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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

| | | |
|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MISSOURI INDEPENDENT BANKERS ASSOCIATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5 VICTORY LANE City or town, state or country, and ZIP + 4 LIBERTY, MO 64068 | D Employer identification number 43-1035827 E Telephone number (816) 781-8088 G Gross receipts \$ 941,474 |
| F Name and address of principal officer | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW MIBA NET | | |
| K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation M State of legal domicile MO |

Part I Summary

| | | | | |
|------------------------------------|--|----------------------------------|---------------------|---------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE PROMOTION OF THE GENERAL WELFARE OF INDEPENDENT BANKS AND BANKING INSTITUTIONS THROUGHOUT THE STATE OF MISSOURI | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 75 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 75 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | | 4 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 48,910 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | -11,799 |
| Revenue | | Prior Year | Current Year | |
| | 8 Contributions and grants (Part VIII, line 1h) | 304,500 | 289,155 | |
| | 9 Program service revenue (Part VIII, line 2g) | 574,481 | 614,360 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,471 | 12,697 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 256 | |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 890,452 | 916,468 | |
| Expenses | | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 8,000 | 8,000 | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 371,658 | 360,624 | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 529,661 | 524,215 | |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 909,319 | 892,839 | |
| | 19 Revenue less expenses Subtract line 18 from line 12 | -18,867 | 23,629 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | |
| | 20 Total assets (Part X, line 16) | 824,584 | 743,090 | |
| | 21 Total liabilities (Part X, line 26) | 275,062 | 169,939 | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 549,522 | 573,151 | |

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|--|---|
| Sign Here | ***** Signature of officer | 2011-07-21 Date |
| | JARRETT SAGE Executive Director Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name Lynn J Graves CPA Preparer's signature Lynn J Graves CPA Date Firm's name ▶ Graves & Associates CPAs LLC Firm's address ▶ 3702 West Truman Blvd Suite 213 Jefferson City, MO 651096156 | Check if self-employed <input checked="" type="checkbox"/> PTIN Firm's EIN ▶ Phone no ▶ (573) 893-7700 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE PROMOTION OF THE GENERAL WELFARE OF INDEPENDENT BANKS AND BANKING INSTITUTIONS THROUGHOUT THE STATE OF MISSOURI

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

AN ANNUAL CONVENTION IS HELD IN SEPTEMBER EACH YEAR THIS ANNUAL CONVENTION CREATES AN ATMOSPHERE TO SOCIALIZE, DISCUSS PROBLEMS, EXCHANGE NEW IDEAS, AND PARTICIPATE IN PROGRAMS FEATURING BOTH STATE AND ELECTED OFFICIALS AND REGULATORS OF THE BANKING INDUSTRY IN MISSOURI BANK-RELATED BUSINESSES PROVIDING PRODUCTS AND SERVICES ARE ENCOURAGED TO PARTICIPATE IN THE EXHIBIT AND TRADE SHOW AT THE ANNUAL CONVENTION SPECIAL INFORMATIONAL AND EDUCATIONAL PROGRAMS ARE HELD IN CONJUNCTION WITH THIS ANNUAL MEETING IN 2010 THERE WERE APPROXIMATELY 94 EXHIBITORS, 150 BANKERS REGISTERED, AND APPROXIMATELY 175 OTHER REGISTRATIONS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

THE ASSOCIATION OFFERS A WORKSHOP FOR MEMBER BANKS' BOARDS OF DIRECTORS EACH YEAR IN MAY AT A LOCATION CONVENIENT TO THE STATEWIDE MEMBERSHIP WORKSHOP TOPICS RELATED TO ISSUES OF IMPORTANCE TO THE BANKING INDUSTRY FOR BANK DIRECTORS AND MANAGEMENT ARE PRESENTED IN AN INFORMAL AND RELAXED ATMOSPHERE IN 2010, THERE WERE 115 REGISTRATIONS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

THE ASSOCIATION'S EDUCATION PROGRAM PROVIDES TELEPHONE, ON DEMAND WEB LINKS, AND AUDIO-VISUAL CD-ROM SEMINARS THESE SEMINARS ARE AFFORDABLE, EFFICIENT, AND EFFECTIVE TRAINING OPPORTUNITIES BROUGHT IN-HOUSE TO COMMUNITY BANKS ONE OR TWO LIVE SEMINARS PRESENTED VIA TELEPHONE, INTERNET OR CD-ROM ARE OFFERED EACH WEEK IN 2010, 122 TELEPHONE/WEBCASTS WERE OFFERED, 78 DIFFERENT MEMBER BANKS PARTICIPATED, AND 191 REGISTRATIONS WERE RECEIVED THE ASSOCIATION ALSO HELD ITS FIRST ANNUAL SECURITY CONFERENCE FOR COMMUNITY BANK SECURITY OFFICERS TOPICS FOCUSED ON BOTH BANK SECURITY AND IT SECURITY IT WAS ATTENDED BY A TOTAL OF 36 BANKERS FROM 27 DIFFERENT MEMBER BANKS THE ASSOCIATION ALSO HELD A LEGAL AND COMPLIANCE UPDATE FOR COMMUNITY BANKS WITH A TOTAL OF 22 MEMBER BANKS REGISTERING AND PARTICIPATING

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/> | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> | | No |
| c | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/> | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/> | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/> | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | |
|---|------------|---|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | No |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (75), 1b (75), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b (No), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b (No).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) WILLIAM SUMMERS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (2) WILLIAM MCDANIEL BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (3) WILLIAM ESRY BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (4) WILLIAM DANA JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (5) WES CONDRON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) WD VAUGHAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) VIRGIL WELKER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) VINCENT COLEMAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) STEPHEN KROENKE President | 1 00 | X | | | X | | | 0 | 0 | 0 |
| (10) SCOTT WALLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) SCOTT ORR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) SCOTT BUERGE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) RON SULLIVAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) ROGER GOTT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) ROBERT VOLKER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) ROBERT BENTON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) RICHARD HANNEKEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (18) RANDY RILEY Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (19) PAUL B HILL BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (20) NANCY RUYLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (21) MICHAEL WASSON SEC/TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (22) MICHAEL POLAND BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (23) MELANY KNIFFEN Vice President | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (24) MATTHEW KREEK BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (25) MARK TRANCKINO BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (26) MARK SMITH BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (27) MARK LUEBBERT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (28) LARRY BOYD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (29) LD MCDONALD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (30) KIMBERLY BARNES BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (31) KIM LIGHT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (32) JOSEPH STEWART JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (33) JOSEPH STEWART III BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (34) JOSEPH MCLANE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (35) JOHN WEST BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (36) JOE WOYWOD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (37) JEFFREY WILLIAMS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (38) JEFF MULLETT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (39) JARRETT SAGE EXECUTIVE DIRECTOR | 0 00 | | | | X | | | 145,110 | 0 | 11,603 |
| (40) JAMES ROSS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (41) JAMES ELSENSOHN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (42) JAMES ANDERSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (43) JACK WAGNER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (44) JACK BURLESON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (45) HAROLD TURNER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (46) GREG SMITH BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (47) GLENN O HARRIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (48) GENE IRVIN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (49) GL THOMAS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (50) EUGENE ANDERSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (51) ERIC D MCCLURE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (52) ELAINE PAXTON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (53) EDWARD BUSCHER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (54) DONALD W BRANDT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (55) DONALD TRITTEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (56) DONALD THOMPSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (57) DON REYNOLDS President Elect | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (58) DAVID VANDEVEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (59) DAVID TRITTEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (60) DAVID TRIBBLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (61) DAVID THOMPSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (62) DAVID CRADER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (63) DAVID BARNETT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (64) DARRELL HARKE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (65) DAN ROBB BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (66) DALE MCDONALD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (67) CORWIN RUGE JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (68) CHARLES SPANGLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (69) CHARLES RUYLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (70) CHARLES BUTLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (71) CHARLES BRAZEALE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (72) BRUCE T HARRIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (73) BRAD WILLIAMS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (74) BOB WHOLEY BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (75) BEN MORGAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (76) BARRY E KREEK BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (77) ALDEN BUERGE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 145,110 | | 11,603 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

| | | (A) | (B) | (C) | (D) | |
|---|--|--|------------------------------------|----------------------------|---|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns 1a | | | | | |
| | b Membership dues 1b | 289,155 | | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | | | | | |
| | e Government grants (contributions) 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | 289,155 | | | | |
| | Program Service Revenue | | Business Code | | | |
| 2a ROYALTIES | | | 133,584 | | 133,584 | |
| b EDUCATIONAL SEMINARS | | 900099 | 192,208 | 192,208 | | |
| c DIRECTORY/NEWSLETTER | | | 15,724 | 15,724 | | |
| d CONVENTIONS | | 900099 | 223,934 | 223,934 | | |
| e ADVERTISING | | | 48,910 | 48,910 | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 614,360 | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | 9,319 | | 9,319 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 0 | | | |
| | 6a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | 28,384 | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | 25,006 | | |
| | | c Gain or (loss) | | 3,378 | | |
| | d Net gain or (loss) | | 3,378 | 3,378 | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | b Less direct expenses b | | | | |
| c Net income or (loss) from fundraising events | | | 0 | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a MISCELLANEOUS | | 256 | | 256 | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 256 | | | | |
| 12 Total revenue. See Instructions | | 916,468 | 435,244 | 48,910 | 143,159 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 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 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 8,000 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 145,110 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 172,046 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 16,894 | | | |
| 9 | Other employee benefits | 3,135 | | | |
| 10 | Payroll taxes | 23,439 | | | |
| a | Fees for services (non-employees) | | | | |
| | Management | 0 | | | |
| b | Legal | 5,000 | | | |
| c | Accounting | 5,849 | | | |
| d | Lobbying | 2,827 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 144 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 47,719 | | | |
| 14 | Information technology | 3,057 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 33,301 | | | |
| 17 | Travel | 114,565 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 205,484 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 14,161 | | | |
| 23 | Insurance | 3,586 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | NEWSLETTER | 79,714 | | | |
| b | MISCELLANEOUS | 6,898 | | | |
| c | BANK FEES | 1,910 | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 892,839 | 0 | 0 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) | |
|--|--|-------------------|-----------|-------------------|--|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash—non-interest-bearing | 8,779 | 1 | 8,704 | |
| | 2 Savings and temporary cash investments | 778,145 | 2 | 692,150 | |
| | 3 Pledges and grants receivable, net | | 3 | 0 | |
| | 4 Accounts receivable, net | | 4 | 0 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 0 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 6 | 0 | |
| | 7 Notes and loans receivable, net | | 7 | 0 | |
| | 8 Inventories for sale or use | | 8 | 0 | |
| | 9 Prepaid expenses and deferred charges | | 9 | 0 | |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 131,105 | | | |
| | b Less accumulated depreciation | 90,340 | 35,948 | 10c 40,765 | |
| | 11 Investments—publicly traded securities | | 11 | 0 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | 0 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | 0 | |
| | 14 Intangible assets | 1,712 | 14 | 1,471 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | 0 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 824,584 | 16 | 743,090 | | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities. Complete Part X of Schedule D | 275,062 | 25 | 169,939 | |
| | 26 Total liabilities. Add lines 17 through 25 | 275,062 | 26 | 169,939 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | | 27 | | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 549,522 | 32 | 573,151 | |
| 33 Total net assets or fund balances | 549,522 | 33 | 573,151 | | |
| 34 Total liabilities and net assets/fund balances | 824,584 | 34 | 743,090 | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----------|---|----------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 916,468 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 892,839 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 23,629 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 549,522 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 573,151 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | No |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | No |
| 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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | No |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (MISSOURI INDEPENDENT BANKERS ASSOCIATION INC) and Employer identification number (43-1035827)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? If "Yes," describe in Part IV | | | |
| j Total lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | No |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | Yes | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | |
|---|-----------|----------|
| 1 Dues, assessments and similar amounts from members | 1 | 289,155 |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 55,093 |
| b Carryover from last year | 2b | -169,107 |
| c Total | 2c | -114,014 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | -114,014 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MISSOURI INDEPENDENT BANKERS ASSOCIATION INC

Employer identification number 43-1035827

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b 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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
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| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| | |
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| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1 | (a) Description of Liability | (b) Amount |
|---|--|------------|
| | Federal Income Taxes | |
| | NQDC PAYABLE | 169,939 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 169,939 |

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

| | | | |
|-----------|---|-----------|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 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 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|-----------|--|
| 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 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | 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 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|--|
| 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 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | 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 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | |

Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MISSOURI INDEPENDENT BANKERS ASSOCIATION INC

Employer identification number 43-1035827

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for JAMAICA and BRITISH COLUMBIA CANADA, and a Totals row at the bottom.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
MISSOURI INDEPENDENT BANKERS ASSOCIATION INC

Employer identification number
43-1035827

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
| (1) SCHOLARSHIPS | 16 | 8,000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSOURI INDEPENDENT BANKERS
ASSOCIATION INC

Employer identification number

43-1035827

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p> | Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p> | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | Yes | | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | | No | | | | | | | | |
| <p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> | | | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p> | | | | | | | | | | |
| <p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> | | | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p> | | | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | | | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | | | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------|--------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) | JARRETT SAGE | (i) (ii) | 136,637 | | 8,473 | 11,603 | 156,713 | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------------------|--|--|
| Sch J, Part I, Line 1a | Part I, Line 1a Relevant information in regards to selections on 1a | The Executive Director may on occasion at his discretion approve spouse travel at coach rate for employees to attend various business functions. Spouse travel expenses are to be reported as income to employees. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
MISSOURI INDEPENDENT BANKERS
ASSOCIATION INC

Employer identification number

43-1035827

| Identifier | Return Reference | Explanation |
|----------------------------|--|--|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | ALL DOCUMENTS ARE MAINTAINED IN THE ASSOCIATION'S OFFICES IN LIBERTY, MO FOR VIEW DURING NORMAL OFFICE HOURS MONDAY THRU FRIDAY OR BY REQUEST, THESE DOCUMENTS MAY BE FAXED, COPIED OR MAILED AT THIS TIME A FEE IS NOT CHARGED FOR REQUESTS |

| Identifier | Return Reference | Explanation |
|-----------------------------------|--|--|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | APPROVAL IS MADE BY THE EXECUTIVE COMMITTEE DOCUMENTATION OF THE DELIBERATION AND DECISION PROCESS IS DOCUMENTED IN THE DECEMBER MEETING MINUTES EACH YEAR THE COMMITTEE RECOMMENDATIONS ARE INCLUDE IN THE PURPOSED ANNUAL BUDGET FOR REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS |

| Identifier | Return Reference | Explanation |
|-----------------------------|--|---|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | MIBA REGULARLY MONITORS THE POLICY BY REQUESTING THAT BOARD MEMBERS COMPLETE AN ANNUAL GOVERNANCE QUESTIONNAIRE |

| Identifier | Return Reference | Explanation |
|----------------------------|--|---|
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | THE BOARD PRESIDENT, THE EXECUTIVE DIRECTOR, AND AVAILABLE EXECUTIVE COMMITTEE MEMBERS REVIEW THE 990 UPON THEIR APPROVAL OF THE FORM, THEY PRESENT IT TO THE BOARD OF DIRECTORS FOR A VOTE OF APPROVAL UPON APPROVAL, THE PRESIDENT SIGNS AND FILES THE RETURN |

| Identifier | Return Reference | Explanation |
|---------------------------|--|---|
| Form 990, Part VI, Line 6 | Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder | ALL MEMBERS ARE ELIGIBLE TO BE A VOTING MEMBER OF THE BOARD AND HAVE THE OPPORTUNITY TO VOTE ON ALL ISSUES PRESENTED BEFORE THE BOARD |

| Identifier | Return Reference | Explanation |
|---------------------------|--|---|
| Form 990, Part VI, Line 2 | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Business Relationships (these relationships result from serving as directors together on the same bank board or working for the same bank as key officers) Kim Barnes and Bruce Harris and Glenn Harris Jim Elsensohn and Charles Spangler Richard Beydler and Charles Spangler Larry Boyd and Bob Wholey Don Brandt and Ron Sullivan Chuck Brazeale, Randy Riley, Corw in Ruge, L D McDonald, Charles Spangler, Bruce Harris, Brad Williams, Wes Condron, David Crader, Michael Wasson, Don Thompson, David Vandeven, William McDaniel Nancy Ruyle and Charles Ruyle Alden Buerge and Elaine Paxton Ed Buscher and Corw in Ruge Ed Buscher and Don Thompson Ed Buscher and Rob Volker Vince Coleman and Melany Kniffen William Esry and G L Thomas Darrell Harke and Dale McDonald Gene Irvin and Jack Wagner Barry Kreek and Matthew Kreek Bill McDaniel and John West Scott Orr and Dan Robb Jim Ross, Don Thompson and David Thompson Joe Stew art Jr and Joe Stew art III Don Tritten and David Tritten Jeff Williams and Brad Williams Scott Waller and Charles Butler Jack Wagner and Joe Woywod Family Relationships Bruce Harris and Glenn Harris Nancy Ruyle and Charles Ruyle Alden Buerge and Scott Buerge Barry Kreek and Matthew Kreek Joe Stew art Jr and Joe Stew art III David Thompson and Don Thompson Don Tritten and David Tritten Jeff Williams and Brad Williams |

| Identifier | Return Reference | Explanation |
|--------------------------------|---|---|
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 SCHOLARSHIPS PROMOTING POST- SECONDARY EDUCATION IN THE BANKING FIELD |

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 43-1035827
Name: MISSOURI INDEPENDENT BANKERS ASSOCIATION INC

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WILLIAM SUMMERS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM MCDANIEL BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM ESRY BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM DANA JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WES CONDRON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| WD VAUGHAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| VIRGIL WELKER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| VINCENT COLEMAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEPHEN KROENKE President | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SCOTT WALLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT ORR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT BUERGE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RON SULLIVAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROGER GOTT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT VOLKER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT BENTON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD HANNEKEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RANDY RILEY Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| PAUL B HILL BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| NANCY RUYLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL WASSON SEC/TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL POLAND BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MELANY KNIFFEN Vice President | 1 00 | X | | X | | | | 0 | 0 | 0 |
| MATTHEW KREEK BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARK TRANCKINO BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARK SMITH BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARK LUEBBERT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| LARRY BOYD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| LD MCDONALD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIMBERLY BARNES BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIM LIGHT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH STEWART JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH STEWART III BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH MCLANE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN WEST BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOE WOYWOD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY WILLIAMS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JEFF MULLETT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JARRETT SAGE EXECUTIVE DIRECTOR | 0 00 | | | | X | | | 145,110 | 0 | 11,603 |
| JAMES ROSS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES ELSENSOHN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES ANDERSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JACK WAGNER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JACK BURLESON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| HAROLD TURNER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| GREG SMITH BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| GLENN O HARRIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| GENE IRVIN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| GL THOMAS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| EUGENE ANDERSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ERIC D MCCLURE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ELAINE PAXTON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| EDWARD BUSCHER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DONALD W BRANDT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DONALD TRITTEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DONALD THOMPSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DON REYNOLDS President Elect | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID VANDEVEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID TRITTEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID TRIBBLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID THOMPSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID CRADER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID BARNETT BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DARRELL HARKE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAN ROBB BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DALE MCDONALD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CORWIN RUGE JR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES SPANGLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES RUYLE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES BUTLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES BRAZEALE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRUCE T HARRIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRAD WILLIAMS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BOB WHOLEY BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BEN MORGAN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BARRY E KREEK BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ALDEN BUERGE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |