DLN: 93493024002140 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization THE UNIVERSITY CLUB OF MU D Employer identification number **B** Check if applicable □ Address change 43-1612212 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (573) 882-6960 City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MO 65211 G Gross receipts \$ 1,919,535 Name and address of principal officer **H(a)** Is this a group return for TOOTIF BURNS □Yes ☑No subordinates? 107 REYNOLDS ALUMNI CENTER H(b) Are all subordinates COLUMBIA, MO 65211 ☐ Yes ☐No included? Tax-exempt status □ 527 ☐ 501(c)(3) **☑** 501(c)(7) **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UCLUB-MU ORG L Year of formation 1992 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE A UNIQUE DINING AND SOCIAL EXPERIENCE THROUGH PRIVATE MEMBERSHIP, WITH PROFESSIONALLY TRAINED STAFF DEDICATED IN DELIVERING THE HIGHEST QUALITY FOOD AND BEVERAGE SERVICE IN COLUMBIA'S FINEST FAMILY ORIENTED Activities & Governance **ESTABLISHMENT** Check this box ▶ ☐ 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 9 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 68,046 Net unrelated business taxable income from Form 990-T, line 34 18,690 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 423,899 Program service revenue (Part VIII, line 2g) . 728,358 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,031 18,345 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 904,826 979,750 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,634,215 1,421,994 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,352,535 1,080,321 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 309,033 254,726 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,661,568 1,335,047 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -27,353 86,947 Assets or displaying **End of Year Beginning of Current Year** 1,694,246 20 Total assets (Part X, line 16) . 1,673,480 21 Total liabilities (Part X, line 26) 136,412 100,225 Net assets or fund balances Subtract line 21 from line 20 1,537,068 1,594,021 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 2020-01-14 Signature of officer Date Sign Here JOHN M HAYNES TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check \Box if P00048900 Paid self-employed Firm's name ► WILLIAMS-KEEPERS LLC Firm's EIN > 43-1126847 Preparer Use Only Firm's address ▶ 2005 WEST BROADWAY SUITE 100 Phone no (573) 442-6171 COLUMBIA, MO 65203 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)				Page 2
Pa	rt III Statem	nent of Program Service Acco	omplishments		
	——— Check ıf	Schedule O contains a response or	note to any line in this Part III		🗆
1		the organization's mission	•		
TO PI	ROVIDE A UNIQU ELIVERING THE H	E DINING AND SOCIAL EXPERIENCE HIGHEST QUALITY FOOD AND BEVER	E THROUGH PRIVATE MEMBERSHIP, N RAGE SERVICE IN COLUMBIA'S FINES	WITH PROFESSIONALLY TRAIN OT FAMILY ORIENTED ESTABLI	ED STAFF DEDICATED SHMENT
2	Did the organiza	ation undertake any significant prog	ram services during the year which w	vere not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Schedule C)		
3	Did the organiza	ation cease conducting, or make sig	nificant changes in how it conducts, a	any program	
		oe these changes on Schedule O			☐ Yes 🗹 No
4	Describe the org Section 501(c)(ganızatıon's program service accom	olishments for each of its three larges required to report the amount of gran rvice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat		morating grants or ¢	, (naveille	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule O) including g	rants of \$	(Revenue \$)
4e	Total program	n service expenses ▶			

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

No

	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	is deduced as a particle ship for reactal income can parposes in rest, comprete schedule to, rate vi								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O								
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0							

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

13a

14a

14b

15

No

No

Form **990** (2018)

13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6 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 or note to any line in this Part VI No 1a

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 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 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

74	members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	a.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEVE JOOS 107 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211 (573) 882-6960			

(F)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • 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) (B) (C) (D)

(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	t ch unle: ficei rust	ss pers and a	on I	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) BILL COSTELLO PAST PRESIDENT	0 50	X		×				О	0	0
(2) TOOTIE BURNS PRESIDENT	0 50	Х		x				0	0	0
(3) JOHN M HAYNES TREASURER	0 50	X		х				0	0	0
(4) BILL WIEBOLD PRESIDENT ELECT	0 50	х		х				О	0	0
(5) ELLEN RIPPETO MEMBER AT LARGE	0 50	X						О	0	0
(6) TODD MCCUBBIN EX-OFFICIO MEMBER	0 50	Х		x				0	0	0
(7) ILENE RAUZI SECRETARY	0 50	Х		х				0	0	0
(8) JULIA NORREGAARD MEMBER AT LARGE	0 50	Х						0	0	0
(9) LINDA KEOWN MEMBER AT LARGE	0 50	Х						0	0	0
										Form 990 (2018)

Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (D) (A) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemptovee Individual trustee or director organizations related Institutional Trustee below dotted employee organizations line)

					_		_			
1b	Sub-Total						▶			
c ·	c Total from continuation sheets to Part VII, Section A ▶									
ď	Total (add lines 1b and 1c)						▶	0	0	0
2	Total number of individuals (including			e list	ted	above	e) wh	o received more than	\$100,000	

of reportable compensation from the organization \triangleright 0

3

4

5

(B)

Description of services

FOOD PROVIDER

FOOD PROVIDER

Nο

No

Nο

402,945

107,119

(C)

Compensation

Form 990 (2018)

Yes No

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

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

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

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 2

3

5

MIDDENDORF MEAT CO

1247 ARGENTINE BLVD KANSAS CITY, KS 66105

3737 N BROADWAY ST LOUIS, MO 631790192 LIBERTY FRUIT CO INC

		(2018)										Page 9
Part	VII											
		Check if Scheduli	e O contains :	a respo	onse or note to any	(/	A) evenue	Rel ex fu	(B) ated or xempt nction venue	(C) Unrelated business revenue	t	(D) Revenue excluded from ax under sections 512 - 514
(4)	1	a Federated campaigr	ns	1a			I					
nts		b Membership dues .		1b								
s, Grants Amounts		c Fundraising events		1c	_							
IS, T		d Related organization	ns	1d								
Gifts, Grants ilar Amounts		e Government grants (co	ontributions)	1e								
		f All other contributions,	gıfts, grants,									
itio er S		and similar amounts no above	ot included	1f								
tribution Other		g Noncash contributio	ns included									
Contributions, and Other Sim		ın lines 1a - 1f \$										
ج ت		h Total. Add lines 1a-	1t	•	•							
ı.					Business	Code	22	9,146	238,	043	1,104	1
านล		GRATUITIES				722320		3,471	113,		1,10	<u> </u>
₽.		MEMBERSHIP DUES				722320		3,471	113,		43,188	
4CE		NONMEMBER FOOD & BE				722320			22	685	43,100	<u></u>
Serv		DINING ROOM MINIMUM				722320		2,685		003	E 400	
an.	•	BANQUETS & MEETINGS	ı			722320		5,409			5,409	
Program Service Revenue	f	· All other program ser	vice revenue									<u> </u>
₫.	g	I Total. Add lines 2a-2	f		•	23,899						
	╙	Investment income (ir			nterest, and other	1						
	!	sımılar amounts) .			•	<u> </u>	18,345			18	,345	
		Income from investme Royalties			·						_	
	3	Royaldes	(ı) Rea		(II) Personal	<u> </u>					\dashv	
	6a	a Gross rents	(1)		(ii) i zi zi zi iii	1						
		b Less rental expenses		84,680 70,434	142,427 86,409							
	'	b Less Tental expenses		70,434	30,409							
	٠	c Rental income or (loss)	1	14,246	56,018]						
	,	d Net rental income or	(loss)		· · · •	<u> </u> 	170,264					170,264
			(ı) Securit	ies	(II) Other							
	7 a	Gross amount from sales of				-						
		assets other than inventory										
		b Less cost or										
	'	other basis and sales expenses										
	,	C Gain or (loss)				-						
	١,	d Net gaın or (loss) .			>							
a .	88	Gross income from fu (not including \$	_	ents of								
nue		contributions reporte	d on line 1c)									
eve		See Part IV, line 18		a								
ă	l	b Less direct expenses c Net income or (loss)		b una ev	ents]						
Other Revenue		Gross income from g			ents •	1					+	
0		See Part IV, line 19										
		b Less direct expenses	_	a b								
	l	c Net income or (loss)			les]						
		aGross sales of invent	ory, less								\dashv	
		returns and allowanc	es	a	1,108,826							
		b Less cost of goods s	old	b	340,698							
		C Net income or (loss)			ory •	J	768,128		768,128			
		Miscellaneous			Business Code						\top	
	11	1a _{MISCELLANEOUS}			722320		41,358					41,358
	١	ь									\top	
	•	c									\top	
		d All other revenue .										
	•	e Total. Add lines 11a-	-11d		•		41,358					
	12	2 Total revenue. See	Instructions		• • • •		1,421,994		1,142,326	68	,046	211,622
			_									

	art IX Statement of Functional Expenses				rage 10
sect	cion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-		piete column (A)	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,053,354			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	26,967			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,313			
12	Advertising and promotion	12,275			
	Office expenses	64,684			
	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,114			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,948			
23	Insurance	18,234			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a GENERAL AND ADMINISTRAT	54,153			
	b FOOD AND BEVERAGE SUPPL	12,005			
	с				
	d				
	e All other expenses				<u> </u>
	Total functional expenses. Add lines 1 through 24e	1,335,047			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

249.161

7,562

87.627

5.036

100.225

0

1,594,021

1,594,021

1,694,246

Form **990** (2018)

1.694.246

160.443

1.673.480

36.211

95.665

4.536

136.412

16

17

18

19

20

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22 23

24

25

26

27 28

29

31

32

33

34

0 30

1,537,068

1,537,068

1,673,480

Form 990 (2018)

15

16

17

18 19

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21

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24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	Beginning of year		End of year
1 Cash-non-interest-bearing	75,726	1	86,961
2 Savings and temporary cash investments	903,772	2	910,117
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	94,120	4	91,797
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under			

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use			47,710	8	40,836
۷	9	Prepaid expenses and deferred charges	29,738	9	20,351		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,505,022			
	b	Less accumulated depreciation	10b	1,209,999	361,971	10c	295,023
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	•		13		
	14	Intangible assets				14	

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,421,994
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	,335,047
3	Revenue less expenses Subtract line 2 from line 1	3			86,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,537,068
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-29,994
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,594,021
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle			

3b

Form **990** (2018)

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

Additional Data

Software Version:

Software ID:

PROVIDED A FACILITY FOR CLUB MEMBERS' SOCIAL GATHERINGS

Form 990 (2018)

Form 990, Part III, Line 4a:

EIN: 43-1612212 Name: THE UNIVERSITY CLUB OF MU

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493024002140 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization : UNIVERSITY CLUB OF MU				Employer i	dentificatior	number
INC	CONTVERSITY CLUB OF MU				43-1612212	2	
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Ot	ther S	imilar Funds o	or Accounts		
	Complete if the organization answered "Ye	s" on Form 990, (a) Donor			/b\Eur	nds and other	accounts
1	Total number at end of year	(a) Donor	advise	ed Tunds	(b)Fur	ids and other	accounts
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso			e bold in donor or	durand funda as	ro the	
5	organization's property, subject to the organization's ex			.s neid in donor ac	uvised lulius ai		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					ermissible _] Yes □ No
Pa	rt II Conservation Easements. Complete if th	ne organization ai	nswer	ed "Yes" on Fori	m 990, Part :	IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all t	hat app	oly)			
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of ar	n historically in	portant land	area
	Protection of natural habitat			Preservation of a	certified histor	ıc structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on con	tribution in the fo		vation	of the Year
а	Total number of conservation easements				2a	de the End	or the real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	c structure included	l ın (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, a	and no	t on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	uished,	or terminated by	the organizati	on during the	
4	Number of states where property subject to conservation	n easement is locat	ed ▶				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitori	_	pection, handling	of violations,		
6	Staff and volunteer hours devoted to monitoring, inspec		olation	s, and enforcing c	conservation ea	∐ Yes isements durii	□ No ng the vear
•	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, \$ \bigset\$ \$	handling of violatio	ns, and	d enforcing conser	rvation easeme	ents during the	e year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)^2$	above satisfy the r	equirer	ments of section 1	L70(h)(4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	ın its Ianizati	revenue and expe on's financial state	ense statement ements that de	, and	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			ner Similar <i>i</i>	Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to public exhibition, e	repor ducatio	t in its revenue st in, or research in			
b	TC-1	6 (ASC 958), to rep	ort in	ıts revenue staten			
	following amounts relating to these items i) Revenue included on Form 990, Part VIII, line 1				▶ ⊄		
					· Ψ_		
-	ii)Assets included in Form 990, Part X	eal transcript		ulam aposta 6 6	. \$ ◄		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				anciai gain, pro	iviae the	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		
b	Assets included in Form 990, Part X				▶ \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, F	listori	cal T	reasu	ires, or	Other	Similar A	ssets (ca	ontinued)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other	r records,	check	any of	the fo	llowing t	hat are	a significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part :	de a description of the o	organızatıon's col	lections and	d explain	how the	ey furtl	ner the	e organız	ation's e	exempt purpo	ose in		
5		ig the year, did the orga is to be sold to raise fur									mılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, oi	report	ed an amo	unt on Fo	orm 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermed	ıary for	contri	bution	s or othe	er assets	not	☐ Yes		lo
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowina	table			Т		Amount		_
c		nning balance								1c				_
d	_	ions during the year							l	1d				_
е		butions during the year	-						l	1e				_
f		ng balance								1f				_
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Pa	rt X, line	21, for	escrow	or cu	Istodial a	ccount l	ability?	☐ Yes		— lo
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check her	e if the e	xplanati	on has	been	provided	d in Part	XIII			
Pa	rt V	Endowment Fund												
			<u> </u>	(a)Currer			rıor yea				(d)Three ye		e) Four yea	rs back
1 a	Beginn	ing of year balance .												
b	Contrib	outions												
c	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provi	de the estimated percei	ntage of the curre	ent year end	d balance	(line 1	g, colu	mn (a)) held a	s	·			•
а	Board	d designated or quasi-e	ndowment ▶	•		,		` .	•					
Ь	Permanent endowment ►													
c	Temporarily restricted endowment ►													
·				ld equal 10	0%									
3а	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No													
	(i) uı	nrelated organizations										3a	(i)	
	(ii) r	elated organizations .										3a(ii)	
b		es" on 3a(II), are the rel	-					[?] .				. 31	b	
4		ribe in Part XIII the inte			n's endo	wment f	funds							
Pa	rt VI	Land, Buildings,			" on For	···· 000	Dowt	T\ /	20 112	C00 F0		out V luna	. 10	
	Descr	Complete if the ordination of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation) Book valu	ie
	Land													
		gs												
		nold improvements							1					
		nent							1					
	Other	1					1 50	05,022			1,209,999			295,023
		ines 1a through 1e (Co	l olumn (d) must ei	gual Form 9	<u> </u> 990. Part	X. colur			10(c))		>			295,023
	,,,,,,,,		(2) ///056 60	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ · aic	,	(5)	,		•	Sch	l nedule D	(Form 99	

	Investments—Other Securities. Complete if See Form 990, Part X, line 12.	The state of the s			
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financia	al derivatives				
(2) Closely- (3)Other	held equity interests	· · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990. Pai	t IV. lır	ne 11c. See Form 990	O. Part X. line 13.
	(a) Description of investment	(b) Boo		(c) Met	hod of valuation -of-year market value
(1)				Cost of end-	-or-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	an (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answer		990, Pai	rt IV, line 11d See Forn	n 990, Part X, line 15 (b) Book value
	(a) Description ELD AT UNIVERSITY OF MISSOURI				249,161
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) ————					
Part X	umn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization	answered 'Yes			249,161 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) Bo	ook value	
	income taxes				
ACCRUED LI	IABILITIES			5,036	
(3)					
(4)					
(5)					
		1			
(7)					
(7)					
(7) (8) (9) Total. (Column	on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text	of the footnote t	0 the	5,036	stements that reports the

Page 4

2,073,801

-156,843

1,421,994

1,986,854

651,807

1,335,047

1.335.047

Schedule D (Form 990) 2018

d 2d 2e 494,964 e 3 1,578,837 Amounts included on Form 990, Part VIII, line 12, but not on line 1

2a

2b

2c

2d

4a

4b

Explanation

494,964

156,843

2e

3

4c

5

3 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -156,843 b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25

Other (Describe in Part XIII) Add lines 2a through 2d

d 3

Donated services and use of facilities . . .

Schedule D (Form 990) 2018

Part XI

1

2

1

2

c

b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Return Reference

See Additional Data Table

5 Part XIII **Supplemental Information**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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, line 2, Part

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 43-1612212 Name: THE UNIVERSITY CLUB OF MU

NESS INCOME, WHICH IS SUBJECT TO FEDERAL AND STATE INCOME TAXES AT STATUTORY RATES

Supplemental Information

Return Reference	Explanation			
PART X, LINE 2	THE CLUB IS A NON-PROFIT ORGANIZATION ORGANIZED AS DESCRIBED IN SECTION 501(C)(7) OF THE I			

Software ID:

NTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES EXCEPT FOR NET UNRELATED BUSI

supplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -156,843			

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 156,843				

efile GRAPHIC print - DO NOT PROCESS					DLN: 93493024002140		
COLLEDING					OMB No 1545-0047		
SCHEDUL (Form 990 or EZ)	990- Complete to pr	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.			2018		
Department of the T	reasury FGo to				Open to Public Inspection		
Name l Bะthย เชโต THE UNIVERSITY C				Employer identi 43-1612212	fication number		
990 Schedul	e O, Supplemental Informati	on					
Return Reference		Explanation					
FORM 990, PART VI, SECTION A, LINE 6	THE UNIVERSITY CLUB ACCEPTS THE FOLLOWING INDIVIDUALS AS MEMBERS IF THEY ACCEPT THE MISSIO N OF THE CLUB, COMPLETE THE APPLICATION, AND ARE APPROVED BY A MAJORITY VOTE OF THE MEMBER SHIP COMMITTEE MEMBERS OF MU ALUMNI ASSOCIATION, MU FACULTY AND STAFF, RETIRED MU FACULTY & STAFF, STUDENT MEMBERS, AND CORPORATE SPONSORED MEMBERS				E MEMBER		

Return Explanation
Reference

FORM 990, THE PRESIDENT-ELECT, TREASURER, AND SECRETARY ARE ELECTED BY THE GENERAL MEMBERSHIP AT THE ANNUAL MEETING, TWO OF THE OTHER MEMBERS ARE ALSO ELECTED AT THE ANNUAL MEETING, AND TWO SECTION A, ARE APPOINTED BY THE PRESIDENT OF THE ALUMNI ASSOCIATION

Return Explanation

FORM 990, THE FINANCE COMMITTEE REVIEWS THE FORM 990 BEFORE FILING WITH THE IRS
PART VI,
SECTION B,
LINE 11B

Return Explanation

FORM 990,	THE UNIVERSITY OF MISSOURI MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY WITH COMM
PART VI,	ITTEES THAT REVIEW INFORMATION RECEIVED AND THE COMMITTEES MAKE THE DECISIONS ON HOW TO PR
SECTION B,	OCEED
LINE 12C	

Return Explanation
Reference

FORM 990, THE GENERAL MANAGER'S SALARY WAS DETERMINED BY MARKET PRICE WITH SALARY COMPARABLE ON SALA PART VI, RY COM AROUND AUGUST 2006 HE HAS HAD ANNUAL INCREASES AND FOR THE ADDITIONAL DUTY INCREAS SECTION B, ES UNIVERSITY OF MISSOURI HUMAN RESOURCES DEPARTMENT APPROVED HIS SALARY AND INCREASES T LINE 15A HERE ARE SIGNATURE APPROVALS REQUIRED ON ALL INCREASES

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19