Form	9	9	0
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Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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



A Fo	or the 2	2007 calendar year, or tax year beginning 07/01, 2007, and e	nding	06/	30/2008		
B Che	eck if applica	ble: Please use IRS C Name of organization		D Em	ployer identificat	ion number	r
	Address change	label or MISSOURI STATE UNIVERSITY FOUNDATION		43-	1234200		
	Name cha	<sup>print or</sup> type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Tel			
	Initial retu	m See 901 S NATIONAL Specific			7)836-563	32	
	Terminati	<sup>27</sup> Instruc- City or town, state or country, and ZIP + 4		r Acco	ounting Cash	X Acc	crual
	Amended return	tions. SPRINGFIELD, MO 65897			Other (specify)	•	
	Application pending	• Section 501(c)(5) organizations and 4947(a)(1) nonexempt chantable	H and I are not app	licable	to section 527 org	anizations.	-1
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group	o return	for affiliates?	Yes X	No
		▶ N/A	H(b) If "Yes," enter	numbe	er of affiliates	<b></b>	
JC	Organiza	ion type (check only one)         X         501(c) (3)         ◀ (insert no.)         4947(a)(1) or         527	H(c) Are all affiliate		ed? See instructions.)	Yes	No
κ	heck he	e $\blacktriangleright$ if the organization is not a 509(a)(3) supporting organization and its gross	H(d) Is this a separat		,	, <u> </u>	Ъ
r	eceipts a	re normally not more than \$25,000. A return is not required, but if the organization chooses	organization cov	vered by a	a group ruling?	Yes X	No
te	o file a re	turn, be sure to file a complete return.	I Group Exemp				
		<b>.</b>	M Check 🕨 🛛		the organization is		əd
-		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 47, 064, 592.		B (Forr	n 990, 990-EZ, or	990-PF).	
Par		evenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions.)				
	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds		-			
	b	Direct public support (not included on line 1a)	5,472,253.	-			
	C	Indirect public support (not included on line 1a)		-			
	d	Government contributions (grants) (not included on line 1a)					
		Total (add lines 1a through 1d) (cash \$ 14, 524, 587. noncash \$	947,666.)	1e	15,	472,25	
	2	Program service revenue including government fees and contracts (from Part VII, line 9	3)	2		197,08	<u>32.</u>
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		4			
	5	Dividends and interest from securities		5		831,90	<u>)9.</u>
	6 a	Gross rents	690,207.	-			
		Less: rental expenses	560,041.				
Ð	_	Net rental income or (loss). Subtract line 6b from line 6a		6C		130,16	
nue	7	Other investment income (describe STMT 6	)	7	-3,	103,16	51.
Revenue	8 a		Other	-			
Ľ.		than inventory <u>32, 642, 541</u> . <b>8a</b>		-			
		Less: cost or other basis and sales expenses 32, 685, 559. 8b		-			
		Gain or (loss) (attach schedule)				40.01	1.0
		Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		-43,01	<u>. 8.</u>
	9	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check he	re 🕨 🛄				
	a	Gross revenue (not including \$ <u>307,649</u> of STMT 7	303,504.				
	h	contributions reported on line 1b)     STMT 8     9a       Less: direct expenses other than fundraising expenses     9b	230,443.				
		Net income or (loss) from special events. Subtract line 9b from line 9a		90		73,06	51
		Gross sales of inventory, less returns and allowances				75,00	<u>)</u>
		Less: cost of goods sold		1			
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from li	ne 10a	10c			
	11	Other revenue (from Part VII, line 103)		11		30,25	57
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			13	588,54	
	13	Program services (from line 44, column (B))		13		375,00	
es	14	Management and general (from line 44, column (C))		14	±±,	213, 39	
Expenses	15	Fundraising (from line 44, column (D))		15		595,01	
txp(	16	Payments to affiliates (attach schedule)		16			<u> </u>
ш	17	Total expenses. Add lines 16 and 44, column (A)			12.	183,40	)5.
s	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18		405,14	
Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19		194,65	
٩ŝ	20	Other changes in not exacts or fund belances (attach symposition)		20	× <i>±</i> /	204 21	

Other changes in net assets or fund balances (attach explanation) STMT 9 20

-204,318.

20

. 21

Forn	m 990 (2007)			43-12	234200	Page <b>2</b>
Ра	Functional Expenses orga	0	tions must complete colum s and section 4947(a)(1)	n (A). Columns (B), (C), a	and (D) are required for s its but optional for other	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule) (cash \$	_) 22a				
	(cash \$ <u>1,601,401</u> . noncash \$ If this amount includes foreign grants, check here	_) 22b	1,601,401.	1,601,401.	STMT 10	
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25a	Compensation of current officers directors, key employees, etc. listed ir Part V-A	1	NONE			
b	Compensation of former officers directors, key employees, etc. listed ir		NONE			
	Part V-B Compensation and other distributions, not includ ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees no included on lines 25a, b, and c					
	Pension plan contributions no included on lines 25a, b, and c	27				
	Employee benefits not included or lines 25a - 27	28				
29	Payroll taxes	29				
	Professional fundraising fees Accounting fees					
32	Legal fees	32				
33	Supplies	33				
	Telephone					
	Postage and shipping					
36	Occupancy Equipment rental and maintenance	36				
	Printing and publications					
	Travel					
	Conferences, conventions, and meetings					
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule	e) <b>42</b>				
	Other expenses not covered above (itemize	·				
	<u>STMT_11</u>	_ 43a		9,773,602.	213, 392.	595,010.
b c		_ <u>43b</u> 43c				
d						
e	 }					
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43g. (Organizations completin columns (B)-(D), carry these totals to line 13-15).	g s	12,183,405.	11,375,003.	213,392.	595,010.
Joi	nt Costs. Check 🕨 🔄 if you are foll			, _, o, ooot		
	any joint costs from a combined education	•				
	Yes," enter (i) the aggregate amount of these	-			ated to Program services	\$;
(iii) <sup>-</sup>	the amount allocated to Management and	general	\$	; and (iv) the amount a	llocated to Fundraising \$	

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Form 990 (2007)

Form **990** (2007)

Page **2** 

Form	990	(2007)	
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Part III Statement of Program Service Accomplishments (See the	instructions.)
Form 990 is available for public inspection and, for some people	
particular organization. How the public perceives an organization in	
on its return. Therefore, please make sure the return is complete	and accurate and fully describes, in Part III, the organization's
programs and accomplishments.	

Wł All of	nat is the organization's primary exempt purpose? SEE STATEMENT 12 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	1) ATTRACT AND GENERATE PRIVATE FUNDS FOR THE UNIVERSITY ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.	
	(Grants and allocations \$ 1,601,401. ) If this amount includes foreign grants, check here	11,375,003.
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
C		
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
e	Other program services (attach schedule)         (Grants and allocations \$         ) If this amount includes foreign grants, check here ▶	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	11,375,003.
		Form <b>990</b> (2007)

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⊢orm	990	(2007)

Part I	Balance Sheets (See the instructions.)			
	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	12,691,526.	46	14,927,535.
	Accounts receivable 47a 19, 742.			
b	Less: allowance for doubtful accounts 47b	28,061.	47c	19,742.
10				
	Pledges receivable48a41, 529, 269.Less: allowance for doubtful accounts48b225, 272	40 064 500	40.0	41 000 000
	Less: allowance for doubtful accounts	40,064,520.	480	41,203,896.
	Grants receivable Receivables from current and former officers, directors, trustees, and		49	
504	key employees (attach schedule)		50a	
h	Receivables from other disqualified persons (as defined under section		504	
	4958(f)(1)) and persons described in section $4958(c)(3)(B)$ (attach schedule)		50b	
51a	Other notes and loans receivable (attach			
ets	schedule)			
Assets o	Less: allowance for doubtful accounts 51b		51c	
₹ 52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54a	Investments - publicly-traded securities		54a	
b	Investments - other securities (attach schedule)	57,347,732.	54b	55,180,467.
55a	Investments - land, buildings, and	STMT 13		
	equipment: basis 55a			
b	Less: accumulated depreciation (attach			
	schedule) 55b		55c	
56	Investments - other (attach schedule)	487,929.	56	518,186.
	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach			
	schedule)	1,042,577.	57c	1,226,675.
58	Other assets, including program-related investments			
59	(describe ►	664,619.		483,508.
60		112, 326, 964.		113,560,009.
61	Accounts payable and accrued expenses	165,633.	60 61	333,049.
62	Deferred revenue		62	
	Loans from officers, directors, trustees, and key employees (attach		02	
ties	schedule)		63	
Liabilities	Tax-exempt bond liabilities (attach schedule)		64a	
p Lia	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►	966,680.	65	831,483.
	· · · · · · · · · · · · · · · · · · ·			
66	Total liabilities. Add lines 60 through 65	1,132,313.	66	1,164,532.
Org	anizations that follow SFAS 117, check here  X and complete lines			
	67 through 69 and lines 73 and 74.			
မ္ <del>မိ</del> 67	Unrestricted	6,229,442.	67	6,677,687.
<u>8</u> 68	Temporarily restricted	73,447,602.	68	71,900,293.
8 69	Permanently restricted	31,517,607.	69	33,817,497.
L.	anizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
៦ 70	Capital stock, trust principal, or current funds		70	
	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets 22 23 23	Retained earnings, endowment, accumulated income, or other funds		72	
¥ 73	Total net assets or fund balances. Add lines 67 through 69 or lines			
ž	70 through 72. (Column (A) must equal line 19 and column (B) must			
	equal line 21)	111,194,651.		112,395,477.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	112,326,964.	74	113,560,009.

Form **990** (2007)

Forn	990 (2007)		4	3-123420	0		Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited F instructions.)	inancial Stateme				n (Se	e the
a	Total revenue, gains, and other support per audited finan	cial statements				а	14,379,033.
b	Amounts included on line <b>a</b> but not on Part I, line 12:						
1	Net unrealized gains on investments			b1			
2	Donated services and use of facilities			b2			
2	Recoveries of prior year grants			b3			
4	Other (specify):						
-				b4			
	Add lines <b>b1</b> through <b>b4</b>					b	
с	Subtract line <b>b</b> from line <b>a</b>					c	14,379,033.
d	Amounts included on Part I, line 12, but not on line <b>a</b> :					-	1,0,0,000
u 1	Investment expenses not included on Part I, line 6b			d1			
2	Other (specify):SEE_STATEMENT_17			<u> </u>			
-				d2 -	790,484.		
	Add lines <b>d1</b> and <b>d2</b>				-	d	-790,484.
е	Total revenue (Part I, line 12). Add lines c and d					e	13, 588, 549.
-	rt IV-B Reconciliation of Expenses per Audited						10,000,049.
	Total expenses and losses per audited financial statement			-	-	a	13,178,207.
a		.5				a	10,110,207.
b	Amounts included on line <b>a</b> but not on Part I, line 17:			b1			
1	Donated services and use of facilities			b2			
2	Prior year adjustments reported on Part I, line 20			b2	204,318.		
3	Losses reported on Part I, line 20.			03	204, 510.		
4	Other (specify):SEE_STATEMENT_18			b4	790,484.		
						<b>b</b>	994,802.
	Add lines <b>b1</b> through <b>b4</b>					b c	12,183,405.
С	Subtract line <b>b</b> from line <b>a</b>		• • • •			L L	12,103,403.
d	Amounts included on Part I, line 17, but not on line a:			d1			
1	Investment expenses not included on Part I, line 6b						
2	Other (specify):			d2			
						a	
е	Add lines d1 and d2. Total expenses (Part I, line 17). Add lines c and d					d e	12,183,405.
-	rt V-A Current Officers, Directors, Trustees, and						
	or key employee at any time during the year eve			-			
		(B)	1	ompensation	(D) Contributions to		(E) Expense account
	(A) Name and address	Title and average hours pe week devoted to position		ot paid, enter -0)	benefit plans & de compensation p		and other allowances
				-0)		land	
SEI	 C STATEMENT 19			NONE		NONE	NONE
					1		

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Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No	
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings $\dots \dots \dots$			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business			
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75	ו	Х	
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other			
		X		
	If "Yes," attach a statement that includes the information described in the instructions.			
	Does the organization have a written conflict of interest policy?	X		

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accoú	(E) Expense account and othe allowances		
		- 0 - ·	-0-	-0-	-0-			
Par	t VI Other Information (See the instructions.)					Yes	No	
76	Did the organization make a change in its activities or detailed statement of each change	methods of condu	cting activities?	lf "Yes," attach a	76		Х	
77	Were any changes made in the organizing or governing d If "Yes," attach a conformed copy of the changes.	ocuments but not rep	ported to the IRS	?	77		Х	
78a	Did the organization have unrelated business gross income this return?				78a		Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b	N/	A	
79	Was there a liquidation, dissolution, termination, or sub a statement				79		Х	
80a	Is the organization related (other than by association w common membership, governing bodies, trustees, or							
_	organization?				80a	Х		
b	If "Yes," enter the name of the organization ▶ _MISSOU							
81a	Enter direct and indirect political expenditures. (See line 8							
	Did the organization file Form 1120-POL for this year?	,			81b		Х	

Form 990 (2007)

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Part VI Other Information (continued)			Page 7 No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a	Х	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		Х	L
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		Х	<b></b>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/	<u>a</u>
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	<u>a</u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<u>a</u>
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	_		
d Section 162(e) lobbying and political expenditures	_		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	_		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	_		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u>a</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 851			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u>a</u>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	_		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A	_		
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)	_		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911  NONE ; section 4912 NONE ; section 4955 NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958 NONE			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
at any time during the year?	89g		Х
90 a List the states with which a copy of this return is filed			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			
91 a The books are in care of ▶ MISSOURI STATE UNIVERSITY Telephone no. ▶ 417-8	<u>36-56</u>	32	
Located at ▶ <u>901 S NATIONAL SPRINGFIELD, MO</u> ZIP+4 ▶ <u>65897</u>			
		Vac	Na
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over	•	Tes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			

and Financial Accounts.

Form 990 (2007)

Form 990 (20 <b>Part VI</b>	07) Other Information (continue	od)		4	3-1234200		Page Yes No
	y time during the calendar year,	,	anization maint	ain an office outsic	le of the United States?	91/	
	s," enter the name of the foreign	-					
	on 4947(a)(1) nonexempt charita			n lieu of Form 104	1 - Check here		►
	enter the amount of tax-exempt in	nterest rece	eived or accrue	d during the tax yea			N/A
Part VII	Analysis of Income-Produc	ing Activit	t <b>ies</b> (See the ii	nstructions.)		-	
	gross amounts unless otherwise	Unre	lated business inc	come Excluded	by section 512, 513, or 514	(E) Related	lor
ndicated.		(A)	( <b>B)</b> Amount	(C)	(D)	exempt fu	
93 Progra	am service revenue:	Business code	Amount	Exclusion cod	e Amount	incom	ie
a <u>MIS</u>	CELLANEOUS					1	.97,082
b							
d							
e							
	are/Medicaid payments						
-	nd contracts from government agencies						
	ership dues and assessments						
	on savings and temporary cash investments			1.4	0.21.000		
	nds and interest from securities			14	831,909.		
	ntal income or (loss) from real estate:						
	inanced property			16	130,166.		
				10	130,100.		
	tal income or (loss) from personal property investment income			14	-3,103,161.		
	(loss) from sales of assets other than inventory			14	-43,018.		
	come or (loss) from special events			11	10/010.		73,061
	profit or (loss) from sales of inventory						10,001
	revenue: a						
	LIFE INSURANCE			14	30,257.		
-							
е							
04 Subto	tal (add columns (B), (D), and (E))				-2,153,847.	2	270,143
05 Total	(add line 104, columns (B), (D), and (I	Ξ))			· · · · · · · •	-1,8	883,704
	05 plus line 1e, Part I, should equal t						
Part VIII	Relationship of Activities	to the Acc	omplishment	of Exempt Purp	oses (See the instruct	ions.)	
Line No.	Explain how each activity for wh				contributed importantly to	o the accomplish	ment of th
▼	organization's exempt purposes (of	ther than by	providing tunds to	or such purposes).			
	STMT 25						
Dout IV	Information Depending Tax	ahla Cuba	idiariaa and D	ierenerded Entit	line (See the instruction		
Part IX	Information Regarding Tax	able Subs	(B)				
١	(A) Name, address, and EIN of corporation,		Percentage of	(C) Nature of activitie	es Total income	(E) End-of-	year
	partnership, or disregarded entity		ownership interest			asse	IS
			%				
			%				
			%				
Part X	Information Regarding Trai	nsfers Ass	,,,	Personal Renefit	Contracts (See the in	nstructions)	
	e organization, during the year, receiv				•		X No
	ne organization, during the year, received					••••	
	Yes" to (b), file Form 8870 and Fo						

Form **990** (2007)

Yes No

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of		
	the Code? If "Yes," complete the schedule below for each controlled entity.	N/	А

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а		-		
b				
c		-		
	Totals			

# **107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.							
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer			
а							
b							
С							
	Totals		L				

		Yes	No		
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest,				
	ents, royalties, and annuities described in question 107 above?	N/	A		
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an Signature of officer Date		0		
	Type or print name and title				

Type of print name and						
Preparer's		Date	Check if self-	Prepare	Υ.	. X)
signature			employed 🕨		P00423582	
Firm's name (or yours	Ell		EIN	▶ 44-0160260		
address, and ZIP + 4	901 E ST LOUIS #1000	/PO BOX 119	90	Phone no.	▶ 417 865-8701	
	SPRINGFIELD, MO		65801-1190		Form <b>990</b> (20	)07)
	Preparer's signature Firm's name (or yours if self-employed),	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP 901 E ST LOUIS #1000	Preparer's signature     Date       Firm's name (or yours if self-employed), address, and ZIP + 4     BKD, LLP 901 E ST LOUIS #1000/PO BOX 119	Preparer's signature     Date     Check if self- employed       Firm's name (or yours if self-employed), address, and ZIP + 4     BKD, LLP       901 E ST LOUIS #1000/PO BOX 1190	Preparer's signature     Date     Check if self- employed     Prepare       Firm's name (or yours if self-employed), address, and ZIP + 4     BKD, LLP     EIN     EIN       901 E ST LOUIS #1000/PO BOX 1190     Phone no.	BKD, LLP     EIN     44-0160260       901 E ST LOUIS #1000/PO BOX 1190     Phone no.     417 865-8701

### SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Employer identification number

10 100
43-1234

<u>IISSOURI STATE UNIVERSITY FOUNDATI</u>				L234200
Part I Compensation of the Five High (See page 1 of the instructions. List	est Paid Employees each one. If there are	s Other Than Of none, enter "Non	f <b>icers, Directors,</b> a e.")	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hou per week devoted to positi		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and oth allowances
 DNE	-			
	-			
	-			
	_			
tal number of other employees paid over \$50,000 ▶ art II-A Compensation of the Five High	est Paid Independe			
(See page 2 of the instructions. List (a) Name and address of each independent contractor page		idividuals or firms) (b) Type of se		enter "None.") (c) Compensation
		(-) ) )		
E STATEMENT 26				
tal number of others receiving over \$50,000 for ofessional services	NONE			
art II-B Compensation of the Five High (List each contractor who performe firms. If there are none, enter "None	est Paid Independed services other than	professional servi	for Other Service ces, whether individe	<b>s</b> uals or
(a) Name and address of each independent contractor paid		(b) Type of se	rvice	(c) Compensation
 )NE				
otal number of other contractors receiving over				

Ра	rt III Statements About Activities (See page 2 of the instructions.)	Ye	s No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	a	X
b	Lending of money or other extension of credit?	b	X
c	Furnishing of goods, services, or facilities?		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d	X
e	Transfer of any part of its income or assets?	9	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	a >	<u> </u>
b	Did the organization have a section 403(b) annuity plan for its employees?	b	X
с	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d	X
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g       4         Did the organization make any taxable distributions under section 4966?       4		X 1/ A
с	Did the organization make a distribution to a donor, donor advisor, or related person?		1/A
d	Enter the total number or donor advised funds owned at the end of the tax year $\ldots$		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $\ldots$		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		NONE

Schedule A (Form 990 or 990-EZ) 2007

Part IV	Reason for Non-Private Fo	oundation Stat	<b>us</b> (See pages 4 thr	ough 8 of th	e instructions.)	)
I certify tha	t the organization is not a private founda	tion because it is: (Ple	ease check only ONE app	licable box.)		
5	A church, convention of churches, or as	sociation of churches	. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also o	complete Part V.)				
7	A hospital or a cooperative hospital serv	ice organization. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local government or	governmental unit. Se	ection 170(b)(1)(A)(v).			
	A medical research organization operation	•	•		.)(iii). Enter the	hospital's name, city
	An organization operated for the bene (Also complete the <b>Support Schedule</b> in	-	university owned or oper	rated by a gov	vernmental unit.	Section 170(b)(1)(A)(iv
	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the <b>Supp</b>			overnmental u	nit or from the g	general public. Sectior
11b	A community trust. Section 170(b)(1)(A)	)(vi). (Also complete th	he Support Schedule in F	Part IV-A.)		
13	An organization that normally receives: ( activities related to its charitable, etc., f investment income and unrelated busine 1975. See section 509(a)(2). (Also compl An organization that is not controlle requirements of section 509(a)(3). Check	unctions - subject to ess taxable income (k lete the <b>Support Sch</b> ed by any disquali the box that describ	o certain exceptions, and ess section 511 tax) from nedule in Part IV-A.) ified persons (other that	(2) no more t businesses ac	han 33 1/3% of quired by the org managers) and	its support from gross anization after June 30,
	Provide the following information	about the supporte	d organizations (See nac	19.8 of the instr	uctions )	
Nan	(a) ne(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organ	(d) supported ion listed in pporting ization's documents?	(e) Amount of support
				Yes	No	
MISSOUF	RI STATE UNIVERSITY	44-6000308	10	X		12,635,033.
Total					└ · · · · · · ►	12,635,033.
14 🗌 A	An organization organized and operated t	to test for public safe	ety. Section 509(a)(4). (Se	e page 8 of the	instructions.)	

Schedule A (Form 990 or 990-EZ) 2007

#### Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (d) 2003 (a) 2006 (b) 2005 (c) 2004 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 14,444,170. 14,410,128. 9,442,234. 8,832,951. 47,129,483. 16 Membership fees received Gross receipts from admissions, merchandise 17 sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 231,976. 247,472. 342,465. 277,702. 1,099,615. from interest, dividends, 18 Gross income amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 970,344. 845, 322. 597,244. 466,075. 2,878,985. 19 Net income from unrelated business activities not included in line 18 327. 4,089. 4,416. Tax revenues levied for the organization's benefit 20 and either paid to it or expended on its The value of services or facilities furnished to 21 the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not 22 STMT 29 include gain or (loss) from sale of capital assets 84,408. 28,100. 17,313. 15,487. 23,508. Total of lines 15 through 22 . . . . . . . . . . . . 15, 674, 590. 15,520,235. 10,401,519. 9,600,563. 23 51,196,907. 9,322,861. 50,097,292. 24 96,006. 104,015. Enter 1% of line 23 156,746. 155,202. 25 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 1,001,946. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 🕨 26b 769,620. c Total support for section 509(a)(1) test: Enter line 24, column (e) 50,097,292. . . . . . . . . . . . . . . 26c d Add: Amounts from column (e) for lines: 18 <u>2,878,985.</u> 19 <u>4,416.</u> 22 84,408. 26b 769,620. ► 26d 3,737,429. e Public support (line 26c minus line 26d total) 46,359,863. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 92.5397 % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disgualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each vear: (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ ts from column (e) for lines: 15 16 17 20 21 Add: Amounts from column (e) for lines: 15 27 c \_\_\_ and line 27b total . . \_\_\_\_\_ . . . . . . . . . . . ▶ d Add: Line 27a total 27d e Public support (line 27c total minus line 27d total). 27e f g Public support percentage (line 27e (numerator) divided by line 27f (denominator))...... % 27g % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 28

43-1234200

Page 4

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.
Output: Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007

43-1234200

Page 5

Par		BLE		
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
		29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
		30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
		31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	•		
32	Does the organization maintain the following:			
		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
~	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
C		32c		
b	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
-				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
2	Students' rights or privileges?	222		
a		33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
_	Educational policies?			
е	Educational policies?	33e		
f	Use of facilities?	33f		
•				
g	Athletic programs?	33g		
h	Other extracurricular activities?	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
		35		

Schedule A (Form 990 or 990-EZ) 2007

JSA

Sch	edule A (Form 990 or 990-EZ) 2007	13-1:	234200	Page <b>b</b>
Pa	rt VI-A Lobbying Expenditures by Electing Public Charities (See page 1			
	(To be completed <b>ONLY</b> by an eligible organization that filed Form	n 576	8) NOT APPLICA	3LE
Che	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b if you	check	ed "a" and "limited cor	trol" provisions apply.
	Limits on Lobbying Expenditures		<b>(a)</b> Affiliated group totals	( <b>b)</b> To be completed for <b>all</b> electing
	(The term "expenditures" means amounts paid or incurred.)			organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			
	Caution. In there is an amount on either line 43 of the 44, you must me Form 4720.		<b>b</b> )	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (b) (d) (e) (a) (C) 2007 2006 2005 2004 Total year beginning in) 🕨 Lobbying nontaxable 45 amount . . . . . . . Lobbying ceiling amount 46 (150% of line 45(e)) **47** Total lobbying expenditures Grassroots nontaxable Grassroots ceiling amount **49** (150% of line 48(e)) Grassroots lobbying 50 expenditures Lobbying Activity by Nonelecting Public Charities Part VI-B NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)

 b
 Paid staff or management (Include compensation in expenses reported on lines c through h.)

 c
 Media advertisements

 d
 Mailings to members, legislators, or the public

 e
 Publications, or published or broadcast statements

 f
 Grants to other organizations for lobbying purposes

 g
 Direct contact with legislators, their staffs, government officials, or a legislative body

 h
 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

 i
 Total lobbying expenditures (Add lines c through h.)

 lf "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2007

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		w in column (d) the value of the goods, other	organization received less than fair market value assets, or services received:
<b>(a)</b> Line no.	<b>(b)</b> Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arranger
N/A			
a is the ord			an and tax, assault annualizations
described <b>b</b> If "Yes," c	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	(c)
described <b>b</b> If "Yes," c	in section 501(c) of the complete the following scl	Code (other than section 501(c)(3)) or i nedule:	n section 527? Yes
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)
described <b>b</b> If "Yes," c Nam	l in section 501(c) of the complete the following scl (a)	Code (other than section 501(c)(3)) or i nedule: (b)	n section 527? Yes (c)

Sch	edule A (Form 990 or 990-EZ) 2007	43-1234200		
Pa	Information Regarding Transfers To and Tr Exempt Organizations (See page 14 of the	ransactions and Relationships With Noncharitable instructions.)		
51	Did the reporting organization directly or indirectly engage	in any of the following with any other organization described ir	n section	

(ii) Other assets

a Transfers from the reporting organization to a noncharitable exempt organization of:

G11257 K929 02/11/2009 15:12:10 V07-8.7

**b** Other transactions:

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(i) Cash \_\_\_\_\_\_ 51a(i)

21

Yes No

a(ii)

Х

Х

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### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of organization

### **Schedule of Contributors**

OMB No. 1545-0047

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Employer identification number

43-1234200

#### MISSOURI STATE UNIVERSITY FOUNDATION

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

#### General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

#### Special Rules -

Х	For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations
	under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the
	greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

### Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$1,865,801	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$501,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$320,879.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6		\$1,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

JSA

43-1234200

# Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$416,620	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

JSA

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Page of of Part II

Employer identification number

43-1234200

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7 <u>STOC</u>	CK	\$416,620.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

OTHER INFORMATION 990 PART VI LINE 82A

THE FOUNDATION RECEIVES ADMINISTRATIVE SUPPORT FROM MISSOURI STATE UNIVERSITY WITHOUT CHARGE. THE VALUE OF THESE SERVICES IS NOT RECORDED AS REVENUES OR EXPENDITURES BY THE FOUNDATION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS DEPRECIATION RECONCILIATION FORM 990, PART IV, LINE 57 AND STATEMENT #4

#### DESCRIPTION/COST

LAND       120,000         BUILDINGS       2,475,285         LEASEHOLD IMPRMTS       83,695         EQUIPMENT       59,961         CONSTRUCTION IN       252,876
TOTAL FIXED ASSETS LINE 57A 2,991,817
CURRENT DEPRECIATION EXPENSE
BUILDINGS66,244LEASEHOLD IMPRMTS2,250EQUIPMENT285
DEPRECIATION EXPENSE STATEMENT #4 68,779
ACCUMULATED DEPRECIATION
BUILDINGS1,621,623LEASEHOLD IMPRMTS83,695EQUIPMENT59,824
TOTAL A/D LINE 57B 1,765,142

#### 7E7000 1.000

Taxpayer's Name

MISSOURI STATE UNIVERSITY FOUNDATION

# **RENT AND ROYALTY INCOME**

Identifying Number 43-1234200

RENTAL INCOME	servery participate in				during the tax year?				
			•			•••		_	
						69	0,207		
OTAL GROSS INCOME	<u> </u>					<u></u>		•	690,207
OTHER EXPENSES:						10	1 262		
OTHER EXPENSES						49.	1,262	<u> </u>	
								_	
								_	
								_	
								-	
EPRECIATION (SHOWN BELC	))))))))))))))))))))))))))))))))))))))				68,7	79.			
LESS: Beneficiary's Portion								_	
								-	
LESS: Beneficiary's Portion									
EPLETION LESS: Beneficiary's Portion									
OTAL EXPENSES								_	560,041
OTAL RENT OR ROYALTY INC	OME (LOSS)								130,16
ess Amount to									
Rent or Royalty								_	
Depreciation								_	
Depletion									
Investment Interest Expense	÷								
Investment Interest Expense Other Expenses									
Other Expenses Net Income (Loss) to Others						· · ·			
Other Expenses Net Income (Loss) to Others Net Rent or Royalty Income (Lo	ss)	· · · · · · · ·	· · · · ·			· · · · <u></u>			130,166
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli	ss) icable)	· · · · · · · ·	· · · · ·			· · · · <u></u>			130,166
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli	ss) icable)	· · · · · · · ·	· · · · ·			· · · · <u></u>			130,166
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo eductible Rental Loss (if Appli	icable)	· · · · · · · · · · · · · · · · · · ·	(d)	(e)		(g) Depreciation			
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo reductible Rental Loss (if Appli	ss) icable)	· · · · · · · ·	(d) ACRS	(e) Bus.		(g) Depreciation in		(i) Life or	
Other Expenses Net Income (Loss) to Others et Rent or Royalty Income (Lo eductible Rental Loss (if Appli CHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d)	(e)	(f) Basis for	(g) Depreciation	(h)	(i) Life	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo reductible Rental Loss (if Appli CHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli CCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo reductible Rental Loss (if Appli CCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo reductible Rental Loss (if Appli CHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others Net Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others Net Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciatior
Other Expenses Net Income (Loss) to Others Net Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
Other Expenses Net Income (Loss) to Others let Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC (a) Description of property	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
Other Expenses Net Income (Loss) to Others Net Rent or Royalty Income (Lo Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC	icable) IATION CLAIMED	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation

# SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

690,207. 690,207.

OTHER DEDUCTIONS

491,262. ------491,262.

\_\_\_\_\_

#### RENT AND ROYALTY SUMMARY

\_\_\_\_\_

PROPERTY		TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET I NCOME 
RENTAL		690,207.	68 <b>,</b> 779.	491,262.	130,166.
TOT	ALS =:	690,207.	68,779. ======	491,262.	130,166.

FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION	AMOUNT

NET REALIZED AND UNREALIZED GAINS AND LOSSES

TOTAL

-3,103,161.

-3,103,161.

### FORM 990, PART I - EXCLUDED CONTRIBUTIONS


DESCRIPTION	AMOUNT 
ALL SPORTS AUCTION MEN'S BB GOLF TOURNAMENT	161,292.
FB GOLF TOURNAMENT OTHER SPECIAL EVENTS	23,425. 122,932.
TOTAL	307,649.

### FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS	DIRECT	NET
	REVENUE	EXPENSES	I NCOME
ALL SPORTS AUCTION	56,015.	83,953.	-27,938.
MEN'S BB GOLF TOURNAMENT	87,807.	31,632.	56,175.
FB GOLF TOURNAMENT	64,892.	34,662.	30,230.
OTHER SPECIAL EVENTS	94,790.	80,196.	14,594.
TOTALS	303,504.	230,443.	73,061.

## FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

#### 

DESCRIPTION	AMOUNT
LOSS ON TRUST & ANNUITY OBLIGATIONS	41,318
DECREASE IN REAL ESTATE HELD FOR RESALE	163,000

TOTAL

41,318. 163,000. 204,318.

#### MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

#### FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT

GRANTS PAID

\_\_\_\_\_

SCHOLARSHIPS

1,601,401.

TOTAL CONTRIBUTIONS PAID 1,601,401.

1,601,401.

### FORM 990, PART II - OTHER EXPENSES


DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CAPITAL PROJECTS - MSU INSTITUTIONAL EXPENSES - MSU STUDENT SERVICES - MSU INSTR. & ACADEMIC PROGRAM-MSU FUNDRAISING DIRECT BENEFITS TO DONORS UNCOLLECTIBLE PLEDGES REC. JQH ARENA DEBT EXPENSE	1,729,548. 213,392. 2,580,739. 3,033,810. 595,010. 232,148. 338,856. 1,858,501.	1,729,548. 2,580,739. 3,033,810. 232,148. 338,856. 1,858,501.	213,392.	595,010.
TOTALS	10,582,004.	9,773,602.	213,392.	595,010.

# FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO DEVELOP AN ENVIRONMENT WHICH PROMOTES GIVING AND THEREIN SEEK, RECEIVE, MANAGE AND DISTRIBUTE RESOURCES IN A MANNER APPROPRIATE TO SUPPORT PROGRAMS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE OF THE UNIVERSITY. SINCE ITS ESTABLISHMENT IN 1981, THE MISSOURI STATE UNIVERSITY FOUNDATION HAS RECEIVED MORE THAN \$100 MILLION IN PRIVATE GIFT AND PLEDGE COMMITMENTS FOR THE BENEFIT OF MISSOURI STATE UNIVERSITY. DURING THE CURRENT YEAR, APPROXIMATELY 20,000 STUDENTS BENEFITED FROM THE SERVICES OF INFORMATION AND ACADEMIC PROGRAM SUPPORT, ALONG WITH THE STUDENT SEVICES DIVISION. ALSO, APPROXIMATELY 800 STUDENTS RECEIVED SCHOLARSHIPS, WHICH AMOUNTED TO \$1,601,401. THE BROADCAST SERVICES DIVISION PRODUCES OZARKS PUBLIC TELEVISION (OPTV) AND KSMU RADIO STATION. OPTV PROVIDES PBS PROGRAMMING AND INSTRUCTIONAL TELEVISION SERVICES TO 549,540 HOUSEHOLDS IN SOUTHWEST MISSOURI AND THE ADJOINING THREE STATE AREA. OPTV BROADCASTS 168 HOURS OF PROGRAMMING PER WEEK WITH A SUPPORTING MEMBERSHIP OF ABOUT 6,500 MEMBERS AND OVER 100 CORPORATE AND INSTITUTIONAL UNDERWRITERS. KSMU HAS APPROXIMATELY 40,000 WEEKLY LISTENERS.

# FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
FUNDS HELD IN TRUST MUTUAL FUNDS REAL ESTATE US TREASURY SECURITIES CORPORATE BONDS HEDGE FUNDS OTHER PRIVATE EQUITY		1,002,321. 47,502,478. 2,699,851. 787,515. 1,014,906. 4,337,161. 3,500.	876,272. 44,061,498. 3,503,134. 1,008,659. 1,025,634. 4,516,770. 3,500. 185,000.
	TOTALS ==	57,347,732.	55,180,467.

# FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION		BEGINNING BOOK VALUE	ENDI NG BOOK VALUE
CSV LIFE INS POLICIES		487,929.	518,186.
	TOTALS	487,929.	518,186.

### STATEMENT 14

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# FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDI NG BOOK VALUE
PROPERTY HELD FOR RESALE	664,619.	483,508.
TOT	PALS 664,619.	483,508.

43-1234200

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		BEGI NNI NG BOOK VALUE	ENDING BOOK VALUE
FUNDS MANAGED FOR MISSOURI STATE UNIVERSITY ANNUITY OBLIGATIONS PLEDGES PAYABLE		199,762. 532,647. 234,271.	199,762. 517,121. 114,600.
	TOTALS	966,680.	831,483.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
EXPENSES REPORTED ON LINE 6B EXPENSES REPORTED ON LINE 9B	-560,041. -230,443.
TOTAL	-790,484. =========

# FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
EXPENSES REPORTED ON LINE 6B EXPENSES REPORTED ON LINE 9B	560,041. 230,443.
TOTAL	790,484.

43-1234200

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR BILLY E HIXON 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MS CAROL JONES 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR ROBERT B NOBLE 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MRS CAROL PINEGAR 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR DANIEL K STEGMANN 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR RICHARD F YOUNG 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR JAMES BUFORD	DIRECTOR 2.00	NONE	NONE	NONE

43-1234200

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
901 S NATIONAL Springfield, MO 65897				
MS CINDY R BUSBY 901 S NATIONAL SPRINGFIELD, MO 65897	SECRETARY 2.00	NONE	NONE	NONE
DR MICHAEL T NIETZEL 901 S NATIONAL SPRINGFIELD, MO 65897	EX OFFICIO 2.00	NONE	NONE	NONE
MRS KIM DAKE 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR MICHAEL H INGRAM 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR BRENT DUNN 901 S NATIONAL SPRINGFIELD, MO 65897	EXECUTIVE DIRECTOR 2.00	NONE	NONE	NONE
MR BRIAN HAMMONS 901 S NATIONAL SPRINGFIELD, MO 65897	EX OFFICIO 2.00	NONE	NONE	NONE

43-1234200

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS				
MR KENT KAY 901 S NATIONAL SPRINGFIELD, MO 65897	TREASURER 2.00	NONE	NONE	NONE
MS NILA B HAYES 901 S NATIONAL SPRINGFIELD, MO 65897	ASSISTANT TREASURER 2.00	NONE	NONE	NONE
MRS PAT L SECHLER 901 S NATIONAL SPRINGFIELD, MO 65897	PRESIDENT 2.00	NONE	NONE	NONE
MR JOSEPH W TURNER 901 S NATIONAL SPRINGFIELD, MO 65897	VICE PRESIDENT 2.00	NONE	NONE	NONE
MR LARRY D FRAZIER 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR PEGGY PEARL 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE

43-1234200

### FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENS ATI ON	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR NOEL BOYD 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MRS ETHEL CURBOW 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR BRUCE SWISSHELM 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
	GRAND TOTALS	 NONE 	NONE	 NONE 

## 43-1234200

## FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

\_\_\_\_\_\_

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MS CINDY R BUSBY MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	50 <b>,</b> 990.	15 <b>,</b> 674.	NONE
DR MICHAEL T NIETZEL MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	323,038.	39,643.	NONE
MR BRENT DUNN MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	114,931.	28,764.	NONE
MR KENT KAY MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	117,704.	28,487.	NONE
MS NILA B HAYES MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	84,789.	22,343.	NONE

MISSOURT	STATE	UNT VERST TY	FOUNDATION

## 43-1234200

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	691,452.	134,911.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY, ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.
101	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY, ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS

TYPE OF SERVICECOMPENSATION------------

HAMMOND ASSOCIATES 101 S HANLEY STE 300 ST LOUIS, MO 63104 CONSULTING

80,000.

TOTAL COMPENSATION

80,000.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

A SUBSTANTIAL CONTRIBUTOR CONTROLS CERTAIN BUSINESS WITHIN THE HOSPITALITY INDUSTRY FROM WHOM THE FOUNDATION PURCHASES AT FAIR VALUE ITEMS SUCH AS LODGING, FOOD SERVICES, AND CONVENTION SERVICES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

THE UNIVERSITY BASES SCHOLARSHIP DISBURSEMENTS ON NEED AND EDUCATIONAL ACHIEVEMENTS. IT ENFORCES A NON-DISCRIMINATORY POLICY.

43-1234200

## SCHEDULE A, PART IV-A - OTHER INCOME

\_\_\_\_\_

DESCRIPTION	2006	2005	2004	2003	TOTAL
CSV LIFE INSURANCE	28,100.	17,313.	15,487.	23,508.	84,408.
TOTALS	28,100.	17,313.	15,487.	23,508.	84,408.
	============	=============	=============	============	============

# **Capital Gains and Losses**

OMB No. 1545-0092

2007

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

### Department of the Treasury Internal Revenue Service Name of estate or trust

MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

Note	e: Form 5227 filers need to complete only Pa	nts I and II.					
Pa	t I Short-Term Capital Gains and Los	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see page 40 c instructions	f the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a	· · ·						
b	Enter the short-term gain or (loss), if any, fr	om Schedule L	)-1, line 1b		• • • • • • • • •	1b	
2	Short-term capital gain or (loss) from Form	s 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners			= =		3	
4	Short-term capital loss carryover. Enter the					4	(
5	Carryover Worksheet Net short-term gain or (loss). Combine line	es 1a through 4	l in column (f).	Enter here and on lin	e 13,	4	( )
	column (3) on the back	-	• • •			5	
Pa			d More Than O	ne Year			
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see page 40 o instructions	f the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
h	Enter the long-term gain or (loss), if any, fro	om Schedule D.	-1 line 6h			C h	42 010
						6b	-43,018.
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, ai	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	ips, S corporat	tions, and other	estates or trusts		8	
9	Capital gain distributions					9	
-							
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the	amount, if any	, from line 14 o	of the 2006 Capital Los	SS		
40	Carryover Worksheet Net long-term gain or (loss). Combine lines					11	( )
12	column (3) on the back	•	.,			12	-43,018.
For	Paperwork Reduction Act Notice, see the Instru						e D (Form 1041) 2007

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Part	t III Summary of Parts I and II Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			
14	Net long-term gain or (loss):				
а	Total for year	14a			-43,018.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
	28% rate gain				
	Total net gain or (loss). Combine lines 13 and 14a ▶	15			-43,018.
	<b>::</b> If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo rt V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete F				
Part	t IV Capital Loss Limitation				
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
a Note: <i>Can</i> yo	The loss on line 15, column (3) <b>or b</b> \$3,000 : If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, pag <b>over Worksheet</b> on page 42 of the instructions to figure your capital loss carryo	ge 1, lir ver.	ne 22 (or Form 990-T, I	<b>16</b> ( ine 34), is a loss, com	3,000.
	t V Tax Computation Using Maximum Capital Gains Rates				
there Cauti • Eit • Bo Form of Fo	<b>1041 filers.</b> Complete this part <b>only</b> if both lines 14a and 15 in colu e is an entry on Form 1041, line 2b(2), <b>and</b> Form 1041, line 22, is mo <b>ion:</b> Skip this part and complete the worksheet on page 43 of the instr ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. <b>n 990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 ar form 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part er line 14b, col. (2) or line 14c, col. (2) is more than zero.	re tha ruction	n zero. s if: ns, or qualified divid	ends are included	in income in Part I
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	. 17		
	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0  21				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17. If zero or less, enter -0-		. 23		
	Enter the smaller of the amount on line 17 or \$2,150	• • •	24		
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 through 27; go to line 28 and check the "No"				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26		
27	Multiply line 26 by 5% (.05)				
28	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 28 thru 31; go to line 32. No. Enter the smaller of line 17 or li	ine 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 29		
	Subtract line 29 from line 28				
	Multiply line 30 by 15% (.15)				
32	Figure the tax on the amount on line 23. Use the 2007 Tax $\ensuremath{F}$	Rate S	chedule on page 2	7 of the	
	instructions				
33	Add lines 27, 31, and 32				
34	Figure the tax on the amount on line 17. Use the 2007 Tax $\ensuremath{F}$	Rate S	chedule on page 2	7 of the	
	instructions				
35	Tax on all taxable income. Enter the smaller of line 33 or	line 3	84 here and on lir	ne 1a of	
	Schedule G, Form 1041 (or line 36 of Form 990-T)			35	

Schedule D (Form 1041) 2007

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Schedule D (Form 1041) 2007

Page **2** 

	OURI STATE UNIVERSITY				43-123420	0
	JURI STATE UNIVERSITY	FOUNDATION	to Liald Mara Th		43-123420	10
art II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
	(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (c
ית דגי		1400		22 642 541	22 685 550	42 010
SALE	S OF SECURITIES	VAR	VAR	32,642,541.	32,685,559.	-43,018

Schedule D-1 (Form 1041) 2007

	Basember 2007         Reportable Transaction Disclosure Statement					OMB No. 1545-1800			
`	Rev. December 2007) Attach to your tax retuined bepartment of the Treasury			əturn				Attachment	
	Innal Revenue Service See separate instruction			ctions	s.		Sequence No. 137		
		i (individuals enter last name, first na						Identifying	
	<u>SSOURI</u> ST ber, street, and room	ATE UNIVERSITY	FOUNDATIO	N				43-12	234200
90		ATIONAL AVENUE							
	or town, state, and ZI								
SP	RINGFIELD		M	0 6589	97				
Α	, ,	ore than one Form 8886 with							
в		ent number for this Form 8886 Imber of the tax return to whic							 Form 990
D				ieu or relateu .					0101 990
	Enter the year of	the tax return identified above						· · · Þ @	5/30/08
						1.	[]		
		being filed with an amended t	3.7		Х	Yes	X No		
C	•	) that apply (see instructions).	X Initial	year filer	Δ	Protec	ctive disclosure		
1a	Name of reportat	le transaction							
	ECTION 98								
1 b	Initial year partici	pated in transaction				transac 11 digit	ction or tax shelter rots)	egistration n	umber
6	/30/08			N/A		0	,		
2		of reportable transaction. Chec	k all the boxes that		ructio	ons).			
а	Listed	c Contractu	al protection	е 🗌	Bri	ef asse	t holding period		
b	Confidential	d X Loss		f	Tra	ansactio	on of interest		
3	If you checked bo	x 2a or 2f, enter the published	quidance number f	or the listed tra	ansad	ction or	transaction of intere	est ⊾1	N/A
	,	<i>i</i> 1	0						.,
4	Enter the number	of "same as or substantially s	imilar" transactions	reported on this	s forr	n			3
-	If you participat	ed in the transaction throu	ab another entity		onnli	aabla	haven and provide	the infor	motion holow for the
5	• • •	tions). (Attach additional sheet		y, check all	аррп	Cable	boxes and provide		
а	Type of entity:			Partnershi	С			Partne	rship
				S corporat	ion			S corp	oration
			_	Trust				Trust	
h	Nome		N/A	Foreign			l	Foreigr	1
		cation number (EIN), if	N/ A						
•	lun autor	· · · · · · · · · · · · · · · · · •							
Ь	Data Sabadula K	1 received from entity							
u	(enter "none" if S								
	received)	F							
6		name and address of each ind ed, or recommended your par ry.)							
а	Name				10	dentifyi	ng number (if knowr	n) Fees pa	aid
	Number, street, a	nd room or suite no.							
	City or town, state	e, and ZIP code							
b	Name				10	dentifyi	ng number (if knowr	n) Fees pa	aid
	Number, street, a	nd room or suite no.						[	
	City or town stat								
	Only of town, stat	e, and ZIP code							

Forr	orm 8886 (Rev. 12-2007)			Page <b>2</b>
7	Facts			
а	a Identify the type of tax benefit ge	nerated by the transaction. Che	eck all the boxes that apply (see instruction	s).
		lusions from gross income arecognition of gain	Tax credits Deferral	Other
		ustments to basis	Absence of adjustments to basis	
	all affected years. Include fact nature of your investment. In	s of each step of the trans clude in your description yo	saction that relate to the expected ta our participation in the transaction a	efits generated by the transaction for ax benefits including the amount and and all related transactions regardless ection with respect to the transaction.
8	Identify all tax avampt foreign	and related antition and i	individuals involved in the transaction	n. Check the appropriate box(es) (see
0	instructions). Include their nam entity, identify its country of	ne(s), identifying number(s),	address(es), and a brief description of	of their involvement. For each foreign t is related. (Attach additional sheets,
	if necessary.)	_		
а	a Type of entity:	-exempt Foreign	Related	Identifying number
Nar	ame SEE STATEMENT	2		
<u>I tu</u>				
<u>Adc</u>	ddress			
Dee				
Des	escription			
b	<b>b</b> Type of entity:	-exempt Foreign	Related	
				Identifying number
Nar	ame			
Add	ddress			
Des	escription			
				Form <b>8886</b> (Rev. 12-2007)

SECTION 988 LOSS

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

# LINE 7: FACTS OF THE TRANSACTION

THE FOUNDATION INVESTS IN A PARTNERSHIP THAT INVESTS IN FOREIGN FORWARD CONTRACTS, SECURITIES, AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. AS PART OF SUCH ACTIVITY, THE PARTNERSHIP HOLDS NON-U.S. DOLLAR DENOMINATED ASSETS AND CURRENCIES. THE REGULAR ACTIVITY AND PURPOSE OF THE PARTNERSHIP IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE AMOUNT OF SUCH NON-U.S. DENOMINATED CURRENCIES INCREASE AND/OR DECREASE THROUGHOUT THE YEAR AT FREQUENT INTERVALS. THE PARTNERSHIP HAS FORWARD CURRENCY TRANSACTIONS WHERE LOSSES WERE CLAIMED UNDER IRC SECTION 165 THAT EXCEEDED THE RELEVANT \$2 MILLION REPORTABLE THRESHOLD. THE LOSSES ARE CHARACTERIZED AS ORDINARY LOSSES UNDER IRC SECTION 988.

THE ADJUSTED TAX BASIS OF NON-U.S. DOLLAR DENOMINATED ASSETS AND CURRENCIES OBTAINED BY THE PARTNERSHIP ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER IRC SECTION 988. THESE TRANSACTIONS ARE NOT PART OF A HEDGING STRATEGY OR STRADDLE TRANSACTION AND PRODUCED REAL ECONOMIC LOSSES.

THE REPORTABLE TRANSACTIONS ARE:

CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS \$	TRADE DATE 12/12/2006 SETTLE DATE 05/24/2007 (2,348,760)	USD JPY	42,519,000 4877269452
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS \$	TRADE DATE 06/21/2007 SETTLE DATE 10/05/2007 (2,537,826)	CAD USD	29,058,000 27,081,460
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS \$	TRADE DATE 08/28/2007 SETTLE DATE 12/06/2007 (2,167,550)	EUR USD	34,818,449 32,650,899

43-1234200

SECTION 988 LOSS

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT DETAIL

LINE 8: ENTITIES AND INDIVIDUALS INVOLVED IN THE TRANSACTIONS

TYPE OF ENTITY: TAX-EXEMPT FOREIGN X RELATED

NAME: MELLON TRUST COMPANY ADD.: P.O. BOX 185 PITTSBURGH, PA 15203

ID #: 25-0659306 DESCRIPTION CUSTODIAN AND TRUSTEE

TYPE OF ENTITY: TAX-EXEMPT FOREIGN X RELATED

NAME: BRANDYWINE GLOBAL INVESTMENT MGT, LLC ADD.: 2929 ARCH ST. SUITE 800 PHILADELPHIA, PA 19104

ID #: 51-0294065 DESCRIPTION INVESTMENT ADVISOR

TYPE OF ENTITY:

TAX-EXEMPT FOREIGN X RELATED

NAME: BRANDYWINE INVESTMENT TST- GLOBAL FIXED ADD.: 2929 ARCH STREET PHILADELPHIA, PA 19104

ID #: 76-0822143 DESCRIPTION INVESTING PARTNERSHIP