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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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

2010 and ending JUN 30, 2011 For the 2010 calendar year, or tax year beginning JUL 1, Check if C Name of organization D Employer identification number Address change MISSOURI TECHNOLOGY CORPORATION Name change 43-1341372 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-301 W. HIGH, SUITE 680 (573)526-1558 Amended 3,435,843. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-JEFFERSON CITY, MO 65102 H(a) Is this a group return pending ີ Yes ເX No F Name and address of principal officer: JASON R HALL for affiliates? H(b) Are all affiliates included? Yes No 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ WWW.MISSOURITECHNOLOGY.COM H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1983 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: MTC WAS FORMED TO CONTRIBUTE TO Activities & Governance THE DEVELOPMENT OF SCIENCE AND TECHNOLOGY, TO PROMOTE THE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990 T, Ine 34 **Prior Year Current Year** 3,379,833. 588,308 Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0 51,552 55,759. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 54 251. 639,914 3,435,843. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,350,768. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,124,794 0<u>.</u> 0 Benefits paid to or for members (Part IX, column (A), line 4) 122,740 92,487. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a-Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 0. Other expenses (Part IX/Column (A), lines 11a-11d, 11f-24f)

Total expenses (Part IX/Column (A), lines 11a-11d, 11f-24f)

Total expenses (Subtract line 18 from line 12 796,016 268,847. 2,712,102. 2,043,550 <1,403,636. 723,741. **Beginning of Current Year End of Year** 20 Crotal assets (Part: X; ine-16) 13,432,248. 12,923,641 321.857 59,648. 21 Total liabilities (Part X, line 26) 372,600. 601,784 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JOSEPH G. BANNISTER, CHAIRMAN Here Type or print name and time Check PTIN Preparer's signature Print/Type preparer's name (naessle .. self-employed Paid KATHLEEN A. GRAESSLE Firm's name WILLIAMS-KEEPERS LLC Firm's EIN Preparer Firm's address 3220 WEST EDGEWOOD STE E Use Only JEFFERSON CITY, MO 65109 Phone no. 573-635-6196 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2010)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Form 990 (2010) MISSOURI TECHNOLOGY CORPORATION Part IV Checklist of Required Schedules

			[T
	le the construction described in contract 504(-)(0) or 40.47(-)(4) (-) through the contract of contract of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		·	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		X
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		-	
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	, , ,	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
12a	Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	The state of the s		Ĭ	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ.,,	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
2 0a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that	001		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	900	<u>1</u> (2010)
		rom	3 3 U ((LU 1U)

Form 990 (2010) MISSOURI TECHNOLOGY CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22_		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds or tax exempt borids beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u> </u>
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):	200		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	24		x
~-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
35	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	- 33		1
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
		Form	990 (2010)

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
				Yes	No
1a	Enter t	the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter t	the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	.]		ĺ
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gamb	ling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter t	the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		!	ĺ
	filed fo	or the calendar year ending with or within the year covered by this return 2a 1	.	ľ	ĺ
b	If at le	ast one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	.		ĺ
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
		s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
		ial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b		s,* enter the name of the foreign country:			l
		structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
		s," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
_	•	ontributions that were not tax deductible?	_6a_		<u> </u>
b		s," did the organization include with every solicitation an express statement that such contributions or gifts	e b		
_		not tax deductible?	6b		
7		nizations that may receive deductible contributions under section 170(c). The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a b		s," did the organization notify the donor of the value of the goods or services provided?	7b		
_		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			$\overline{}$
C		Form 8282?	7c		X
d		s," indicate the number of Forms 8282 filed during the year			
e		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organi	zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Spons	soring organizations maintaining donor advised funds.			
а	Did th	e organization make any taxable distributions under section 4966?	9a		
b		e organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter:			
а		on fees and capital contributions included on Part VIII, line 12	1		
ь		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[
11		on 501(c)(12) organizations. Enter:			
а		s income from members or shareholders			
b		sincome from other sources (Do not net amounts due or paid to other sources against			
10-		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		s,* enter the amount of tax-exempt interest received or accrued during the year 12b	IZa		
13		on 501(c)(29) qualified nonprofit health insurance issuers.			
		organization licensed to issue qualified health plans in more than one state?	13a		
a		See the instructions for additional information the organization must report on Schedule O			
b		the amount of reserves the organization is required to maintain by the states in which the			
-		ization is licensed to issue qualified health plans			
С	•	the amount of reserves on hand	L -	<u> </u>	
14a	-	ne organization receive any payments for indoor tanning services during the tax year?	14a		X
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			Form	990	(2010)

Form 990 (2010) MISSOURI TECHNOLOGY CORPORATION 43-1341372 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 ff applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website W Upon request 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

MO

65102

STACEY HIRST - (573)526-1558

301 W. HIGH STREET, JEFFERSON CITY,

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

Y

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. 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.

Nous per New	(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Week (describe Four for related organizations of related organizations Four field organizations	ivaine and the	1	(c					Iv)	•	,	
X		week (describe hours for related organizations in Schedule	rustee or director						from the	from related organizations	other compensation
JIM BAKER SECRETARY/TREASURER 1.00 X X X 0.	JASON HALL]								
SECRETARY/TREASURER	EXECUTIVE DIRECTOR	40.00	X	$oxed{oxed}$	X	_			0.	162,420.	0
JOSEPH BANNISTER	JIM BAKER										
CHAIR	SECRETARY/TREASURER	1.00	X		X	ļ			0.	0.	0
DANIEL DEVERS VICE CHAIR 1.00 X X 0. 0. VICTORIA GONZALEZ DIRECTOR 1.00 X 0. 0. ANTHONY HARRIS DIRECTOR 1.00 X 0. 0. GARY KEMP DIRECTOR 1.00 X 0. 0. GARY KEMP DIRECTOR 1.00 X 0. 0. DAVID KERR DIRECTOR 1.00 X 0. 0. DANIEL MEHAN DIRECTOR 1.00 X 0. 0. MICHAEL NICHOLS DIRECTOR 1.00 X 0. 0. DONN RUBIN DIRECTOR 1.00 X 0. 0. CREGORY STEINHOFF DIRECTOR 1.00 X 0. 0. CREGORY STEINHOFF DIRECTOR 1.00 X 0. 0. CHARLES WILLIAMS EX-OFFICIO MEMBER 1.00 X 0. 0. RAYMOND TAIT EX-OFFICIO MEMBER 1.00 X 0. 0. C. 0	JOSEPH BANNISTER										
VICE CHAIR	CHAIR	1.00	X	ļ	X			L	0.	0.	0 .
VICTORIA GONZALEZ DIRECTOR	DANIEL DEVERS										
DIRECTOR 1.00 X 0.0 0.0	VICE CHAIR	1.00	X	ļ	X				0.	0.	0
ANTHONY HARRIS DIRECTOR DIRECT	VICTORIA GONZALEZ									_	
Director 1.00 X 0. 0.	DIRECTOR	1.00	X	_				<u>L</u> .	0.	0.	0
GARY KEMP DIRECTOR 1.00 X 0. 0.	ANTHONY HARRIS			İ					_	_	_
DIRECTOR 1.00 X 0. 0.	DIRECTOR	1.00	X	<u> </u>			<u> </u>	_	0.	0.	0 .
DAVID KERR DIRECTOR D	GARY KEMP				l				_	_	_
Director 1.00 x 0.	DIRECTOR	1.00	X	<u> </u>	ļ			_	0.	0.	0
DANIEL MEHAN DIRECTOR 1.00 X 0. MICHAEL NICHOLS DIRECTOR 1.00 X 0. 0. 0. DONN RUBIN DIRECTOR 1.00 X 0. GREGORY STEINHOFF DIRECTOR 1.00 X 0. 0. FRANK STOKES DIRECTOR 1.00 X 0. MICHAEL WETLE DIRECTOR 1.00 X 0. CHARLES WILLIAMS EX-OFFICIO MEMBER 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	DAVID KERR										
DIRECTOR 1.00 X 0. 0.	DIRECTOR	1.00	X		ļ	<u> </u>	<u> </u>		0.	0.	0
MICHAEL NICHOLS DIRECTOR 1.00 X 0. 0.	DANIEL MEHAN				ļ	1					_
DIRECTOR 1.00 X 0. 0.	DIRECTOR	1.00	X	_	<u> </u>		-	ļ	0.	0.	0
DONN RUBIN DIRECTOR GREGORY STEINHOFF DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		1 00									
DIRECTOR 1.00 X 0. 0.	DIRECTOR	1.00	X	-	-	-		├—	0.	0.	0
GREGORY STEINHOFF 1.00 X		1 00									
DIRECTOR		1.00	X	\vdash		-	├	├	<u> </u>	0.	0
FRANK STOKES DIRECTOR 1.00 X 0. 0. MICHAEL WETLE DIRECTOR 1.00 X 0. 0. CHARLES WILLIAMS EX-OFFICIO MEMBER 1.00 X 0. 0. RAYMOND TAIT EX-OFFICIO MEMBER 1.00 X 0. 0. NASSER ARSHADI 0. 0. 0. 0.		1 00	\ \ \ \			i				0	
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CHARLES WILLIAMS EX-OFFICIO MEMBER 1.00 X 0. RAYMOND TAIT EX-OFFICIO MEMBER 1.00 X 0. 0.		1 00	٦,						_		^
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RAYMOND TAIT EX-OFFICIO MEMBER 1.00 X 0. 0.		1 00	v		İ				_	<u></u>	0
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NASSER ARSHADI		1 00	\ _v						0	n	0
		1.00	╁	\vdash	+	\vdash	\vdash	\vdash	<u> </u>	- 0.	
	NASSER ARSHADI EX-OFFICIO MEMBER	1 00	v						0.	0.	_0_

Part VII Section A. Officers, Directors, Tr					est	Compensated Employ							
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per		checl	Pos k all			slv)	Reportable	Reportable			timate	
	week	<u> </u>	T	T	T	T	,, <u>,,,</u>	compensation from	compensatio from related			nount other	OI
	(describe	iecto						the	organization			pensa	tion
	hours for related	0.0	農			sated	ĺ	organization	(W-2/1099-MIS	SC)		om th	
	organizatio	ns isi	la trus		a)	ompei		(W-2/1099-MISC)			_	anızat d relat	
	ın Schedul		Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anızatı	
	O)	<u> </u>	<u>=</u>	<u>E</u>	Σ.	重電	ফ						
BILL ANDERSON DEPUTY DIRECTOR	40.0	$\mathbf{x} \mid \mathbf{c}$						85,985.		0.			ο.
				Г	Ī								
		_	╁┈	⊬	╀							-	
			1										
								- " "				•	
		-	+	┼	_	╁					-		
				T									
			╂-		-	1	ļ						_
	 	\top	1	1		T							
	ļ	\perp	↓_	↓_	-	-							
1b Sub-total	<u> </u>				<u> </u>	 	J	85,985.	162,42	20.			0.
c Total from continuation sheets to Part \	/II, Section A	١				•		0.		0.			0.
d Total (add lines 1b and 1c)						▶		85,985.	162,43				0.
2 Total number of individuals (including but	not limited to	thos	e list	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportabl	е			(
compensation from the organization								 				Yes	No
3 Did the organization list any former officer	r, director or t	ruste	e, ke	en en	nplo	yee,	or I	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s									the organization			v	
and related organizations greater than \$15Did any person listed on line 1a receive or									dual for services		4	Х	
rendered to the organization? If "Yes," col							Cial	ed Organization of Indivi	dual for services		5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c	ompensated	ındep	end	ent c	cont	racte	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization NONE								(B)			(0		
Name and busines	s address							Description of s	ervices	С	ompe		ก
							\dashv						
													
2 Total number of independent contractors	(including by	t not	limite	ed to	the	ا مور	ster	1 above) who received m	ore than				
2 Total number of independent contractors \$100,000 in compensation from the organ		· HOL		,u (0	<i>-</i>	0	J. (7)		TOTO WIGHT				
											Form	990 (2010

١.

								(D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1 a	Federated campaigns	1a					
E G		Membership dues	1b					
ğξ		Fundraising events	1c					
ar a		Related organizations	1d					
S, G				379,833.				
is is	f	All other contributions, gifts, grant		, ,				
E E	•	similar amounts not included above						
	a	Noncash contributions included in lines						
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			3,379,833.			
			<u> </u>	Business Code				
g.	2 a							
ار کے	b							
8 5	c							
e a	d							
Program Service Revenue	е							
4	f	All other program service reve	nue					
	g	Total, Add lines 2a-2f	<u></u>					
	3	Investment income (including	dıvıdends, inter	est, and	,			
		other similar amounts)		▶	<u>55,759.</u>			55,759.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties	Γ					
			(i) Real	(ii) Personal				
	6 a	•						
	b	•						
	C	, ,						1
	_ d	• •	(2 Conveiture	GD Other				-
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
:		assets other than inventory						
1	D	Less: cost or other basis and sales expenses						
	•	Gain or (loss)						
İ	d			<u> </u>	1			
اہ	8 a		a events (not					
ng	-	including \$	of					
e e		contributions reported on line						
Other Revenu		Part IV, line 18	,	a				
흏	b	Less: direct expenses	t					
٥	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	ŧ	a	ļ			
Ì		Less direct expenses	_	oL				
		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less	returns					
ļ		and allowances		a				
		Less: cost of goods sold		·	-			
+	c	Net income or (loss) from sale		D Ondo	-			
ŀ		Miscellaneous Revenu		Business Code	251.			251.
		MISCELLANEOUS 1		541900	<u> </u>			431.
ļ	b				 ·	<u> </u>	-	
	G	:						1
	م	Total. Add lines 11a-11d		•	251.			
	12	Total revenue. See instructions.		•	3,435,843.	0.	0	. 56,010.

Form 990 (2010) MISSOURI TECHNOLOGY CORPORATION 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)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	e columns (B), (C), and (D) (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	2,350,768.	2,350,768.		
2	Grants and other assistance to individuals in	2/330//001	2/330/7001		
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ī	trustees, and key employees	85,985.		85,985.	
6	Compensation not included above, to disqualified	3373331		03/303.	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,502.		6,502.	
11	Fees for services (non-employees):	0,302.		0,302.	
''a	Management				
b	Legal	127,548.	63,496.	64,052.	
•	Accounting	61,408.	03, 470.	61,408.	
d	Lobbying	01,400.		01,400.	
•	Professional fundraising services. See Part IV, line 17				
•	Investment management fees		-····		
'	Other	32,066.		32,066.	
. g	Advertising and promotion	32,000.		32,000.	
12	Office expenses	6,350.		6,350.	
13 14	Information technology	0,330.		0,330.	
	Royalties				
15	Occupancy				
16 47	Travel	7,141.	475.	6,666.	
17	·	/,141.	4/3.	0,000.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	17,967.		17,967.	
19	Conferences, conventions, and meetings	17,307.		17,307.	
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	605.		605.	
22 22	Insurance	8,806.		8,806.	
23 24		0,000.	· · · · · · · · · · · · · · · · · · ·	0,000,	
4 4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	TELECOMMUNICATIONS	4,194.	8.	4,186.	
b	ADMINISTRATIVE SERVICES	2,711.	0.	2,711.	
c	BANK SERVICE CHARGE	36.	0.	36.	
d	DUES AND SUBSCRIPTIONS	15.	0.	15.	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,712,102.	2,414,747.	297,355.	0
<u> 26</u>	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 10,234,943. 8,896,732. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) 772,111. 1,496,037. 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 15,280. basis. Complete Part VI of Schedule D 10a 2,119. 13,766. b Less: accumulated depreciation 10b 10c 1,514. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 1,914,468. 13 3,037,965. Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 12,923,641 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,432,248. 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 321,857 59,648. Other liabilities. Complete Part X of Schedule D 25 321,857 26 59,648. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 」and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 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

X 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 12,601,784. 13,372,600. 32 32 Retained earnings, endowment, accumulated income, or other funds

Form **990** (2010)

13,372,600.

13,432,248.

12,601,784

12,923,641

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1990 (2010) MISSOURI TECHNOLOGY CORPORATION	43-1	341372	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{X}
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,435	5,8	<u>43.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,712	2,1	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	723	3,7	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,601	L,7	84.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	47	7,0	75.
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	13,372	2,6	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audif	:		
	Act and OMB Circular A-133?		3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number Name of the organization MISSOURI TECHNOLOGY CORPORATION 43-1341372 Reason for Public Charity Status (All organizations must complete this part.) See instructions. | Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated a Type I **b** Type II ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? ILS.? above or IRC section (see instructions)) Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 MISSOURI TECHNOLOGY CORPORATION 43-1341372 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		15269109.	268,000.	588,308.	3379833.	19505250.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				_		
4	Total. Add lines 1 through 3		15269109.	268,000.	588,308.	3379833.	19505250.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		ļ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4					<u></u>	19505250.
Seg	ction B. Total Support		,		·-··		
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		<u>15269109.</u>	268,000.	588,308.	<u>3379833.</u>	<u>19505250.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	:					
	and income from similar sources	4,151.	128,454.	131,187.	51,552.	55,759.	371,103.
9	Net income from unrelated business						
	activities, whether or not the]					
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	590.	132.	·····	54.	251.	1,027.
	Total support. Add lines 7 through 10				<u> </u>		<u> 19877380.</u>
12	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	<u>o here</u> ic Support Pe	rcentage				<u></u>
				natures (6)			98.13 %
	Public support percentage for 2010 (•	Diumin (i))		14	
15	Public support percentage from 2009 33 1/3% support test - 2010. If the o		-	line 13 and line 1	M ie 33 1/20∕ oz ~	ore check this bo	
100	stop here. The organization qualifies	_			14 15 55 17576 01 111	iore, check this bo	× ali 0
	33 1/3% support test - 2009.If the o		_		line 15 is 33 1/3%	or more check th	
	and stop here. The organization qual					or more, check th	▶ □
17-	10% -facts-and-circumstances tes				13 16a or 16h a	nd line 14 is 10%	or more
116	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	t iv now the organ	■ □
	10% -facts-and-circumstances tes	_				7a and line 15 is 1	10% or
	more, and if the organization meets to	•					
	organization meets the "facts-and-cire						▶ □
18	Private foundation. If the organization						s 🔰
						dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	, p.0000 00m		· ·-			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(4)	<u> </u>	(5)	14/	10/ = 0.10	(1)
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	-					
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
14 First five years. If the Form 990 is for	r the organization	's first, second, thii	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here					<u> </u>	
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2010	(line 8, column (f) d	divided by line 13,	column (f))		15	
16 Public support percentage from 200					16	· · · · · · · · · · · · · · · · · · ·
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	010 (line 10c, colu	ımn (f) dıvıded by lıı	ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2010. If the						17 is not
more than 33 1/3%, check this box a	=	-				▶∟
b 33 1/3% support tests - 2009. If the	=					and
line 18 is not more than 33 1/3%, ch		-				▶ <u>∟</u>
20 Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶ □

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

MISSOURT TECHNOLOGY CORPORATION

Employer identification number 43-1341372

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
	organization anoword Too to Form 555, Factor, and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	`	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	ınds
5	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
Ü	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?	or deficit advices, or for any earlier purpose earlier	Yes No
Par		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		
	day or the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
-	Number of conservation easements included in (c) acquired	* *	
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
_	year▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	t holds?	Yes No
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) abo	ve satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

		<u>I TECHNOLO</u>						<u>43-13</u>			
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	ar Asse	ts (cont	nued)	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following tha	at are a siç	gnificant i	use of its	collection	n item	S
	(check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how ti	hev further ti	he organizati	on's exen	not purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o			-	-						
•	to be sold to raise funds rather than to be ma								Yes] No
Par	t IV Escrow and Custodial Arran		-			"Yes" to I	Form 990	. Part IV.			
	reported an amount on Form 990, Par	•		.							
12	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not	included				
ıa	on Form 990, Part X?	and duci intermet	Jiai y 10i	CONTINUENCE	o other ac	3003 1100	illiolada		Yes		No
_	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table				<u>t </u>	_ 163	_	7 140
D	ii res, explain the arrangement in Fait Aiv	and complete the it	JIIO WII IG	table.					Amoun		
_	Beginning balance						100		AIIIOUII	•	
	.						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
Ţ	Ending balance	000 D-4 V 5	010				1f		٦,,,		1
	Did the organization include an amount on F		217						」Yes	_	J No
	If "Yes," explain the arrangement in Part XIV.			•Vaal ta Fa	000 D	N/ haa 4/					
Par	t V Endowment Funds. Complete	_						bl			h = =1:
		(a) Current year	(b) F	Prior year	(c) Two yea	rs dack (d) Inree y	ears back	(e) Foul	years	раск
1a	Beginning of year balance										
b	Contributions		ļ								
С	Net investment earnings, gains, and losses		ļ								
d	Grants or scholarships										
е	Other expenditures for facilities								Į		
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>						<u> </u>		
2	Provide the estimated percentage of the year	r end balance held a	as·								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated organizations .								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds.							
Pai	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	(, line 10.							
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
_	·	basis (investi	ment)	1 ' '	(other)	dep	reciation				
1a	Land										
	Buildings										
C	Leasehold improvements										
d	Equipment			1	5,280.		13,7	66.		1,5	14.
	Other										
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, ∞lui	mn (B), line 1	10(c))					1,5	14.

► 1,514. Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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 2. FIN 48 (ASC 740)

(8) (9) (10) (11)

	dule D (Form 990) 2010 MISSOURI TECHNOLOGY CORPORA				<u> 341372 </u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial Stat	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,435,	843.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,712,	102.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		723,	741.
4	Net unrealized gains (losses) on investments		4		47,	075.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9		47,	075.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			816.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rever	nue 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:					
а	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		_		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b]		
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses pe	r 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:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments .	2b		_		
С	Other losses .	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d .			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	_4b		_		
С	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1a and 4; Pa	rt IV, lines	1b and 2b;	Part V, line	4, Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part to pro	vide any a	dditional in	formation.	
						_
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		· · · · · · · · · · · · · · · · · · ·	-			
						

032054 12-20-10 Schedule D (Form 990) 2010

SCHEDULEI (Form 990)

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	n answered "Yes" to For ► Attach to Form 990,	to Form 990, Mar n 990.	t IV, line 21 or 22.			Open to Public Inspection
Name of the organization							Employer identification number	cation number
	MISSOURI TECHNOLOGY	Y CORPORATION	NO				43-	43-1341372
Part I General Information on Grants and Assistance	ts 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	rds to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		Ĺ
	assistance?	•			:		X Yes	Si Si
Š	s procedures for monit	oring the use of grant	se of grant funds in the United States.	States.				i
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	to Governments and	d Organizations in the	United States. Co	omplete if the orga	ınızatıon answered "Y	es* 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	nan \$5,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	additional space is nee		A
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant tance
CURATORS OF THE UNIVERSITY OF							MIC GRANTED FUNDING FOR	NDING FOR
MISSOURI-KANSAS CITY - 5100							THE PURPOSE OF PROVIDING	PROVIDING
ROCKHILL ROAD - KANSAS CITY, MO							FUNDING TO MOSOURCELINK	OURCELINK
65110-2499	43-6003859		37,500.	0			FOR THE DEVELOPMENT OF	PMENT OF A
							MTC GRANTED FUNDS TO	NDS TO
CURATORS OF THE UNIVERSITY OF							VARIOUS PROJECTS AT UMC	TS AT UMC
MISSOURI-COLUMBIA - 316 UNIVERSITY	LTY						FOR A PHASE 0 RESEARCH	RESEARCH
HALL - COLUMBIA, MO 65211	43-6003859		210,000.	0.			GRANT PROGRAM	
							MTC GRANTED FUNDING	NDING TO
CENTENNIAL INVESTORS ANGEL NETWORK	DRK						AID IN PROVIDING	NG
300 S. PROVIDENCE ROAD							RESOURCES TO ENHANCE AND	INHANCE AND
COLUMBIA, MO 65205	26-4439176		30,000.	0.			EXPAND THE INVESTMENT	ESTMENT
							MIC GRANTED FUNDING FOR	NDING FOR
CENTER FOR EMERGING TECHNOLOGIES	20					-	THE OPERATIONS OF AN	OF AN
4041 FOREST PARK AVENUE							INNOVATION CENTER IN	TER IN ST.
ST, LOUIS, MO 63108	43-1329853		387,541,	0.			LOUIS MISSOURI TO	II TO
							MIC GRANTED FUNDING TO	NDING TO
DRURY UNIVERSITY							AID IN PROVIDING	NG.
900 NORTH BENTON	-						RESOURCES TO ENHANCE AND	INHANCE AND
SPRINGFIELD MO 65802	44-0552049		30,000.	0.			EXPAND THE INVESTMENT	ESTMENT
							MTC GRANTED FUNDING FOR	NDING FOR
ENTREPRENEURIAL INNOVATION &							THE OPERATIONS OF AN	OF AN
DEVELOPMENT CORPORATION - DOCKERY	RY						INNOVATION CENTER IN	TER IN
SUITE 101 - WARRENSBURY, MO 64093	093 35-2325957		70,992.	0			WARRENSBURG M	MISSOURI TO
otal number of section	(3) and novemment or	nanizations			Ì		•	

2 Enter rocks in the control of other organizations
3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

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Page 1

	tions in the United States (Schedule I (Form 990), Part II.)	
MISSOURI TECHNOLOGY CORPORATION	ce to Governments and Organizations	
MISSOURI TECH	n of Grants and Other Assistan	
Schedule I (Form 990)	Part II Continuation	

(a) Name and address of (b) EIN (c) IRC organization or government if applicable and address of the control of	(b) EIN	(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of (e) Amount of (f) Method of (cable cash grant non-cash valuation nor assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL AGTECH INVESTORS NETWORK 1005 N WARSON ROAD ST, LOUIS, MO 63132	27-1577029	55,000	0			MTC GRANTED FUNDING TO DEVELOP A PROGRAM TO DELIVER A NETWORK OF INVESTORS AND
INNOVATE ST. LOUIS ONE METROPOLITAN SQUARE STE 1303 ST. LOUIS MO 63102	20-5235736	20 000	0			MTC GRANTED FUNDING FOR THE OPERATIONS OF THE ITEN PROGRAM.
STITUTE SE SCIEN	20-1215246	86 263	0			MTC GRANTED FUNDING FOR THE OPERATIONS OF AN INNOVATION CENTER IN ST. JOSEPH, MISSOURI TO
XI BIOTECHNOLOGY AS ST CAPITOL SON CITY, MO 65102	43-1908699		0			MTC GRANTED FUNDING TO MOBIO TO DEVELOP AN AGGRESSIVE MARKETING CAMPAIGN FOR THE
1 2	43-1337021	450_297	0			MTC GRANTED FUNDING TO PROVIDE PRODUCTIVITY AND COMPETITVENESS ASSISTANCE TO SMALL AND MEDIUM
	43-6003859	000 09	0			MTC GRANTED FUNDING TO ASSIST WITH THE RENOVATION OF LABORABORY SPACE FOR THE MEDICINAL
MISSOURI INNOVATION CENTER 1601 S. PROVIDENCE RD COLUMBIA, MO 65211	43-1350262	144,203,	0			MTC GRANTED FUNDING FOR THE OPERATIONS OF AN INNOVATION CENTER IN COLUMBIA, MISSOURI TO
	44-0545878	40,000,	0			
NEWMAN BUSINESS AND TECHNOLOGY INNOVATION CENTER - 320 E. 4TH STREE - JOPLIN, MO 64801 LHA	44-0304705	130,152,	0			MTC GRANTED FUNDING FOR THE OPERATIONS OF AN INNOVATION CENTER IN JOPLIN MISSOURI TO Schedule (Form 990)
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Schedule (Form 990) MISSOURI	TECHNOLOG.	MISSOURI TECHNOLOGY CORPORATION	NO			4	43-1341372 Page 1
to c	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
							MTC PROVIDED A
PIONEER, A DUPONT COMPANY							PERFORMANCE INCENTIVE
us 61							GRANT TO PIONEER FOR THE
NEW MADRID MO 63869	51-0391677		250,000,	0			PURPOSE OF BUILDING A
							MTC GRANTED FUNDING TO
SHOW ME ANGELS							AID IN PROVIDING
218 SE MAIN							RESOURCES TO ENHANCE AND
LEE'S SUMMIT MO 64063	90-0409790		30,000,	0			EXPAND THE INVESTMENT
							MTC GRANTED FUNDING FOR
SPRINGFIELD INNOVATION, INC.							THE OPERATIONS OF AN
901 SOUTH NATIONAL AVE							INNOVATION CENTER IN
SPRINGFIELD, MO 65897	44-6000308		70,992.	0.			SPRINGFIELD, MISSOURI TO

100 EAST NORMAL VH1100 KIRKSVILLE, MO 63501	26-1382458	36,068,	0		INNOVATION CENTER IN KIRKSVILLE, MISSOURI TO
MITTER THAT THE PERSON OF THE					FU
SPRINGFIELD MO 6589/	00C0000-##				

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. REPORTS DESCRIBING USE OF GRANT FUNDING, REPORTS ARE REVIEWED BY MISSOURI SCHEDULE I, PART I, LINE 2: THE MISSOURI TECHNOLOGY CORPORATION REQUIRES (H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING FOR THE PURPOSE ALL GRANTEES TO PERIODICALY PROVIDED WRITTEN NARRATIVE AND FINANCIAL (d) Amount of non-cash assistance (c) Amount of cash grant THE UNIVERSITY OF MISSOURI-KANSAS CITY TECHNOLOGY CORPORATION STAFF FOR COMPLIANCE (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance LINE 1, CURATORS OF PART II, Part III

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43-1341372

MISSOURI TECHNOLOGY CORPORATION

Schedule I (Form 990) (2010)

	Form 990) 2010 Supplemental Inform		TECHNOLOGY	CORPORATION	43-1341372 Page 2
			CELINK FOR	THE DEVELOPM	ENT OF A WEBSITE TO
					
CONNEC	<u>r Missouri Bus</u>	INESSES TO	O VARIOUS E	ESOURCE PROVI	DERS ACROSS THE
STATE.	 				
NAME O	F ORGANIZATION	OR GOVER	MENT:		
CURATO:	RS OF THE UNIV	ERSITY OF	MISSOURI-C	OLUMBIA	
(H) PU	RPOSE OF GRANT	OR ASSIST	FANCE: MTC	GRANTED FUNDS	TO VARIOUS
PROJEC	IS AT UMC FOR	A PHASE 0	RESEARCH C	RANT PROGRAM,	MUBIODESIGN AND
INNOVA	TION PROGRAM.				
NAME O	F ORGANIZATION	OR GOVER	MENT: CENT	ENNIAL INVEST	ORS ANGEL NETWORK
	RPOSE OF GRANT	-			
PROVID	ING RESOURCES	TO ENHANCI	E AND EXPAN	D THE INVESTM	ENT CAPACITY AND
ABILIT	IES OF THE ANG	EL INVESTI	MENT NETWO	K IN THE COL	UMBIA AREA.
NAME O	F ORGANIZATION	OR GOVER	NMENT: CENT	ER FOR EMERGI	NG TECHNOLOGIES
(H) PU	RPOSE OF GRANT	OR ASSIS	FANCE: MTC	GRANTED FUNDI	NG FOR THE
OPERAT	IONS OF AN INN	OVATION C	ENTER IN ST	LOUIS, MISS	OURI TO PROVIDE
DEVELO	PMENT ASSISTAN	CE TO SMA	LL TECHNOLO	GY COMPANIES.	ALSO FUNDED THE
BIOSCI	ENCES ENTREPRE	NEURIAL D	EVELOPMENT	TRAINING PROG	RAM TO HELP
DISPLA	CED BIOSCIENCE	WORKERS :	IN THE REGI	ON.	
NAME O	F ORGANIZATION	OR GOVER	NMENT: DRUI	RY UNIVERSITY	
(H) PU	RPOSE OF GRANT	OR ASSIS	TANCE: MTC	GRANTED FUNDI	NG TO AID IN
PROVID	ING RESOURCES	TO ENHANC	E AND EXPAI	D THE INVESTM	MENT CAPACITY AND
<u>ABILIT</u>	IES OF THE ANG	EL INVEST	MENT NETWO	RK IN THE SPE	RINGFIELD AREA.
NAME O	F ORGANIZATION	OR GOVER	NMENT:		Schedule I (Form 990) 2010
					Schedule i (FUHH 330) 20 10

Schedule I (Form 990) 2010 MISSOT Part IV Supplemental Information	RI TECHNOLOG	Y CORPORA	TION	43-1341372	Page 2
ENTREPRENEURIAL INNOVATION	& DEVELOPMEN	r CORPORA	TION		
(H) PURPOSE OF GRANT OR ASS	SISTANCE: MTC	GRANTED	FUNDING FOR	THE	
OPERATIONS OF AN INNOVATION	CENTER IN W.	ARRENSBUR	G, MISSOURI	TO PROVIDE	
DEVELOPMENT ASSISTANCE TO S	MALL TECHNOL	OGY COMPA	NIES.		
NAME OF ORGANIZATION OR GOV	VERNMENT: GLO	BAL AGTEC	H INVESTORS	NETWORK	
(H) PURPOSE OF GRANT OR ASS	SISTANCE: MTC	GRANTED	FUNDING TO	DEVELOP A	
PROGRAM TO DELIVER A NETWO	RK OF INVESTO	RS AND EN	TREPRENEURS	TO PROMOTE	
CAPITAL FORMATION FOR AG-TI	ECHNOLOGY COM	PANIES IN	MISSOURI.		
NAME OF ORGANIZATION OR GOV	ERNMENT:				
INSTITUTE FOR INDUSTRIAL &	APPLIED LIFE	SCIENCES			
(H) PURPOSE OF GRANT OR ASS	···			THE	
OPERATIONS OF AN INNOVATION					
DEVELOPMENT ASSISTANCE TO					
DEVELOPMENT ASSISTANCE TO	MALL TECHNOL	OGI COMPA	HIED.		
NAME OF ORGANIZATION OR GO	/ERNMENT: MIS	SOURT BIO	TECHNOLOGY	ASSOCIATION	
(H) PURPOSE OF GRANT OR AS					
DEVELOP AN AGGRESSIVE MARK	TING CAMPAIG	N FOR THE	BIOSCIENCE	S INDUSTRY .	LN
MISSOURI.					
NAME OF ORGANIZATION OR GO	VERNMENT: MIS	SOUIRI EN	TERPIRSE		
(H) PURPOSE OF GRANT OR AS	SISTANCE: MTC	GRANTED	FUNDING TO	PROVIDE	
PRODUCTIVITY AND COMPETITY	ENESS ASSISTA	NCE TO SM	ALL AND MED	IUM	
MANUFACTURERS IN MISSOURI.					
	. <u>.</u>				
NAME OF ORGANIZATION OR GO	VERNMENT:				
CURATORS OF THE UNIVERSITY	OF MISSOURI-	ST. LOUI	.s		
	<u> </u>			Schedule I (Form 9	90) 2010

Schedule I (Form 990) 2010 MISSOURI TECHNOLOGY CORPORATION Part IV Supplemental Information	43-1341372 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING T	O ASSIST WITH
THE RENOVATION OF LABORABORY SPACE FOR THE MEDICINAL CHEM	ISTRY GROUP AT
UMSL.	
NAME OF ORGANIZATION OR GOVERNMENT: MISSOURI INNOVATION C	ENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING F	OR THE
OPERATIONS OF AN INNOVATION CENTER IN COLUMBIA, MISSOURI	TO PROVIDE
DEVELOPMENT ASSISTANCE TO SMALL TECHNOLOGY COMPANIES.	
NAME OF ORGANIZATION OR GOVERNMENT: MRI GLOBAL	
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING T	O FUND A STUDY
TO DETERMINE THE POTENTIAL OF THE ALGAE-BASED BIOFUELS IN	DUSTRY IN
MISSOURI.	
MIBBOOKI:	
NAME OF ORGANIZATION OR GOVERNMENT:	
NEWMAN BUSINESS AND TECHNOLOGY INNOVATION CENTER	
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING F	OR THE
OPERATIONS OF AN INNOVATION CENTER IN JOPLIN, MISSOURI TO	PROVIDE
DEVELOPMENT ASSISTANCE TO SMALL TECHNOLOGY COMPANIES.	
NAME OF ORGANIZATION OR GOVERNMENT: PIONEER, A DUPONT COM	PANY
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC PROVIDED A PERFOR	MANCE INCENTIVE
GRANT TO PIONEER FOR THE PURPOSE OF BUILDING A SOYBEAN CO	
FACILITY IN NEW MADRID COUNTY, MISSOURI, AND CONTRACTING	
	WIIII AICEA PAICHS
TO GROW SOYBEANS FOR PROCESSING IN THE FACILITY.	
NAME OF ORGANIZATION OR GOVERNMENT: SHOW ME ANGELS	
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING T	O AID IN Schedule I (Form 990) 2010

Schedule (Form 990) 2010 MISSOURI TECHNOLOGY CORPORATION 43-1341372 Page 2 Part IV Supplemental Information
Tartiv Supplemental information
PROVIDING RESOURCES TO ENHANCE AND EXPAND THE INVESTMENT CAPACITY AND
ABILITIES OF THE ANGEL INVESTMENT NETWORK IN THE KANSAS CITY AREA.
NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD INNOVATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING FOR THE
OPERATIONS OF AN INNOVATION CENTER IN SPRINGFIELD, MISSOURI TO PROVIDE
DEVELOPMENT ASSISTANCE TO SMALL TECHNOLOGY COMPANIES.
NAME OF ORGANIZATION OR GOVERNMENT: TRUMAN STATE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: MTC GRANTED FUNDING FOR THE
OPERATIONS OF AN INNOVATION CENTER IN KIRKSVILLE, MISSOURI TO PROVIDE
DEVELOPMENT ASSISTANCE TO SMALL TECHNOLOGY COMPANIES.
PAGE 7 PART VII
COMPENSATION TO OFFICERS
THE EXECUTIVE DIRECTOR OF MISSOURI TECHNOLOGY CORPORATION, JASON HALL,
IS COMPENSATED VIA THE STATE OF MISSOURI.

SCHEDULE J (Form 990)

Compensation Information

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

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

See separate instructions.

2010

Open to Public Inspection

Name of the organization

Department of the Treasury

MISSOURI TECHNOLOGY CORPORATION

Attach to Form 990.

Employer identification number

43-1341372

Part I **Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: X a The organization? 5a 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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	(i)							
4	(E)							
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Schedule J (Form 990) 2010

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** MISSOURI TECHNOLOGY CORPORATION 43-1341372

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MODERIZATION OF MO BUSINESSES BY SUPPORTING THE TRANSFER OF SCIENCE,
TECHNOLOGY AND QUALITY IMPROVEMENT METHODS TO THE WORKPLACE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESTABLISHMENT OF METHODS OF TECHNOLOGY APPLICATION, COMMERCIALIZATION
AND DEVELOPMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE MISSOURI TECHNOLOGY CORPORATION WILL PROVIDE FUNDS FROM THE LEWIS
AND CLARK DISCOVERY INITIATIVE TO THE AGBIOTECH COMPANY RECRUITMENT
FUND TO RECRUIT AND RETAIN AGBIOTECH COMPANIES IN THE STATE OF
MISSOURI.
FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS OF MISSOURI
TECHNOLOGY CORPORATION ARE APPOINTED BY THE GOVERNOR OF THE STATE OF
MISSOURI.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE REVIEWED BY THE
DIRECTOR OF OPERATIONS AND THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE
INTERNAL REVENUE SERVICE. A COPY OF FORM 990 WILL ALSO BE PROVIDED TO THE
BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12: DURING THE FISCAL PERIOD ENDING
JUNE 30, 2010, THE BOARD OF MISSOURI TECHNOLOGY CORPORATION ADOPTED A
CONFLICT OF INTEREST POLICY.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization MISSOURI TECHNOLOGY CORPORATION	Employer identification number 43-1341372
FORM 990, PART VI, SECTION C, LINE 19: THE MISSOURI TECH	NOLOGY CORPORATION
MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART VII, SECTION A:	σ
JASON HALL, EXECUTIVE DIRECTOR OF MISSOURI TECHNOLOGY CO	RPORATION, IS
COMPENSATED BY THE STATE OF MISSOURI FOR SERVICES PERFORM	MED ON BEHALF
OF THE MISSOURI TECHNOLOGY CORPORATION.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	47,075.

Form. 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Employer identification number Type or print MISSOURI TECHNOLOGY CORPORATION 43-1341372 Fite by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 301 W. HIGH, SUITE 680 City, town or post office, state, and ZIP code For a foreign address, see instructions. instructions JEFFERSON CITY, MO 65102 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Return Application Code Is For Code Is For Form 990 01 Form 990-T (corporation) 07 02 Form 1041-A Form 990-BL 08 03 Form 4720 09 Form 990-EZ Form 990-PF Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 STACEY HIRST The books are in the care of ▶ 301 W. HIGH STREET - JEFFERSON CITY, MO 65102 Telephone No \triangleright (573)526-1558 FAX No 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ___ calendar year or \blacktriangleright X tax year beginning _JUL 1, 2010 and ending JUN 30, 2011 ___ Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions Form 8868 (Rev 1-2011)

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