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SCANNED MAY 2 6 2011

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	for the	= 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 2010</u>	
В	Check if applicable	Please use IRS C Name of organization	D Employer identific	cation number
	Addres	ss label or ATT GOLDET MEGUNOLOGIC GODDOD METON		
F	Name change	type	43-1	341372
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/si		
Ē	Termin	Chapting)526-1558
	Ameno		G Gross receipts \$	639,860.
	Applic	JEFFERSON CITY, MO 65102	H(a) Is this a group re	
	pendir	F Name and address of principal officer JASON R HALL	for affiliates?	Yes X No
		P.O. BOX 2137, JEFFERSON CITY, MO 65102	H(b) Are all affiliates inc	cluded? Yes No
1	Tax-exe	empt status X 501(c) (3	lf "No," attach a	list (see instructions)
J	Websit	te: > WWW.MISSOURITECHNOLOGY.COM	H(c) Group exemptio	n number ೬
K	Form of	organization: X Corporation Trust Association Other Ly	ear of formation: 1983 N	A State of legal domicile: MO
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities MTC WAS	FORMED TO CON	TRIBUTE TO
Governance		THE DEVELOPMENT OF SCIENCE AND TECHNOLOGY, T	O PROMOTE THE	
ž	2	Check this box > I if the organization discontinued its operations or disposed-of n	nore than 25% of its net as	ssets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	15
ص ع	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
es	5	Total number of employees (Part V, line 2a)	<u> </u>	3
viti	6	Total number of volunteers (estimate if necessary)	6_	11
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)	268,000.	588,308.
enc	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,187.	51,552.
щ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,187.	639,860.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,568,985.	1,124,794.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,706.	122,740.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		ļ
ď	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	705,069.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,410,760.	
		Revenue less expenses Subtract line 18 from line 12	<2,011,573.	<1,403,636.>
20.0	3		Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	13,679,224.	12,596,545.
Net Assets or	21	Total liabilities (Part X, line 26)	900.	321,857.
		Net assets or fund palances & Optract line 21 from line 20	13,678,324.	12,274,688.
<u> </u>	art II	Signature Block		
		Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer to their than officially be based on all information of which preparer has any knowle	ents, and to the best of my knowled edge	ge and belief, it is true, correct,
			· \ 1	_
Siç	jn			2011
He	re	Signature of officer	Date	
		JASON R HALL, EXECUTIVE DIRECTOR		
_		Type of print name and title Despectable Date	Chack if	er'e identifung number
Pai	d	riepalei S	Self- (see in:	er's identifying number structions)
	parer's		employed	
	Only	yours if WILLIAMS - KEEPERS LLC	EIN ▶	
	•	self-employed), address, and 3220 W EDGEWOOD SUITE E		
_		ZIP+4 JEFFERSON CITY, MO 65109	Phone no.	.
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

• Form 990 (2009) MISSOURI TECHNOLOGY CORPORATION

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_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4.4h		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-10		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ _ _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

Form 990 (2009) MISSOURI TECHNOLOGY CORPORATION

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·	1	T	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	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		X
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	<u> </u>	<u>X</u>
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	 	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
a		28a 28b	-	X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
С	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 (2000)
		1 OHII	220 ((5000)

2009) MISSOURI TECHNOLOGY CORPORATION
Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ı		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		
·	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
-	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	İ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ <u>.</u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L		<u> </u>
		Earm	990	'OOOO

Form 990 (2009) MISSOURI TECHNOLOGY CORPORATION 43-1341372 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management								
	1	1			Yes	No			
1a	Enter the number of voting members of the governing body	_1a		15					
þ	Enter the number of voting members that are independent	1b		11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other						
	officer, director, trustee, or key employee?			2		<u> </u>			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision		İ				
	of officers, directors or trustees, or key employees to a management company or other person?			<u> 3</u>		X			
4	Did the organization make any significant changes to its organizational documents since the prior For		was filed?	4	1	X X X			
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?		5	_	<u> </u>			
6	Does the organization have members or stockholders?			6		<u> X</u>			
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	mbers	of the						
	governing body?			7:		X			
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	during	the year			İ			
	by the following								
а	The governing body?			_ 8a					
b	Each committee with authority to act on behalf of the governing body?			81	X	 			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ched a	the		-				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)		1				
					_ Yes	+			
	Does the organization have local chapters, branches, or affiliates?			10	a	<u>X</u>			
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?			10		<u> </u>			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing the	form?	1	<u> </u>				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	a	<u> </u>			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give	rise	1					
	to conflicts?			12	b	-			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescribe						
	in Schedule O how this is done			12		 			
13	Does the organization have a written whistleblower policy?			1:		 			
14	Does the organization have a written document retention and destruction policy?			1.	X X	 			
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1,7			
	The organization's CEO, Executive Director, or top management official			15		X			
b	Other officers or key employees of the organization			15	<u> </u>	X			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		th a						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the contribute assets to, or participate in a joint venture or similar arrangements.	ient W	ura			.			
	taxable entity during the year?	uata :t	nortioinati	16	a	<u> </u>			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.			'					
		unzanc	11.5	1.0	.				
200	exempt status with respect to such arrangements?	-		16	D				
	List the states with which a copy of this Form 990 is required to be filed NONE								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501/2	1/3)s only) av	allable for					
10	public inspection. Indicate how you make these available. Check all that apply	(JO I (C	nois only ave	andole IUI					
	Own website Another's website X Upon request								
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict	of interest co	licy and f	nancial				
19		Ji mili ((or interest bo	iicy, ariu i	ı ıaı ıUldl				
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books an	nd reco	rde of the ord	anization	•				
20	STACEY HIRST - (573)526-1558	ia r e co	ias oi tile oig	jai neatioi i	_				
			-	· · · · · ·					
	301 W. HIGH STREET, JEFFERSON CITY, MO 65102								

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did in		ny cu	ırren			, aire	ecto		1	
(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and time	hours	(check all that app					lv)	compensation	compensation	amount of
	per						Ť.	from	from related	other
	week	direct				 		the	organizations	compensation
		stee or	ustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		lal trus	onal tr		ployee	8 S	1	(** 2) 1000 141100)		and related
		Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Рог тег			organizations
	-	-	-	-	<u> </u>	Ξ &	<u> </u>			
SEE ATTACHED LIST	1.00	\ \v						0.	0.	0
JASON HALL	1.00	┼^						0.	0.	0,
EXECUTIVE DIRECTOR	40.00			x				85,417.	0.	4,182.
EMBCOTTVE BINDCTON	1000	T			-	†		00/11/		
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	† VII Section A. Officers, Directors, Tri (A)	(B)	(C)						(D)	(E)			(F)			
	Name and title	Average	-		Posi all t		app	ly)	Reportable compensation from	Reportable compensation from related	1	an	timate nount other			
		per week	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MIS		compensation from the organization and related organizations				
							 				\Box					
									,		_					
			ļ													
					_	 										
			ı				 				\dashv					
			-				_	<u> </u>				·- 				
	Total			<u> </u>			<u> </u>		85,417.		0.		4,1	82.		
2	Total number of individuals (including but compensation from the organization	not limited to t	hose	liste	ed al	bov	e) w	ho r		0,000 in reportable)			0		
3	Did the organization list any former officer	, director or tru	ustee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on			Yes	No		
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omp	ensa	atior	n an	d ot	her compensation from	the organization		3		X		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									vices rendered to		4		Х		
Sec	the organization? If "Yes," complete Scherotion B. Independent Contractors	dule J for such	pers	son								5		Х		
1	Complete this table for your five highest countries or the organization	ompensated in	dep	ende	ent c	ont	racte	ors '	that received more than	\$100,000 of com	pens	ation 1	from			
	(A) Name and business								(B) Description of	services	С	ompe	C) nsatio	n		
<u>21</u>	YAN CAVE, LLP, ONE MET 1 N BROADWAY, STE 3600	, ST LO	UI	<u>s,</u>					LEGAL SERVIC	ES		57	8,8	93.		
	TMOS GROUP, INC., 400 ITE 290, LEE'S SUMMIT,			EW —	B)	LV:	D.		CONSULTING S	ERVICES		12	6,6	00.		
									<u> </u>							
	Total number of independent contractors	(including but i	not li	mite	d to	the	ose li	ste	d above) who received r	nore than						
	\$100,000 in compensation from the organ						2									

	rm 990		OURI TECH	HNOLOGY C	ORPORATION	<u> </u>	43-1341	372 Page 9
<u> </u>	Part VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants	원 1 a	Federated campaigns	1a					
gra	j b	Membership dues	1b					
fs,	<u>e</u> c	Fundraising events	1c					
. 9		d Related organizations	1d	<u> </u>				
ons	is e	Government grants (contribu		588,308.				
ğ	힏	All other contributions, gifts, gra similar amounts not included ab						
턫	5	Noncash contributions included in line					:	
ટેં	a a	Total. Add lines 1a-1f	:S 1d-11 \$		588,308.			
_				Business Code	3307333			
ě	2 a	ı						
Ž	a b							
တ္ခ				1				
Program Service	ا ﴿	d						
5 B	ຕ e							
Δ.	'	All other program service rev	renue	L	- · · · · · · · · · · · · · · · · · · ·			
_		Total. Add lines 2a-2f						
	3	Investment income (including	g dividends, inter	_	E1 EE2			E1 EE0
	1	other similar amounts) Income from investment of t	ay ayamat hand	proceeds	51,552.			51,552.
	5	Royalties	ax-exempt bond	proceeds				
	3	Hoyanies	(ı) Real	(II) Personal				
	6 a	Gross Rents	() 11041	(ii) i oroona.				
	b					ľ		
	c	5						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis		1				
		and sales expenses						
	i	Gain or (loss)						
	i	Net gain or (loss)		P		-		
9	<u> </u>	 Gross income from fundraisi including \$ 						
9	2	contributions reported on lin						
Ò	<u> </u>	Part IV, line 18	e,	, l				
0,000		Less direct expenses	Ŀ					
()	Net income or (loss) from fur	ndraising events					
	9 a	a Gross income from gaming a	activities See				ü	
		Part IV, line 19	a	1				
		Less direct expenses	t	·				
		Net income or (loss) from ga		>	-	-		
	10 a	Gross sales of inventory, les		1				
	l .	and allowances	a					
		Less cost of goods sold	loc of inventory	·		1		
	— °	Net income or (loss) from sal Miscellaneous Reven		Business Code				
	11 a			Dusiness Code]		
	'' 6				·			
					-			
	d							
	e	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.	_	▶	639,860.	0.	0.	51,552.

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,124,794.	1,124,794.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				<u></u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	116,237.	52,487.	63,750.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	6,503.	1,626.	4,877.	
1	Fees for services (non-employees)				
а	Management				· · · · · · ·
b	Legal	597,894.	89,047.	508,847.	
С	Accounting	19,224.		19,224.	
þ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	132,750.	132,750.		
12	Advertising and promotion				
13	Office expenses	4,220.	935.	3,285.	
14	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	18,747.	5,506.	13,241.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,411.		1,411.	
20	Interest				
1:1	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,762.	1,143.	619.	
23	Insurance	9,605.	474.	9,131.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	TELEPHONE	7,673.	958.	6,715.	
b	ADMINISTRATIVE SERVICES	2,064.	0.	2,064.	
c	DUES AND SUBSCRIPTIONS	545.	0.	545.	
d	BANK SERVICE CHARGE	36.	0.	36.	
e	LICENCE AND PERMITS	15.	0.	15.	
f	All other expenses	16.		16.	
25	Total functional expenses. Add lines 1 through 24f	2,043,496.	1,409,720.	633,776.	
26	Joint costs Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Balance Sheet Part X (A) (B) Beginning of year End of year 11,831,721. 10,234,943. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Schedule L 350,000. 772,111. Notes and loans receivable, net 7 7 Assets 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 15,280. basis Complete Part VI of Schedule D 10a 13,161. 3,881. 10c 2,119. b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 1,493,622. 587,372. Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 13,679,224 Total assets. Add lines 1 through 15 (must equal line 34) 12,596,545. 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 900. 321,857. Other liabilities Complete Part X of Schedule D 25 25 321,857. 900. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 13,678,324. 12,274,688. 32 Retained earnings, endowment, accumulated income, or other funds 32 13,678,324. 12,274,688. 33 33 Total net assets or fund balances 13,679,224 12,596,545. Total liabilities and net assets/fund balances 34

Form **990** (2009)

Form	990 (2009) MISSOURI TECHNOLOGY CORPORATION 43-	1341372	Pa	ge 12
Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	tit		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		1

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

MTSSOURT TECHNOLOGY CORPORATION

43-13/13/2

			T TECHNOLOGI						43	_T2#T	<u> </u>	
Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions				
The organ	iization is not a	a private foundation l	because it is (For lines 1	1 through ¹	11, check o	only one b	ox)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(ı)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospit	tal service organization of	described i	n section	170(b)(1)((A)(III).					
4 🔲			operated in conjunction					(b)(1)(A)(ii	ı). Enter th	e hospital'	s nam	ie,
	city, and stat	е										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	nental uni	t describe	d ın		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6 🔲	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	ublic descr	nbed i	n
	•	b)(1)(A)(vi). (Comple	•	• • •		•			3			
8 🗆	,		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	-		eives (1) more than 33			rom contri	butions in	nembershi	n fees, and	d aross rec	eints:	from
- —	•	•	nctions · subject to certa						•	-		
		· ·	axable income (less sect	•		•			• •	•		
		509(a)(2). (Complete			· · · · · · · · · · · · · · · · · · ·			,e e.ge			5,	•
10 🔲			perated exclusively to te	st for publi	ic safety S	See sectio	n 509(a)(4	1\				
11 🗔	_	•	perated exclusively for the	-	•			•	v out the r	ournoses o	f one (or
	_		ations described in section		-					-		
			organization and compl				., 000 00 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(u), uno	on the box		
	a Type		-	тур			egrated		d 🗌	Type III - C)ther	
e 🗀			it the organization is not			-	-	r more disi				n
с			han one or more publicly									
f		•	ten determination from		_				3(a)(1) 01 3	ection 303	(a)(z).	
'	_			uie ino iiie	шпъату	pe i, Type	ii, or Type	5 111				
_		rganization, check th	iis box organization accepted ar	au auft ar a	antribuitian	from one	of the fell		20002			'
g			=							ſ	V	N.
	.,	•	rectly controls, either al	one or tog	ether with	persons c	iescribed	in (ii) and (iii) below,	44-0	Yes	No
	•	• •	upported organization?							11g(i)		
	. ,	•	n described in (i) above?		-0					11g(ii)		
	• •	•	person described in (i) o							11g(<u>iii)</u>		
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
			(iii) Type of	(i.i.) la tha a		(c) Did co	. notificatho	(vi) Is	the			
	of supported	(ii) EIN	organization		organization sted in your			organization (i) organiz	on in col.	(vii) Am		f
org	anization		(described on lines 1-9	governing			support?	(i) organiz U.S	ed in the	supp	ort	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(acc mandenona)	163	140	165	NO	165	100			
								-				
								 				
	-											
								 	 			
									 			
- - • - •												
Total				L	i		<u></u>	L	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2009

• Schedule A (Form 990 or <u>990-EZ) 20</u> 09]	MISSOURT TE	CHNOLOGY	CORPORAT	ION	43-134	1372 Page 2
Part II Support Schedule for	r Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
(Complete only if you check	-				. /. /. /	•
Section A. Public Support	<u> </u>	· · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2000	(0/202	(0) 2000	(0) 2000	(i) iotai
membership fees received (Do not						
include any "unusual grants ")	54,931.		15269109.	268,000.	588.308.	16180348.
2 Tax revenues levied for the organ-	32/3321			200,000	300,000.	
ization's benefit and either paid to					:	
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	54,931.		15269109.	268,000.	588.308.	16180348.
5 The portion of total contributions	34,331.		132031031	200,000	300,3001	101003401
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
``						16180348.
6 Public support. Subtract line 5 from line 4 Section B. Total Support	1 1					10100340.
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	54,931.	(b) 2000	15269109.	268,000.		16180348.
	34,331.		13203103.	200,000.	300,300.	10100340.
8 Gross income from interest, dividends, payments received on						
· • •						
securities loans, rents, royalties	3,987.	A 151	128,454.	131,187.	51,552.	319,331.
and income from similar sources9 Net income from unrelated business		#,IJI•	120,434.	131,107.	J1,JJ2.	317,331.
	8					
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain	1					
or loss from the sale of capital	323.	590.	132.			1,045.
assets (Explain in Part IV)			134.			1,043. $16500724.$
11 Total support. Add lines 7 through 10			I			10300724.
12 Gross receipts from related activitie		•	rd facults or fifth to		12 n 501(a)(3)	
13 First five years. If the Form 990 is t		iirst, second, trii	ra, iourtii, or iiitii ta	ax year as a section	11 30 1(0)(3)	_
organization, check this box and st Section C. Computation of Pul		centage	· ·			
			column (fl)		14	98.06 %
14 Public support percentage for 2009			column (i))		14	
15 Public support percentage from 20			n line 13 and line 1	1/ ic 33 1/20/ a= ~	15	
16a 33 1/3% support test - 2009.If the				14 15 00 1/070 UF II	iore, check this bo	x and
stop here. The organization qualified				line 15 ic 22 1/20/	or more check th	
b 33 1/3% support test - 2008. If the				mie 15 is 33 1/3%	or more, check th	IS DOX
and stop here. The organization qu	•			13 160 or 16h o	and line 14 is 100/	or more
17a 10% -facts-and-circumstances to and if the organization meets the "f						
meets the *facts-and-circumstance					it iv now the organ	▶
meets the racts and circumstances	o cool into organizati	on quantes as a	Papiloly aupported	a organization		▶ ∟

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Sch Pa	edule A (Form 990 or 990 EZ) 2009 ort III Support Schedule for C) Prganizations	Described in	Section 509(a)(2) (Complete only I	f you che	cked the bo:	Page 3 x on line 9 of Part I.
Sec	ction A. Public Support			 				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not						İ	
	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that						ļ	-
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities						İ	
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	_						
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				:			
	Add lines 7a and 7b		_					
8	Public support (Subtract line 7c from line 6)							
Se	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
9	Amounts from line 6							
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support (Add lines 9, 10c, 11, and 12)		1					
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here							▶
Se	ction C. Computation of Publ		*					
15	Public support percentage for 2009 (•	column (f))		15		%
16	Public support percentage from 2008					16		%
Se	ction D. Computation of Inves							
17	, ,			ne 13, column (f))		17		%
18	Investment income percentage from					18		%
198	33 1/3% support tests - 2009. If the	=					and line 17	/ is not
_	more than 33 1/3%, check this box a	•			_		20 4 /00/	
t	33 1/3% support tests - 2008. If the	_						ind
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization				• • •	_		
20	rivate roundation, in the organization	an did not check a	LUON OFFITHE 14, 18	a, or 130, check to				or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions. OMB No 1545-0047 Open to Public Inspection

Name of the organization

MISSOURI TECHNOLOGY CORPORATION

Employer identification number 43-1341372

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservati	•	·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Δrt Historical Treasures or (Other Similar Assets
	Complete if the organization answered "Yes" to Form		otici olillidi Assets.
	Competer and organization and the terrority	000,1 00111, 11110 0	
12	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	•	
	the footnote to its financial statements that describes these	•	able bettles, provide, in a dit that, the text of
b	If the organization elected, as permitted under SFAS 116, to		ince sheet works of art, historical treasures
_	or other similar assets held for public exhibition, education, o		
	these items	The second secon	, p. s s s g amounts rotating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS 1		9
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		➤ \$ ➤ \$

		I TECHNOLO						<u>43-13</u>			
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (cont	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant	use of its	collectio	ıtem	s
	(check all that apply)										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organizati	on's exer	npt purpo	se in Par	XIV		
5	During the year, did the organization solicit o				_						
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nızatıon's co	ollection?				Yes] No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if org	ganization ai	nswered "Ye	s" to Forr	n 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	included			-	
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table							
	•	•	_					-	Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f											
2a	2a Did the organization include an amount on Form 990, Part X, line 21?								No		
	If "Yes," explain the arrangement in Part XIV										
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance	,							1-7	,	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships	· - · - · · · · · · · · ·						•			
	Other expenditures for facilities			,			••				
Ū	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a			1	ı					
a	Board designated or quasi-endowment	. Cha balanco nola l	%								
b	Permanent endowment	%	_′°								
c											
	Are there endowment funds not in the posse	•	ation the	at are held a	ind administe	ered for th	ne organiz	ration			
Ou	by	socion of the organiz	Q11011 1111	at are note o	ara darriiriot	3,00 101 11	io organiz	-411011	ſ	Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(II)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required a	n Scher	dule R2					3b		
4	Describe in Part XIV the intended uses of the								00		
	rt VI Investments - Land, Building). Part X. line	10					
	Description of investment	(a) Cost or c		T	or other		cumulate	-d	(d) Bool	c value	
	Decemplien of investment	basis (investr		1 ' '	(other)		reciation	~	(4) 500	. valut	-
10	Land			-	<u>,</u>						
	Buildings						-				
b	Leasehold improvements		-					 -			
d	Equipment			1	5,280.		13,1	61	-	2,1	1 9
	Other			-	<u>, 2000</u>		10,1	 		<u>. , .</u>	- 7 •
	I. Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X colu	mn (R) line '	10(c))	I				2,1	19.

Schedule D (Form 990) 2009 MISSOURI T	ECHNOLOGY CORPO	DRATION	43-1341372 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation st or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other	.		
	-		
-			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	0-	(c) Method of valuation
			st or end-of-year market value
INVESTMENT IN UM/FLW	1 402 622	COCH	
TECHNOLOGY PARK INVESTMENT IN MEDIA	1,493,622.	COST	·
CONVERGENCE GROUP	93,750.	COST	
CONVENCE GROOT	33,730.	CODI	
			
	1		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	1,587,372.		
<u> </u>	i) Description		(b) Book value
(c	y Boodinphon		(5) 5000 100
	· · · · · · · · · · · · · · · · · · ·		
	· · · = · · · · · · · · · · · · · · · ·		
			
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)		
Part X Other Liabilities. See Form 990, Part >	(, line 25		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
PAYROLL LIABILITIES		900.	
CONTRACTUAL COMMITTED FUNDS		320,957.	-
			-
			-
			1
			1
			1
			1
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25)	321,857.	
2. FIN 48 Footnote In Part XIV, provide the text of the fo		financial statement	s that reports the organization's liability for

	tule D (Form 990) 2009 MISSOURI TECHNOLOGY CORPORA			43-	<u>1341372</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial Sta	tement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		639	,860.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,043	,496.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<1,403	,636.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		<1,403	,636.
Par	XII Reconciliation of Revenue per Audited Financial Statemer	nts With Rever	nue per	Returr	ו	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e	_	
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		_		
С	Add lines 4a and 4b			4c	-,-	•
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-1- \4/31- 5		5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents with Expe	nses pe	r Retu	irn	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.				
a	Donated services and use of facilities	2a		-		
b	Prior year adjustments	_2b				
C	Other losses	2c		-		
d	Other (Describe in Part XIV)	2d	· · · · · · · · · · · · · · · · · · ·	\dashv \Box		
_	Add lines 2a through 2d			2e	_	
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4. 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV) Add lines 4a and 4b	_4b_		ا 🗚 🖯		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5		
	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl					4, Part
			_			
						

932054 02-01-10 Schedule D (Form 990) 2009

SCHEDULEI

OMB No 1545-0047

	Complet	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Governments, and Individuals in the United States Governments, and Individuals in the United States sorganization answered "Yes" on Form 990, Part IN ▶ Attach to Form 990.	in the United States on the United States on Form 990, Pa m 990, Pa m 990.	5, tes rt IV, line 21 or 22.		2009 Open to Public Inspection	
1 2	MISSOURI TECHNOLOGY	CORPORAT	NOI				Employer identification number 43-1341372	
 	General Information on Grants and Assistance							
1 5	bstantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	:	
ب ج	criteria used to award the grants or assistance?	4	2 de 1 de 1 de 1 de 1 de 1 de 1 de 1 de	0,000			A Yes No	
ನ ೪	res for monito	Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States. Complete	Tunds in the United	omplete if the organic	anization answered "\	sibe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	IV. Ine 21. for any	
2	00 Check this b	box if no one recipier	it received more th	an \$5,000 Use Pa	art IV and Schedule I	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	nal space is needed	
	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							TO PROVIDE FUNDING TO	
	-						MOSOURCELINK FOR PHASE II	
							OF THE DEVELOPMENT OF A	
43	43-6003859		125,350.	0.			WEBSITE TO CONNECT	
							TO PROVIDE FUNDING FOR PHASE HOLY THE MISSOURI	art.
43	43-6003859		334,387.	0			ADDITIONAL MONEY WAS	o
							TO PROVIDE FUNDS TO	
							VARIOUS PROJECTS	
							INCLUDING THE HIGH TECH	
₩.	43-1908699		220,646.	0			MARKETING INITIATIVE AND	
							7 - 2	
lö l	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	anizations					A A	
۶.	Act Notice, s FOR COL	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS	for Form 990. SCRIPTION	മ			Schedule I (Form 990) 2009	

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2 (f) Description of non-cash assistance 43-1341372 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING TO MOSOURCELINK FOR PHASE II OF THE DEVELOPMENT OF A WEBSITE TO CONNECT MISSOURI (d) Amount of non-cash assistance BUSINESSES TO VARIOUS RESOURCE PROVIDERS ACROSS THE STATE. (c) Amount of cash grant CURATORS OF THE UNIVERSITY OF MISSOURI-KANSAS CITY MISSOURI TECHNOLOGY CORPORATION (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: NAME OF ORGANIZATION OR GOVERNMENT: PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

CURATORS OF THE UNIVERSITY OF MISSOURI-COLUMBIA

932102 02-02-10

Schedule I (Form 990) 2009 MISSOURI TECHNOLOGY CORPORATION 43-1341372 Page	<u> 2</u>
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR PHASE EN OF Technology Injunity Provided. THE MISSOURI SOURCELING PROJECT. ADDITIONAL MONEY WAS PROVIDED FOR PHASE	
THE MISSOURI SOURCELING PROJECT. ADDITIONAL MONEY WAS PROVIDED FOR PHASE	
II OF THE MU BIODESIGN & INNOVATION PROJECT.	
NAME OF ORGANIZATION OR GOVERNMENT: MISSOURI BIOTECHNOLOGY ASSOCIATION	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS TO VARIOUS PROJECTS	
INCLUDING THE HIGH TECH MARKETING INITIATIVE AND TO PROVIDE AGRICULTURAL	
EDUCATION AND OUTREACH TO MISSOURI COUNTIES.	

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MISSOURI TECHNOLOGY CORPORATION

Employer identification number 43-1341372

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MODERIZATION OF MO BUSINESSES BY SUPPORTING THE TRANSFER OF SCIENCE,
TECHNOLOGY AND QUALITY IMPROVEMENT METHODS TO THE WORKPLACE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESTABLISHMENT OF METHODS OF TECHNOLOGY APPLICATION, COMMERCIALIZATION
AND DEVELOPMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE MISSOURI TECHNOLOGY CORPORATION WILL PROVIDE FUNDS FROM THE LEWIS
AND CLARK DISCOVERY INITIATIVE TO THE AGBIOTECH COMPANY RECRUITMENT
FUND TO RECRUIT AND RETAIN AGBIOTECH COMPANIES IN THE STATE OF
MISSOURI.
EXPENSES \$ 758413. INCLUDING GRANTS OF \$ 535494. REVENUE \$ 0.
THE MISSOURI TECHNOLOGY CORPORATION WILL PROVIDE FUNDS FOR THE ANIMAL
HEALTH WORKFORCE DEVELOPMENT INITIATIVE. THE PROGRAM IS DESIGNED TO
HELP ENSURE THAT THE ST JOSEPH AREA'S ANIMAL HEALTH AND NUTRITION
INDUSTRY CONTINUE TO HAVE ACCESS TO A HIGHLY SKILLED WORKFORCE.
THE MISSOURI TECHNOLOGY CORPORATION WILL PROVIDE FUNDS FOR THE MISSOURI
POWER RESOURCE CENTER. THIS CENTER WILL PARTNER WITH INDUSTRY LEADING
MISSOURI COMPANIES TO FOCUS ON CUTTING-EDGE TECHNOLOGY RELATED TO POWER
AND NEXT GENERATION BATTERIES.

Supplemental Information to Form 990

Department of the Treasury

932211 02-03-10 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Employer identification number 43-1341372

Schedule O (Form 990) 2009

MISSOURI TECHNOLOGY CORPORATION	43-1341372
AND CLARK DISCOVERY INITIATIVE TO THE ST. LOUIS INFORMATION	ON TECHNOLOGY
INITIATIVE. THIS PROGRAM PROVIDES GRANT FUNDING TO THE U	NIVERSITY OF
MISSOURI-ST. LOUIS IT ENTERPRISES AND TO THE INNOVATE ST.	LOUIS
INFORMATION TECHNOLOGY ENTREPRENEUR NETWORK.	·
THE MISSOURI TECHNOLOGY CORPORATION WILL SPONSOR CONFEREN	CES WHICH
RELATE TO THEIR PRIMARY EXEMPT PURPOSE.	
THE MISSOURI TECHNOLOGY CORPORATION WILL WORK WITH VARIOU	S UNIVERSITIES
AND ANIMAL HEALTH COMPANIES AND ORGANIZATIONS TO EXPLORE	THE
ESTABLISHMENT OF AN ANIMAL HEALTH AND NUTRITION CENTER IN	THE KANSAS
CITY - ST JOSEPH REGION.	
THE LEWIS AND CLARK DISCOVERY INITIATIVE PROVIDES FUNDS TO	O THE MISSOURI
TECHNOLOGY CORPORATION TO INVEST IN PROGRAMS DESIGNED TO	PROVIDE
FUNDING FOR INITIATIVES WHICH IMPROVE COMMERCIALIZATION O	F MISSOURI
TECHNOLOGIES AND INCREASE INVESTMENT IN MISSOURI TECHNOLOGIES	GIES.
THE MISSOURI TECHNOLOGY CORPORATION WILL PROVIDE FUNDS FRO	OM THE LEWIS
AND CLARK DISCOVERY INITIATIVE TO THE MISSOURI VENTURE PA	RTNERS
PROGRAM. THE PURPOSE OF THIS PROGRAM IS TO PROMOTE INVEST	TMENT IN HIGH
GROWTH TECHNOLOGY COMPANIES THROUGH THE CREATION OF A SEE	D CAPITAL
INVESTMENT FUND.	
FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS OF M	ISSOURI

TECHNOLOGY CORPORATION ARE APPOINTED BY THE GOVERNOR OF THE STATE OF

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

Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number MISSOURI TECHNOLOGY CORPORATION 43-1341372 MISSOURI. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE REVIEWED BY THE DIRECTOR OF OPERATIONS AND THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. A COPY OF FORM 990 WILL ALSO BE PROVIDED TO THE BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12: DURING THE FISCAL PERIOD ENDING JUNE 30, 2010, THE BOARD OF MISSOURI TECHNOLOGY CORPORATION ADOPTED A CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION C, LINE 19: THE MISSOURI TECHNOLOGY CORPORATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST. JASON HALL IS PAID BY THE STATE OF MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT. HIS COMPENSATION FOR FISCAL YEAR 2010 WAS 120,000. THE MISSOURI TECHNOLOGY CORPORATION (MTC) IS A PUBLIC-PRIVATE PARTNERSHIP CREATED BY THE MISSOURI GENERAL ASSEMBLY TO PROMOTE THE

GROWTH OF NEW HIGH-TECH COMPANIES. THE MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT ASSISTS THE MISSOURI TECHNOLOGY CORPORATION BY PROVIDING FUNDING FOR PROJECTS. THE DEPARTMENT OF ECONOMIC DEVELOMENT ALSO PAYS CERTAIN EXPENSES FOR THE MTC. ADDITIONALLY, THE DIRECTOR OF THE DEPARTMENT OF ECONOMIC DEVELOPMENT SERVES ON THE BOARD OF DIRECTORS FOR

THE MISSOURI TECHNOLOGY CORPORATION.

Supplemental Information to Form 990

(Form 990)

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

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	MISSOURT	TECHNOLOGY	CORPORATION		Employer identification number 43-1341372
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Missouri Technology Corporation Board of Directors

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T 573.563.4004
Chuck williams@us.army mil
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Mark premont@us army.mil

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*The Fort Leonard Wood Garrison Commander and two RAM members were elected by the members to serve in an ex-officio capacity Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal R	evenue Service	File a separate application for each return.								
• If you	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
Part	I Automatic	3-Month Extension of Time. Only submit original (no copies needed).								
Part I o	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only									
	nr corporations (includ ncome tax returns	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten.	sion of time						
noted to (not aut you mu	below (6 months for a tomatic) 3-month extr st submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or contemplated and signed page 2 (Part II) of Form 8868. For more details on the electronic filing the file for Charities & Nonprofits	ally if isolida	(1) you want the additional ted Form 990-T Instead,						
Type or	r Name of Exemp	t Organization	Empl	oyer identification number						
print		TECHNOLOGY CORPORATION	4	3-1341372						
Fite by the due date for liting your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions 301 W. HIGH, SUITE 680 City, town or post office, state, and ZIP code. For a foreign address, see instructions. JEFFERSON CITY, MO 65102										
								Check type of return to be filed (file a separate application for each return). X Form 990 Form 990-T (corporation) Form 4720		
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227									
	Form 990-EZ Form 990-T (trust other than above) Form 6069									
Form 990-PF Form 1041 A Form 8870										
STACEY HIRST The books are in the care of ▶ 301 W. HIGH STREET - JEFFERSON CITY, MO 65102 Telephone No ▶ (573)526-1558 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension will cover										
is	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2009, and ending JUN 30, 2010.									
2 11	f this tax year is for le	ss than 12 months, check reason.		Change in accounting period						
	• •	r Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any		•						
_	conrefundable credits		3a	\$						
		r Form 990-PF or 990-T, enter any refundable credits and estimated	3ь	\$						
		nclude any prior year overpayment allowed as a credit or line 3b from line 3a Include your payment with this form, or, if required,	50	<u> </u>						
		con or, if required, by using EFTPS (Electronic Federal Tax Payment System)	-							
	ieposit with F10 coup See instructions.	Soli or, il required, by daining it is a (Lieutronia) adorat tax i ayrimini oyasetti	3c	s N/A						
		make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8	8879·E	O for payment instructions						

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 1-2011)				Page 2	
• If you are filing for an Additional (Not Automatic)	3-Month Extension, o	complete only Part II and check this	oox	X	
Note. Only complete Part II if you have already been					
• If you are filing for an Automatic 3-Month Extens					
Part II Additional (Not Automatic) 3			copies needed	n.	
Type or Name of exempt organization				dentification number	
print MISSOURI TECHNOLOGY CO	ORPORATION		43-1	341372	
File by the		tions.	1 -3 -	322312	
extended due date for 301 W. HIGH, SUITE 68					
return See City, town or post office, state, and ZIP of		ress see instructions			
Instructions. JEFFERSON CITY, MO 6		1003, 300 Ilistractions.			
DEFIELDON CITY, MO U	3101				
Enter the Return code for the return that this applicat	ion is for (file a separa	te application for each return)		0 1	
Application	Return	Application		Return	
Is For	Code	Is For		Çode	
Form 990 01					
Form 990 01 Form 1041-A 02 Form 1041-A					
Form 990-EZ 03 Form 4720					
Form 990-PF 04 Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above) 06 Form 8870					
STOP! Do not complete Part II if you were not aire			nusly filed For	12 m 8868	
● The books are in the care of ► STACEY HIRST				11 00001	
Telephone No. ► (573)526-1558	304 11011 04	FAX No. ►	102		
If the organization does not have an office or place.	e of business in the Ur			_ • [
If this is for a Group Return, enter the organization				hole group, check this	
box . If it is for part of the group, check this					
4 I request an additional 3-month extension of tir		15, 2011			
5 For calendar year, or other tax year b		, 2009 , and ending	JUN 30	, 2010	
6 If the tax year entered in line 5 is for less than 1			Final return		
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECE	SSARY TO PR	EPARE A COMPLETE AN	D ACCUR	ATE RETURN.	
8a If this application is for Form 990-BL, 990-PF, 9	90·T, 4720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions			8a \$	0.	
b If this application is for Form 990-PF, 990-T, 47	20, or 6069, enter any	refundable credits and estimated			
tax payments made. Include any prior year ove	rpayment allowed as a	a credit and any amount paid	2. 24		
previously with Form 8868.			8b \$	<u> </u>	
c Balance due. Subtract line 8b from line 8a. Inc	lude your payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment Syster			8c \$	0.	
	•	d Verification			
Under penalties of perjury, I declare that I have examined the it is true, correct, and complete, and that I am authorized to	s form, including accomp prepare this form.	panying schedules and statements, and to	the best of my kr	iowledge and belief,	
Signature > liathy Maenie	Title ► CPA		Date >	2/14/11	
0	·— -····-			orm 8868 (Rev. 1-2011)	