Form 990-T	E	Exempt Organization Bus			ax Return	ı L	OMB No 1545-0687
<u> </u>		(and proxy tax und				1	2047
	For ca	lendar year 2017 or other tax year beginning $\overline{\mathtt{JUL}}$ 1,			7 / / /	<u>8</u> 7	ZU 17
Department of the Treasury Internal Revenue Service	•	▶ Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (-	and see instructions.) JMN I		(Empl	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print	ASSOCIATION		***			3-0621788
X 501(cd)(3)	Type	Number, street, and room or suite no. If a P.O. bo					ated business activity codes nstructions)
408(e) 220(e)	.,,,,	123 D W REYNOLDS ALUMN		'		-	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of COLUMBIA, MO 65211	or foreigi	n postal code		541	800 561520
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
12,585,1		G Check organization type ► X 501(c) cor			401(a)	trust	Other trust
		ary unrelated business activity. ADVERTI			OURS		.
	-	poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶ [Ye	s X No
		tifying number of the parent corporation.		Tolonho	one number 🕨 - (573) 882-0011
		de or Business Income	· 1	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale		81,574.	T	(/// /// //			(0) (0)
b Less returns and allow		c Balance	1c	81,574.			
2 Cost of goods sold (S			2	21,606.			
3 Gross profit. Subtract			3	59,968.			59,968.
4 a Capital gain net incon			4a				
• •		art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	ets	4c				
5 Income (loss) from page	artnersh	ips and S corporations (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance			7		·····		
		and rents from controlled organizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exempt acti			10	75,660.	28,1	9.0	47,480.
11 Advertising income (S		·	11	11,700.	20,1	80.	11,700.
12 Other income (See in:			12	147,328.	28,1	80.	119,148.
		ot Taken Elsewhere (See instructions for			20/1		113/1101
(Except for d	contribi	utions, deductions must be directly connected	d with t	he unrelated business	income)		
14 Compensation of off	icers. di	rectors, and trustees (Schedule K)			•	14	
Salaries and wages		,	F	RECEIVED	1	15	
Salaries and wages Repairs and mainten Bad debts Interest (attach sche Taxes and licenses	ance	1	_		S	16	
Bad debts			2 M	AR 1 1 2019	őΙ	17	
118 Interest (attach sche	dule)		<u>भ</u> ्	All 1 2015	R8-0	18	
Taxes and licenses			ـــــا		<u>œ </u>	19	4,077.
_	•	e instructions for limitation rules)		GDEN, UT		20	
Depreciation (attach		•		21			
•	aimed oi	n Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defe		mpensation plans				25	
25 Employee benefit pro26 Excess exempt expe	•	shedule I)				26	
27 Excess readership or		•				27	47,480.
28 Other deductions (at		•				28	
29 Total deductions A						29	51,557.
		ncome before net operating loss deduction. Subtrac	at line 29	from line 13		30	67,591.
		(limited to the amount on line 30)				31	
		ncome before specific deduction. Subtract line 31 fi	rom line	30	,	32	67,591.
33 Specific deduction (Generally	y \$1,000, but see line 33 instructions for exceptions	s)			33	1,000.
34 Unrelated business	taxable	income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zerægr		
line 32					<u>') (</u>	34	66,591.
723701 01-22-18 LHA FO	or Paper	work Reduction Act Notice, see instructions			•	J	Form 990-T (2017)

Form 990-T	(2017)	ASSOCIATION 43	-0621788	Page 2
Part I	11 .	Tax Computation		
35	Orga	nizations Taxable as Corporations See instructions for tax computation.		
	Conti	rolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:		
a	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1)	\$ (2) \[\\$ (3) \[\\$		
b		organization's share of (1) Additional 5% tax (not more than \$11,750) \[\\$		
•		Additional 3% tax (not more than \$100,000)		
c		me tax on the amount on line 34 SEE STATEMENT 2	▶ 35c	12,807.
36		ts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:		
•	$\overline{}$	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37		y tax. See instructions	▶ 87	
38	-	native minimum tax	38	
39			39	
		on Non-Compliant Facility Income. See instructions	14 40	12,807.
40 Part I		I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies Tax and Payments	1 40	12,007.
			· · · · · · · · · · · · · · · · · · ·	
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) r credits (see instructions) 44a 4.1b		
		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	 	
C				
đ		t for prior year minimum tax (attach Form 8801 or 8827)		
		credits Add lines 41a through 41d	41e	10 007
42		ract line 41e from line 40	42	12,807.
43		r taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule) 43	10 000
44		tax. Add lines 42 and 43	1 44 44 T	12,807.
	-		453.	
		estimated tax payments 2,	047.	
		→	515.	
		gn organizations. Tax paid or withheld at source (see instructions)		
е		up withholding (see instructions)		
f		t for small employer health insurance premiums (Attach Form 8041)		
9		credits and payments: Form 2439		
	لـــا	Form 4136 Other Total ▶ \45g		
46		payments. Add lines 45a through 45g	5 461	16,015.
47	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔛	47/	
48		lue. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
رص ⁴⁹	Over	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	3,208.
150		the amount of line 49 you want: Credited to 2018 estimated tax 3,208. Refunded	50	0.
Part V		Statements Regarding Certain Activities and Other Information (see instructions)	4	
51	At an	y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here	· · · · · · · · · · · · · · · · · · ·		X
52	Durin	ig the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign tri	ust?	X
		S, see instructions for other forms the organization may have to file.		
53		the amount of tay-evempt interest received or accrued during the tay year >\$		
C:	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of r irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ny knowledge and belief,	it is true,
Sign		100,11,100,	May the IRS disc	cuss this return with
Here		Twil MCIL 3-4-19 EXECUTIVE DIRECTOR		
		Signature of officer Date Title	instructions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid		PEFFREY T	mployed	
Prepa	rer	ECHEDMETER ////		489000
Use O			s EIN ► 43-	1126847
	•	2005 WEST BROADWAY, SUITE 100		
		Firm's address ► COLUMBIA, MO 65203-		442-6171
			Fo	orm 990-T (2017)

Form 990-T(2017) ASSOCIATION

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation ► N/A			_	
1 Inventory at beginning of year	1	. 0.		Inventory at end of yea	r		6	0
2 Purchases	2	21,606.	7	Cost of goods sold. Su	ubtract	line 6		
3 Cost of labor	3		ŀ	from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs				line 2			7	21,606
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to		
5 Total. Add lines 1 through 4b	5	21,606.		the organization?			_	X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
Description of property								
(1)		 						
(2)					-	· · · · · · · · · · · · · · · · · · ·		·
(3)				· · · · · · · · · · · · · · · · · · ·				
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec nd 2(b) (ted with the income in attach schedule)
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
(3)				·- · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(4)							-	· · · · · · · · · · · · · · · · · · ·
Total	0.	Total			0.	·		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0
Schedule E - Unrelated Del		Income (see II	nstru	ctions)				
			2	. Gross income from		3. Deductions directly con to debt-finan		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	į	(b) Other deductions (attach schedule)
(1)							+-	
(2)								
(3)							ĺ	
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%			\top	
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions	ncluded in column	ı 8					\Box	0.

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Schedule F - Interest,	Annuit	ies, Royai			Controlled O			lions	See in:	structio	ns)
1. Name of controlled organiz	ation	2 Em identifi num	ployer ication	3 Net unr	elated income instructions)	4. To	tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)										\rightarrow	· · · · · · · · · · · · · · · · · · ·
(2)											
(3)				,			·				
(4)											
Nonexempt Controlled Organ	nizations		•								
7. Taxable Income	8. N	et unrelated incon (see instruction		9. Total	of specified payr made	nents	10 Part of colum in the controllin gross	nn 9 tha ng orgar income	nization's		eductions directly connected th income in column 10
(1)	- 								-		
(1)	- 									 	
(2)										 	
(4)	1			 '							
	<u></u>						Add colum Enter here and	on page	1, Part I,	l	add columns 8 and 11 here and on page 1, Part I
							line 8, c	olumin (/			line 8, column (B)
Totals					. (0)	<u> </u>			0.	<u> </u>	0.
Schedule G - Investme			Section 5	01(c)(7), (9), or (17) Org	ganization				
	tructions				2. Amount of	ıncome	3. Deduction directly connec (attach schedu	ted	4. Set-	asides schedule)	5. Total deductions and set-asides
(1)							(attach schedu	116)			(col 3 plus col 4)
(2)											
(3)											
(4)		···									
	,				Enter here and o Part I, line 9, co		-		<u> </u>	`	Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.			•		0.
Schedule I - Exploited (see insti		pt Activity	Income,	Other	Than Adv		g Income				
1. Description of exploited activity	unrela inc	2. Gross Ited business Come from For business	3. Expedirectly co- with production of unrelabusiness	nnected luction lated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business incor	nat ed	attribut	penses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	1										
(3)	-										
(4)	1										
	pag	here and on ge 1, Part I, 10, col (A)	Enter here page 1, line 10, c	Part I, oI (B)					_	'	Enter here and on page 1, Part II, line 26
Totals	•	0.		0.	,						0.
Schedule J - Advertis						_					·
Part I Income From	Period	licals Repo	orted on	a Cons	solidated	Basis 					
1. Name of periodical		2. Gross advertising income		Direct tising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulati e income	on	6 Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) MISSOURI ALUM	MIS	75,66	0. 28	3,180		,	55,50	54 .	107,	627.	
(2)]
(3)]
(4)											
Totals (carry to Part II, line (5))	•	75,66	0. 28	3,180	. 47	,480	. 55,56	54.	107,	627.	47,480.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	
(2)							
(3)			"				
(4)							
Totals from Part I	▶	75,660.	28,180.			and the second of the second o	47,480
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		The state of		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		75,660.	28,180.		*Note that it is a second		47,480

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

Form 4626 Department of the Treasu Internal Revenue Service Name INTUERS

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Nam	***************************************			Employer identification number
	ASSOCIATION			43-0621788
	Note: See the instructions to find out if the corporation is a small corporation exempt		-	
	from the alternative minimum tax (AMT) under section 55(e).] .	
			<u>``</u>	
1	Taxable income or (loss) before net operating loss deduction		1_	66,591.
2	Adjustments and preferences:			
	a Depreciation of post-1986 property		_2a_	
	b Amortization of certified pollution control facilities		2b	
	c Amortization of mining exploration and development costs		2c	
	d Amortization of circulation expenditures (personal holding companies only)		2d	
	e Adjusted gain or loss		2e	
	f Long-term contracts		21	<u> </u>
	g Merchant marine capital construction funds		2g	<u> </u>
	Geetion 833(b) deduction (Blue Cross, Blue Shield, and cimilar type organizations only)		2h_	
	Tax shelter farm activities (personal service corporations only)		2i	
	Passive activities (closely held corporations and personal service corporations only)		21	
	k Loss limitations		2k	···
	Depletion		21	
	m Tax-exempt interest income from specified private activity bonds		2m	
	n Intangible drilling costs		2n	
	Other adjustments and preferences		20	66 501
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	66,591.
4	Adjusted current earnings (ACE) adjustment:	1 55 754	} }	
	a ACE from line 10 of the ACE worksheet in the instructions	4a 66,591.		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount See instructions	4b 0.		
	Multiply line 4b by 75% (0.75) Enter the result as a positive amount	4c		
	Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d		'	
	(even if line 4b is positive)	4d		
	ACE adjustment.			
	• If line 4b is zero or more, enter the amount from line 4c	}		•
_	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	J	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	66,591.
6	Alternative tax net operating loss deduction. See instructions		6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residuai		66,591.
	Interest in a REMIC, see instructions	0-1	7_	00,331.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	me ac).	,	
	a Subtract \$150,000 from line 7. If completing this line for a member of a controlled	8a 0.		
	group, see instructions. If zero or less, enter -0-	8b 0.		
	b Multiply line 8a by 25% (0.25)	<u> </u>		
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controll group, see instructions. If zero or less, enter -0-	เรน	8c	40,000.
9			9	26,591.
9 10	Subtract line 8c from line 7. If zero or less, enter -0- Multiply line 9 by 20% (0.20)		10	5,318.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12		BLENDED RATE	12	2,681.
13	Tentative minimum tax. Subtract line 11 from line 10 STMT 3 Regular tax liability before applying all credits except the foreign tax credit	TIBLE TERMINE	13	12,807.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and on	13	
. •	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0.
JWA		<u>'</u>		Form 4626 (2017)
,				1020 (2011)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
BOOTH ADVERTISING		11,700.
TOTAL TO FORM 990-T, PA	GE 1, LINE 12	11,700.

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 2
1.	TAXABLE INCOME	. 66,591	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	. 50,000	
3.	LINE 1 LESS LINE 2	. 16,591	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	. 16,591	
5.	LINE 3 LESS LINE 4	. 0	
6.	INCOME SUBJECT TO 34% TAX RATE	. 0	
7.	INCOME SUBJECT TO 35% TAX RATE	. 0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	4,148	
10.	34 PERCENT OF LINE 6	. 0	
11.	35 PERCENT OF LINE 7	. 0	
12.	ADDITIONAL 5% SURTAX	. 0	
13.	ADDITIONAL 3% SURTAX	. 0	
14.	TOTAL INCOME TAX		11,648
		-	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	13,984	
	DAYS		
	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	5,872 6,935	
18.	TOTAL TAX PRORATED 365		12,807