special Deprecia	tion Allowance a	nd Other Depreciati	on (Do not	include listed	proper	ty.) (	See instr.)
14	Special depreciation allowance for							
	during the tax year (see instruction						14	
15	Property subject to section 168(f)	•					15	
16	Other depreciation (including ACI	RS)					16	
Pa	art III MACRS Deprecia	tion (Do not inclu	de listed property.)	(See instru	ictions.)			
			Section A					
17	MACRS deductions for assets pla	aced in service in tax ye	ears beginning before 200	9			17	28,459
18	If you are electing to group any assets	placed in service during th	ne tax year into one or more g	eneral asset acc	counts, check here	·		
	Section B	—Assets Placed in Se	rvice During 2009 Tax Y	ear Using th	e General Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property		4,62	2 5.0	HY	200	DB	925
С	7-year property							
	10-year property							
	15-year property		21,32	4 15.0	HY	150	DB	1,067
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	ММ	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real	06/17/10	5,80	0 39 yrs	MM	S/L		6
	property	02/28/10	3,37	2 39.0	MM	S/L		32
	Section C—	Assets Placed in Ser	vice During 2009 Tax Ye	ar Using the	Alternative Depr	eciation S	Systen	1
20a	Class life					S/L		
b	12-year			12 yrs		S/L		
	40-year			40 yrs	ММ	S/L	·	<u> </u>
_Pa	art IV Summary (See in	structions.)						<del></del>
21	Listed property Enter amount fro	m line 28					21	
22	Total. Add amounts from line 12,	lines 14 through 17, lin	nes 19 and 20 in column (g	g), and line 21	Enter here		]	1

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

30,489

6/3/2011 1:09 PM Adjusted Net Income <del>1.</del>3 160,342 160,997 Adjusted Net Charitable Purpose Income ŧŊ-Net Investment ₩. ₹O÷ Ω Income Net Investment Adjusted Net Income S Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees 19,522 137 46 547 34 114 34 **Current Year** Depreciation Statement 1 - Form 990-PF, Part I, Line 11 - Other Income Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation ŁŊ-S S. 160,342 160,997 Revenue per Books 39 S S Investment Federal Statements Method 250 250 200DB 1,032 200DB 65 200DB 215 200DB 258 200DB 200DB  $_{
m S/I}$ Total UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF 65 98 21,963 Depreciation **Prior Year** Ω Description Description 150 150 200 761,381 500 900 2,400 84,598 CHIPPENDALE CHAIRS 16@150EA Cost Basis 5/20/08 84 GRAY DESK & WOOD HUTCH Miscellaneous Revenue Description 5/20/08 KENMORE WASHER/DRYER Professional Fees Bed and Breakfast s. 5/20/08 5/20/08 5/20/08 DISHWASHER 5/20/08 5/20/08 5/20/08 Date Acquired FYE: 6/30/2010 REFRIGERATOR COFFE MAKER 23-7075466 Total Total BUILDING LAND

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	6/3/2011 1:09 PM		•
	UNIV5466 UNIVERSITY OF MISSOURI COLLÈGE OF	23-7075466 Federal Statements	FYE: 6/30/2010

		Adjusted Net Income		Λ·																		
		Net Investment Income		<b>ጉ</b>																		
tion (continued)		Current Year Depreciation		7	79	79	274	34	34	148	148	166	106	28	28	30	, ,	82	20	20	79	205
e 19 - Deprecia		Life		n n	S	ß	Ŋ	ις	ις	Ŋ	Ŋ	5	ις	Ŋ	ιΩ	ſſ	1	ഗ	5	വ	Ω	ம
990-PF, Part I, Line 19 - Depreciation (continued)		Method	נו	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	20008		200DB	200DB	200DB	200DB	200DB
Statement 3 - Form 9		Prior Year Depreciation		02 TST	151 20	151 20	516 20	65 20	65 20	280 20	280 20	314 20	200 20	54 20	54 20	•	,	155 20	39 20	39 20	151 20	387 20
<b>3</b>	Description	Cost Basis	W/ ONE LE	350 \$ LEAF TABLE	350 31.F	350	CUPBOARD 1,200 PRINET	150 BACK DOOR	H.T.T.	650 PECT TNEP	650	730		BANK 125	BACK 125			360 (P	90	90 SMITHWIAG I		
		Date Acquired	F⊢i	WALNUT OVAL DROP	5/20/08 FIRST CINITY TIMES	5/20/08	WALNUT JELLY CUPBOA 5/20/08 GLASS CIRTO CARINET	5/20/C TAI, RIE	20/08 3ATHER	5/20/08	5/20/08	20/08		NAVY CLOTH WING 5/20/08	NAVY CLOTH WING 5/20/08	CHERRY LAMP TABLE 5/20/08	GLASS COFFEE TABLE	5/20/08 TALL STIFFEL LAMP	5/20/08 GMA T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5/20/08 5/20/08	( ) (	

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# UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF Federal Statements

23-7075466 FYE: 6/30/2010

## Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	·	<b>&gt;</b>																							
	Net Investment Income	·	<b>Դ</b>																							
	Current Year Depreciation	ı		954	7	0	79	23	19	57		228	274	205		216		<b>⊣</b>	11	•	40	28		33	34	42
	Life	-to		S	U	n	5	ហ	5	Ŋ		ហ	ហ	Ŋ		Ŋ	L	n	ß	L	ი	5		ហ	ហ	Ŋ
	Method		n	m	n	n	m	m	m	m		m	m	m		m	0	n	m	(	n	m		m	m	m
		מתטטנ	7007	200DB	מתססנ	2002	200DB	200DB	200DB	200DB		200DB	200DB	200DB		200DB	ם הייי כי	200	200DB	6	Z00DB	200DB		200DB	200DB	200DB
	Prior Year Depreciation	1 935	1	1,800		TCT	151	43	34	108		430	516	387		409	, ,	7	22	L C	۲)	54		62	65	80
Description	Cost Basis [	W/ BOOKCASE		4,185	TABLE	TABLE	350	100	80 80			1,000	1,200 NEP	900	CUPBOARD	950	C L	) )	50		OF BOON CO	125		145	150	185
	Date Acquired	SAVITAR COLLECTION	H	5/20/08	WALNUT ONE DRAWER T.	AWER	5/20/08 2 BRASS LAMPS	5/20/08 GREEN ORTENTAL RIG	5/20/08 N I.FATHED		FISHER WASHER/DRYER	5/20/08 BROWN LEATHER SOFA	5/20/08 BROWN LEATHER DECLINED	5/20/08	NER	5/20/	FLOOK LAMP SFIRAL	FLOOR LAMP - BLACK	20/0	COLUMBIA AG FARM MAP	SO /OZ /C REPRESENTATIVE MEN		CANDLE STAND TABLE	5/20/08 CAPTAIN'S CHAIR	5/20/08	1AL WALL MIRKOR 5/20/08

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-7075466	Federal Statements		

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n (continued)		Current Year Net Investment Adjusted Net Depreciation Income Income	\$ \$ \$ 6L	91	23	23	11	41	274	91	63	34	11	11	23	56	17	386	110	110
19 - Depreciatic		Life	5 5	Ŋ	ις	ហ	Ŋ	ιΩ	ഹ	r.	Ŋ	Ŋ	Ŋ	Ŋ	Ŋ	Ŋ	Ŋ	Ŋ	Ŋ	ιΩ
990-PF, Part I, Line 19 - Depreciation (continued)		Method	200DB	200DB	200DB	200DB	:00DB	200DB	:00DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB
Statement 3 - Form		Prior Year Depreciation	l d	172 2	43 2	43 2	22 2	77 2	516 2	172 2	118 2	65 2	22 2	22 2	43 2	105 2	32 2	729 2	209 2	209 2
Sta	Description	Cost Basis	IN BA	G BACK CHAIRS 400	100	100 100	50	180	1,200 CHATRS		275	150	Ŀ		, F		75	-		
		Date Acquired	MEDECINE CABINET 5/20/08 \$		5/20/08	TV 5/20/08 BRASS BEDSIDE 13	5/20/08 TAI, RIMNE		_	5/20/08 W/ GDEEN	5/20/08	CAPIAINS CHAIR 5/20/08 TAII BDASS BEDSIDE	5/20/1 5/20/1	5/20/	5/20/08	5/20/(	5/20/08 MADIE 4	5/20/08	5/20/(MA)	5/20/(

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UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF	6/3/2011 1:09 PM
23-7075466 Federal Statements	

23-7075466 FYE: 6/30/2010 Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Desc	<u>Statert</u> Description	Statement 3 - Form		930-FF, Fait I, Lille 13 - Depreciation (continued)	Jeprecial	ion (continued)		
	م م	Prior Year		7 77 7	3	Current Year	Net Investment	Adjusted Net
Acquired Basis	ne 	Depreciation		Method	LIE	Depreciation	псоте	псот
L RECLINER		1	(					
5/20/08 \$	300 \$	129	200DB		U S	89	<u></u>	
BLUE FLEXSTEEL RECLINER		6			t	0		
LE	0	77	7		n	0		
5/2(	90	39	200DB		2	20		
BRASS BEDSIDE LAMP								
5/20/08	140	09	200DB		ហ	32		
BRASS CHAIRSIDE LAMP								
5/20/08	( )	30	200DB		വ	16		
SINGLE CHAIR - BEIGE CLOTH	rh SEAT	,			ĺ	1		
5/20/08	25	11	200DB		Λ	ላ		
00/00/9	0		נורטטנ		Ш	66		
BLUE LEATHER SOFA	007	4. U	Z00DB		n	7		
5/20/08	1,200	516	200DB		Ŋ	274		
FLOWERED CHAIR & OTTOMAN								
5/20/08	250	108	200DB		ហ	57		
TV								
5/20/08	100	43	200DB		S	23		
2 BEDSIDE LAMPS								
	140	09	200DB		2	32		
T TABLE								
/20/08	350	151	200DB		Ŋ	79		
r table w/	LONG DRAWER							
5/20/08	350	151	200DB		S	19		
	!				,	(		
5/20/08	125	54	200DB		Ŋ	28		
OFA								
5/20/08	245	105	200DB		Ŋ	99		
5/20/08	225	97	200DB		Ŋ	51		
VASE & BO								
5/20/08	2,080	894	200DB		Ŋ	475		
ETECTORS	[	,			4			
9/30/08 2,	2,935	09	$^{ m S/I^{ m L}}$		თ ო	75		

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6/3/2011 1:09 PM Adjusted Net Income Charitable Purpose ₹Ø-Net Investment ζŞ. Income Adjusted Net £Q} Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued) 260 112 527 182 738 105 89 33 32 58 30,489 9 Current Year Depreciation Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Ð. s. S 15 15 39 15 39 Ŋ Ŋ വ S Ŋ 15 Life Investment Federal Statements ŝ Method 13,855 2,185 7,714 200DB 200DB 150DB 200DB 200DB 150DB 150DB 150DB 200DB S/IS/ITotal UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF 70 38,636 Prior Year Depreciation ₹O S Description S 14,750 350 5,800 3,372 1,152 165 3,634 523 1,788 1,300 922,822 2,634 WALNUT TABLE & GILT MIRROR Advertising Dues and Subscriptions Food cost Cost Basis DINING TABLE & CHAIRS Description 8/21/08 \$ PATIO & RAILING 6/17/10 ICE MACHINE 6/30/10 LOCK SYSTEM 8/28/09 10/13/09 11/06/09 60/80/2 6/30/10 2/28/10 4/28/10 11/30/09 FYE: 6/30/2010 Acquired FRONT PORCH LANDSCAPING Date LANDSCAPING CHANDELIER Total 23-7075466 LOVESEAT Expenses WALKWAY

9-4 4-4

. ,				
6/3/2011 1:09 PM		Charitable Purpose	\$ 355	4
	enses (continued)	Adjusted Net	w w	
Statements	I, Line 23 - Other Expo	Net Investment	w w	
SOLLEGE OF Federal	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)	Total	\$ 5,242 299 1,993 5,068 355 \$ 37,211	
UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF 23-7075466 FYE: 6/30/2010	Statemen	Description	Insurance Miscellaneous Expense Postage Speaker Supplies Auction Total	

UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF

23-7075466 FYE: 6/30/2010 **Federal Statements** 

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### Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year		End of Year	_	Fair Market Value
Due from University	\$	\$	8,154	\$	8,154
Total	\$0	. \$	8,154	\$_	8,154

### Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	 Beginning of Year	 End of Year
Accrued Interest	\$	\$ 1,078
Due to University	10,509	26,491
Mortgage	 655,307	 611,356
Total	\$ 665,816	\$ 638,925

6/3/2011 1:09 PM œ City, State, Zip Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Naples FL 34102-7454 UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF 1551 Gulf Shore Boulevard South Address Name Alvin E McQuinn FYE: 6/30/2010

Federal Statement 9 - Form 990-PE, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.   Address	<b>4.</b> ✓ <b>5</b>					<u> </u>		<del>.</del>						
Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Name and Address   Trustee   3 .00   Compensation   Benefits   Compensation   Benefits   Compensation   Benefits   Compensation   Benefits   Compensation   1:09 PM		enses		0	0	0	0	0	0	0	0	0	6	
Statement 9 - Form 990-PE, Part VIII, Line 1 - List of Officers, Directors, Trustees and Address   Tritle Hours   Average   Compensation   President   3.00   Compensation   Court   Average   Court   Average   Court   Average   Compensation   Court   Average   Court   Averag	6/3/2011		Exp		0	0	0	0	0	0	0	0	0	
ERSITY Address Address ute Z 65255 er Court 049 0ad SE 1 Ste 20 201 Ste 20 201 147		ustees, Etc.	Benefits											
ERSITY Address Address ute Z 65255 er Court 049 0ad SE 1 203 201 201 203 AO 651 Eet 147		cers, Directors, Ti	Compensation	0	0	0	0	0	0	0	0	0	0	
ERSITY (ERSITY Address Address Court 049 0ad SE 1 Ste 20 201 Ste 20 201	Statements	e 1 - List of Offic	Average Hours	3.00	3.00	3.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
ERSITY 64477 64477 64477 64477 63 Sout 203 203 201 203 3te 20 201 3te 20 201 147	LEGE OF Federal	990-PF, Part VIII, Lin	Title	President		Vice Preside	Trustee	Trustee	Trustee	Trustee	Trustee	Trustee	Trustee	
UNIV5466  23-707546  FYE: 6/30/  Don Coper 10800 Nor Hallsvill  Dudley Al  1013 Lang  Lawrence  John Saur  711 Fairw  Plattsbur  711 Fairw  Plattsbur  7480 High  Columbia  Sidney Jc  9970 John  Agency MC  Jim McRok  1001 Cher  Columbia  Sidney Jc  1001 Cher  Sidney Jc  9970 John  Agency MC  Jim Ack  1001 Cher  Columbia  Sidney Jc  1001 Cher  Columbia  Sidney Jc  9970 John  Agency MC  11 Angelic  St Louis  Bill Jack  Po Box 38  Brunswick  Dale Ludw	UNIV5466 UNIVERSITY OF MISSOURI COLI 23-7075466 FYE: 6/30/2010	Statement 9 - Form 9	Name and Address	Don Copenhaver 10800 North Route Z Hallsville MO 65255	Dudley Alexander 1013 Langston Court Lawrence KS 66049	John Saunders 711 Fairway Dr Plattsburg MO 64477	hway 163 MO 65203	Sidney Johnson 9970 Johnson Road SE Agency MO 64401		Lowell Mohler 4054 Highway 179 Jefferson City MO 65109	Rich Stegmann 1 Angelica Street St Louis MO 63147	Bill Jackson PO Box 38 Brunswick MO 65236	Dale Ludwig	

· •			<del></del> I	0	0	0	0	0
6/3/2011 1:09 PM		Expenses						c
UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF 23-7075466 FYE: 6/30/2010	orm 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Benefits		0	0	0	0	0
		Compensation		0	0	0	0	0
		Average Hours		1.00	1.00	1.00	1.00	1.00
		Title		Trustee	Trustee	Trustee	Trustee	Trustee
	Statement 9 - Form 990-PF,	Name and Address	Box 104788 Jefferson City MO 65110	Gary Marshall 3118 Emerald Lane Jefferson City MO 65109	Don Nikodim 6235 W Cunningham Dr Columbia MO 65202	Jim Russell PO Box 1728 Jefferson City MO 65102	William Stouffer Route 4 Box 1073 Marshall MO 65340	Nathan Voris 3714 Village Park Drive Columbia MO 65340
UNIV 23-70 FYE:			Box Jeffe	Gary 3118 Jeff	Don ] 6235 Colur	Jim ] PO B¢ Jeff	Will Rout Mars	Nath 3714 Colui

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Year Ended: June 30, 2010 23-7075466

UNIVERSITY OF MISSOURI COLLEGE OF AGRICULTURE FOUNDATION 2-20 AGRICULTURE BUILDING COLUMBIA, MO 65211

## Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

UNIV5466 UNIVERSITY OF MISSOURI COLLEGE OF

**Federal Statements** 

FYE: 6/30/2010

Total

23-7075466

6/3/2011 1:09 PM

**Taxable Interest on Investments** 

Unrelated Business Code Exclusion Postal Code Description Amount Code INTEREST INCOME 28 14 28

Page 1	990 US
	ejected by taxing agency
Elf Detail Status Report	Client Name  TIN  DCN/AckId/RIN  SITY OF MISSOURI CO  23-7075466  Ack issued by agency:05/16/2011  Database Validation Error  Return/Return/Header/Return/Type  If Fom 90-PF, Iten G, "Initial return of a former public charity" checkbox is not obecked, then the EIN in the refile database. (value 990PF, rule F990PF-905)  Database Validation Error  Return/Return/Return/Iten in the c-file database. (value 990PF, rule F990PF-905)  Database Validation Error  Return/R
77 PM	Client Name  UNIVERSITY OF MISSOURI CO 51-672466 516-6201 ELF filename—UNIV5466.990_RET.2009_0.US.XEF Ack issued by agency:05/16/2011 ———————————————————————————————————
6/3/2011 1:07 PM	Client ID UNIV5466

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