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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| A F                            | or th          | e 201      | 1 calendar year, or tax year begir   | nning 07  | /01 <b>,2011</b> , | , and endi   | ing         |                                    | 06/       | ′30 <b>,20</b> <sub>12</sub> |        |  |  |
|--------------------------------|----------------|------------|--|---|--------------------|--------------|-------------|------------------------------------|-----------|------------------------------|--------|--|--|
| В.                             |                |            | C Name of organization   |   |                    |              |             | D Employer ide                     | entifica  | ation number                 |        |  |  |
| Address change                 |                |            | MISSOURI STATE UNIVER  | SITY FOUNDATION   | V                  |              |             |                                    |           |                              |        |  |  |
|                                |                |            | Doing Business As  |   |                    |              |             | 43-1234                            | 200       |                              |        |  |  |
|                                | Name           | change     | Number and street (or P.O. box if mail is  | not delivered to street addre                               | ss)                | Room/suite   |             | E Telephone no                     | umber     |                              |        |  |  |
|                                | Initial        | return     | 901 S NATIONAL AVE   |   |                    |              |             | (417) 836-5632                     |           |                              |        |  |  |
|                                | Termi          | inated     | City or town, state or country, and ZIP + 4  | ļ   |                    |              |             |                                    |           |                              |        |  |  |
|                                | Amen<br>return |            | SPRINGFIELD, MO 65897  |   |                    |              |             | <b>G</b> Gross receip              | s \$      | 31,357,                      | 131.   |  |  |
|                                |                | cation     | F Name and address of principal offi   | cer: STEPHEN FOUC   | CART               |              |             | H(a) Is this a grou<br>affiliates? | ıp returr | o for Yes                    | X No   |  |  |
|                                |                | 9          | 901 S NATIONAL AVE SP  | RINGFIELD, MO 6   | 55897              |              |             | H(b) Are all affilia               | tes inclu | ided? Yes                    | No     |  |  |
| ī -                            | Гах-ех         | empt sta   | atus: X 501(c)(3) 501(c) (   | ) ◀ (insert no.)  | 4947(a)(1)         | or 5         | 27          | If "No," attac                     | h a list. | (see instructions)           |        |  |  |
| J                              | Websi          | te: 🕨      | WWW.MISSOURISTATEFOUNDA  | TION.ORG  | <u> </u>           |              |             | H(c) Group exemp                   | otion nu  | mber <b>&gt;</b>             |        |  |  |
| K                              | orm o          | of organ   | ization: X Corporation Trust   | Association Other   | <b>-</b>           | L Year       | of format   | ion: 1981 <b>M</b>                 | State o   | of legal domicile:           | MO     |  |  |
| Pai                            | rt I           | Sur        | mmary  | <u> </u>  |                    |              |             |                                    |           |                              |        |  |  |
|                                | 1              | Briefly    | describe the organization's mission o  | r most significant activitie                                | es:                |              |             |                                    |           |                              |        |  |  |
| •                              |                |            | MISSOURI STATE UNIVERSI  |   |                    |              | JRI S       | TATE                               |           |                              |        |  |  |
| Governance                     |                | UNIV       | ERSITY AND ITS VARIOUS   | PROGRAMS AND P  | ROJECTS            | BY MANA      | AGING       | AND                                |           |                              |        |  |  |
| il.                            |                | DIST       | TRIBUTING RESOURCES RECE   | IVED IN FUNDRA  | ISING CA           | MPAIGNS      | S AND       | EVENTS.                            |           |                              |        |  |  |
| ŏ                              | 2              | Check      | this box 🕨 🔛 if the organization d   | iscontinued its operatio                                    | ns or dispose      | d of more th | nan 25%     | of its net assets                  | <br>S.    |                              |        |  |  |
| <u>م</u>                       | 3              | Numb       | er of voting members of the governing  | body (Part VI, line 1a)                                     |                    |              |             |                                    | 3         |                              | 9.     |  |  |
|                                | 4              | Numb       | er of independent voting members of t  | he governing body (Part                                     | VI, line 1b)       |              |             |                                    | 4         |                              | 9.     |  |  |
| Activities                     | 5              | Total ı    | number of individuals employed in cale   | endar year 2011 (Part V,                                    | line 2a)           |              |             |                                    | 5         |                              | 38.    |  |  |
| Act                            |                |            | number of volunteers (estimate if neces  |   |                    |              |             |                                    | 6         |                              | 215.   |  |  |
|                                | 7 a            | Total      | gross unrelated business revenue from  | Part VIII, column (C), line                                 | e 12               |              |             |                                    | 7a        |                              | 513.   |  |  |
|                                |                |            | nrelated business taxable income from  |   |                    |              |             |                                    | 7b        |                              | 0      |  |  |
|                                |                |            |  |   |                    |              |             | Prior Year                         |           | Current Yea                  | ar     |  |  |
| ø                              | 8              | Contri     | butions and grants (Part VIII, line 1h)  |   |                    |              | 1           | 14,192,83                          | 8.        | 22,588,                      | 411.   |  |  |
| nue                            | 9              | Progra     | am service revenue (Part VIII, line 2g)  |   | COPY               | FOR          |             | 68,59                              | 8.        | 100,                         | 780.   |  |  |
| Revenue                        | 10             | Invest     | ment income (Part VIII, column (A), line   | es 3, 4, and 7d)  | PUBLIC INS         | SPECTION     |             | 8,072,75                           | 6.        | 828,                         | 455.   |  |  |
| Œ                              | 11             | Other      | revenue (Part VIII, column (A), lines 5,   | 6d, 8c, 9c, 10c, and 11e                                    | ·)                 |              |             | 222,67                             | 8.        | 322,                         | 396.   |  |  |
|                                |                |            | revenue - add lines 8 through 11 (must   |   |                    |              |             | 22,556,87                          | 0.        | 23,840,                      | 042.   |  |  |
|                                | 13             | Grants     | s and similar amounts paid (Part IX, col   | umn (A), lines 1-3)   |                    |              |             | 14,547,11                          | 3.        | 15,393,                      | 613.   |  |  |
|                                | 14             | Benef      | its paid to or for members (Part IX, colu  | mn (A), line 4)   |                    |              |             |                                    | 0         |                              | 0      |  |  |
| S                              | 15             | Salari     | es, other compensation, employee bene  | efits (Part IX, column (A),                                 | , lines 5-10)      |              |             | 385,27                             | 4.        | 324,                         | 279.   |  |  |
| Expenses                       | 16a            | Profes     | ssional fundraising fees (Part IX, column  | (A), line 11e)  |                    |              |             |                                    | 0         |                              | 0      |  |  |
| xbe                            | b              | Total f    | fundraising expenses (Part IX, column (  | D), line 25) ▶  | 338,548            | 3.           |             |                                    |           |                              |        |  |  |
| ш                              |                |            | expenses (Part IX, column (A), lines 11  |   |                    |              |             | 379,47                             | 2.        | 348,                         | 980.   |  |  |
|                                |                |            | expenses. Add lines 13-17 (must equal  |   |                    |              |             | 15,311,85                          | 9.        | 16,066,                      | 872.   |  |  |
|                                | 19             | Reven      | ue less expenses. Subtract line 18 fron  | n line 12   |                    |              |             | 7,245,01                           | 1.        | 7,773,                       | 170.   |  |  |
| Net Assets or<br>Fund Balances |                |            |  |   |                    |              | Begin       | ning of Current Y                  | 'ear      | End of Year                  | r      |  |  |
| sets                           | 20             | Total a    | assets (Part X, line 16)   |   |                    |              | 1           | 17,027,13                          | 2.        | 120,569,                     | 989.   |  |  |
| t As                           | 21             | Total I    | liabilities (Part X, line 26)  |   |                    |              |             | 3,915,96                           | 9.        | 1,642,                       | 352.   |  |  |
| P. P.                          | 22             | Net as     | ssets or fund balances. Subtract line 21   | from line 20  |                    |              | . 1         | 13,111,16                          | 3.        | 118,927,                     | 637.   |  |  |
| Pa                             |                |            | gnature Block  |   |                    |              |             |                                    |           |                              |        |  |  |
| Und                            | er per         | nalties of | f perjury, I declare that I have examined this in<br>plete. Declaration of preparer (other than office | eturn, including accompant<br>er) is based on all informati | ying schedules     | and statemer | nts, and to | the best of my k                   | nowled    | lge and belief, it is        | true,  |  |  |
|                                |                | Ι          |  | .,  |                    |              | ,           |                                    |           |                              |        |  |  |
|                                | gn             |            |  |   |                    |              |             |                                    |           |                              |        |  |  |
| Н                              | ere            |            | Signature of officer   |   |                    |              |             | Date                               |           |                              |        |  |  |
|                                |                |            |  |   |                    |              |             |                                    |           |                              |        |  |  |
|                                |                |            | Type or print name and title   |   |                    |              |             |                                    |           | I amin                       |        |  |  |
| Paid                           |                | Print/     | Type preparer's name   | Preparer's signature  |                    | Date         |             | Check if self-                     |           | PTIN                         |        |  |  |
| Prep                           |                |            |  |   |                    |              |             | employed <b>&gt;</b>               |           | P0042358                     | 12     |  |  |
| Use                            |                | Firm's     | sname ▶ BKD, LLP   |   |                    |              |             |                                    |           | 160260                       |        |  |  |
|                                |                |            |  | PO BOX 1190 SPRINGFI  |                    |              |             |                                    |           | 865-8701                     |        |  |  |
|                                |                |            | cuss this return with the preparer show  |   | ıs)                |              |             | <del></del>                        |           | X Yes                        | No     |  |  |
| For I                          | Pape           | rwork      | Reduction Act Notice, see the separat  | e instructions.   |                    |              |             |                                    |           | Form <b>990</b>              | (2010) |  |  |

MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III 1 Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS 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. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 13,801,892. including grants of \$ 13,580,331. (Revenue \$ 100,780. MISSOURI STATE UNIVERSITY FOUNDATION'S PRIMARY PURPOSE IS TO SUPPORT MISSOURI STATE UNIVERSITY (MSU) BY HOLDING FUNDRAISING CAMPAIGNS AND SPECIAL EVENTS. THE ORGANIZATION PROVIDES SUPPORT FOR INSTRUCTION AND ACADEMIC PROGRAMS, STUDENT SERVICES, BROADCAST SERVICES, CAPITAL PROJECTS, AND THE JQH ARENA, AS WELL AS GENERAL INSTITUTIONAL SUPPORT. 1,813,282. including grants of \$ 1,813,282. ) (Revenue \$ 4b (Code: ) (Expenses \$ MISSOURI STATE UNIVERSITY FOUNDATION PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,149 INDIVIDUALS RECEIVED SCHOLARSHIPS FROM THE FOUNDATION. **4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

4e Total program service expenses ►

JSA
1E1020 1.000

Form **990** (2011)

15,615,174.

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| Part | IV Checklist of Required Schedules   |     |     |      |
|------|--|-----|-----|------|
|      | ·  |     | Yes | No   |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |     |     |      |
|      | complete Schedule A  | 1   | X   |      |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | X   |      |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |     |     |      |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | X    |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |     |     |      |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | X    |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |     |     |      |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |     |     |      |
|      | Part III   | 5   |     | X    |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |     |     |      |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |     |     |      |
| _    | "Yes," complete Schedule D, Part I   | 6   |     | X    |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _   |     | 37   |
| _    | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>   | 7   |     | X    |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |     |     | v    |
| ^    | complete Schedule D, Part III  | 8   |     | X    |
| 9    | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part  |     |     |      |
|      | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   | ,   |     | Х    |
| 4.0  | complete Schedule D, Part IV   | 9   |     |      |
| 10   | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  | Х   |      |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   | 10  | 21  |      |
|      | VII, VIII, IX, or X as applicable.   |     |     |      |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  |     |     |      |
| u    | Schedule D, Part VI  | 11a | Х   |      |
| h    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more   |     |     |      |
| -    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | Х    |
| С    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more  |     |     |      |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | X    |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   |     |     |      |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X    |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Х   |      |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |      |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | X    |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"   |     |     |      |
|      | complete Schedule D, Parts XI, XII, and XIII   | 12a | X   |      |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if   |     |     |      |
|      | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b |     | X    |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X    |
|      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X    |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |     |     |      |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate  |     |     | 37   |
| 4.5  | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X    |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any   | 4.5 |     | v    |
| 4.0  | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X    |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance  | 16  |     | Х    |
| 17   | to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 10  |     | - 21 |
| 1 /  | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |     | Х    |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |     |     |      |
| 10   | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | Х   |      |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | '   |     |      |
|      | If "Yes," complete Schedule G, Part III  | 19  |     | Х    |
| 20 a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H  | 20a |     | X    |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |      |

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| Part              | Checklist of Required Schedules (continued)   |     |     |      |
|-------------------|---|-----|-----|------|
|                   |   |     | Yes | No   |
| 21                | Did the organization report more than \$5,000 of grants and other assistance to any government or organization        |     |     |      |
|                   | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                    | 21  | X   |      |
| 22                | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States      |     |     |      |
|                   | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Х   |      |
| 23                | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                   |     |     |      |
|                   | organization's current and former officers, directors, trustees, key employees, and highest compensated               |     |     |      |
|                   | employees? If "Yes," complete Schedule J  | 23  |     | Х    |
| 24 a              | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                   |     |     |      |
| 2 <del>- </del> a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b         |     |     |      |
|                   |   | 24a |     | Х    |
|                   | through 24d and complete Schedule K. If "No," go to line 25   | 24b |     | 21   |
| D                 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                     | 240 |     |      |
| С                 | Did the organization maintain an escrow account other than a refunding escrow at any time during the year             | 24- |     |      |
| _                 | to defease any tax-exempt bonds?  | 24c |     |      |
|                   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?               | 24d |     |      |
| 25 a              | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction           |     |     | 3.7  |
|                   | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                     | 25a |     | X    |
| b                 | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior      |     |     |      |
|                   | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?          |     |     |      |
|                   | If "Yes," complete Schedule L, Part I   | 25b |     | X    |
| 26                | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or     |     |     |      |
|                   | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26  |     | X    |
| 27                | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,              |     |     |      |
|                   | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled               |     |     |      |
|                   | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                              | 27  |     | X    |
| 28                | Was the organization a party to a business transaction with one of the following parties (see Schedule L,             |     |     |      |
|                   | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                   |     |     |      |
| а                 | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV               | 28a |     | X    |
| b                 | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete                |     |     |      |
|                   | Schedule L, Part IV   | 28b |     | X    |
| С                 | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)       |     |     |      |
|                   | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                | 28c | X   |      |
| 29                | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M              | 29  | Х   |      |
| 30                | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified        |     |     |      |
|                   | conservation contributions? If "Yes," complete Schedule M   | 30  |     | Х    |
| 31                | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,           |     |     |      |
| • •               | Part I  | 31  |     | Х    |
| 32                | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"               |     |     |      |
|                   | complete Schedule N, Part II.   | 32  |     | Х    |
| 33                | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations            |     |     |      |
| •                 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | Х    |
| 34                | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,       |     |     |      |
| J-T               | IV, and V, line 1   | 34  | Х   |      |
| 35 a              | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                               | 35a |     | X    |
|                   |   | 33a |     | - 21 |
| b                 | Did the organization receive any payment from or engage in any transaction with a controlled entity within the        | 256 |     | v    |
| 0.0               | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     | X    |
| 36                | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                  |     |     | 7.7  |
|                   | related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X    |
| 37                | Did the organization conduct more than 5% of its activities through an entity that is not a related organization      |     |     |      |
|                   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                  |     |     |      |
|                   | Part VI   | 37  |     | X    |
| 38                | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and             |     |     |      |
|                   | 19? Note. All Form 990 filers are required to complete Schedule O   | 38  | X   |      |

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| Par |   |     |     |     |
|-----|---|-----|-----|-----|
|     | Check if Schedule O contains a response to any question in this Part V  |     |     | . X |
| 1.0 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |     | Yes | No  |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  | -   |     |     |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and  |     |     |     |
| ·   | reportable gaming (gambling) winnings to prize winners?   | 1c  | Х   |     |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |     |     |     |
|     | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 38   |     |     |     |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | Х   |     |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |     |     |     |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X   |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b  |     |     |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |     |     |     |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |     |     |     |
|     | account)?   | 4a  | X   |     |
| b   | If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS   |     |     |     |
|     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  | 5a  |     | Х   |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b  |     | X   |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |     |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |     |     |     |
| vu  | organization solicit any contributions that were not tax deductible?  | 6a  |     | Х   |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |     |     |     |
|     | gifts were not tax deductible?  | 6b  |     |     |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |     |     |     |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |     |     |     |
|     | and services provided to the payor?   | 7a  | X   |     |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | X   |     |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |     | Х   |
| Ч   | If "Yes," indicate the number of Forms 8282 filed during the year   | 70  |     | 25  |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | Х   |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | Х   |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |     |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |     |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   |     |     |     |
|     | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring  |     |     |     |
|     | organization, have excess business holdings at any time during the year?  | 8   |     |     |
| 9   | Sponsoring organizations maintaining donor advised funds.   |     |     |     |
|     | Did the organization make any taxable distributions under section 4966?   | 9a  |     |     |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |     |
| 10  | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  |     |     |     |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  | -   |     |     |
| 11  | Section 501(c)(12) organizations. Enter:  | -   |     |     |
|     | Gross income from members or shareholders   |     |     |     |
|     | Gross income from other sources (Do not net amounts due or paid to other sources  |     |     |     |
|     | against amounts due or received from them.)   |     |     |     |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |     |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |     |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |     |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |     |
|     | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |     |     |     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |     |     |     |
| _   | '   |     |     |     |
|     | Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х   |
|     | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O   | 14b |     |     |

JSA 1E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule

|           | O. See instructions.  |         |                  |        |
|-----------|---|---------|------------------|--------|
|           | Check if Schedule O contains a response to any question in this Part VI   |         |                  | X      |
| Sect      | ion A. Governing Body and Management  |         |                  |        |
|           |   |         | Yes              | No     |
| 1a        | Enter the number of voting members of the governing body at the end of the tax year. If there are   1a  |         |                  |        |
|           | material differences in voting rights among members of the governing body, or if the governing body   |         |                  |        |
|           | delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |                  |        |
| b         | Enter the number of voting members included in line 1a, above, who are independent 1b   | )       |                  |        |
| 2         | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |         |                  |        |
|           | any other officer, director, trustee, or key employee?  | 2       |                  | X      |
| 3         | Did the organization delegate control over management duties customarily performed by or under the direct   |         |                  |        |
|           | supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 3       |                  | X      |
| 4         | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4       |                  | X      |
| 5         | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5       |                  | X      |
| 6         | Did the organization have members or stockholders?  | 6       | X                |        |
| 7a        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   |         |                  |        |
|           | one or more members of the governing body?  | 7a      | Х                |        |
| b         | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |         |                  |        |
|           | stockholders, or persons other than the governing body?   | 7b      | X                |        |
| 8         | Did the organization contemporaneously document the meetings held or written actions undertaken during  |         |                  |        |
|           | the year by the following:  |         |                  |        |
| а         | The governing body?   | 8a      | Х                |        |
| b         | Each committee with authority to act on behalf of the governing body?   | 8b      | X                |        |
| 9         | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  |         |                  |        |
| <u>C4</u> | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       | `                | X      |
| Secti     | on B. Policies (This Section B requests information about policies not required by the Internal Revenue   | Code    | <i>.)</i><br>Yes | No     |
|           |   | 100     | 163              | X      |
| 10a       | Did the organization have local chapters, branches, or affiliates?  | 10a     |                  |        |
| b         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  | 10b     |                  |        |
| 110       | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a     |                  | X      |
| 11a<br>b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 114     |                  |        |
| 12a       | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>   | 12a     | Х                |        |
|           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give  |         |                  |        |
|           | rise to conflicts?  | 12b     | Х                |        |
| С         | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |         |                  |        |
| -         | describe in Schedule O how this was done  | 12c     | X                |        |
| 13        | Did the organization have a written whistleblower policy?   | 13      | Х                |        |
| 14        | Did the organization have a written document retention and destruction policy?  | 14      | Χ                |        |
| 15        | Did the process for determining compensation of the following persons include a review and approval by  |         |                  |        |
|           | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |         |                  |        |
| а         | The organization's CEO, Executive Director, or top management official  | 15a     |                  | X      |
| b         | Other officers or key employees of the organization   | 15b     |                  | X      |
|           | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)   |         |                  |        |
| 16a       | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |         |                  |        |
|           | with a taxable entity during the year?  | 16a     |                  | X      |
| b         | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |         |                  |        |
|           | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |         |                  |        |
| Cast      | organization's exempt status with respect to such arrangements?   | 16b     |                  |        |
|           | ion C. Disclosure   |         |                  |        |
| 17        | List the states with which a copy of this Form 990 is required to be filed \(\bigs_{  |         |                  |        |
| 18        | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.                           | 01(C)(  | 3)S 0            | nıy)   |
|           | X Own website Another's website X Upon request  |         |                  |        |
| 19        | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.  | f inter | est p            | olicy, |
| 20        | State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   MISSOURI STATE UNIVERSITY 901 S NATIONAL AVE SPRINGFIELD, MO 65897  417-836-5632                        | ne      |                  |        |

JSA

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|  | Check this box if neither the organiza    | tion not any related ord | anization compandated ar | NV CHIPPANT OFFICAL DIPACTOR OF FRIISTAG |  |
|--|---|--------------------------|--------------------------|--|--|
|  | Officer this box if ficitive the organiza |                          |                          |  |  |

| (A)<br>Name and Title                      | (B) Average hours per week (describe hours for | box,                           | not ch<br>unles       | s pe    | ition<br>more<br>rson | e than o<br>is both<br>or/trust | an     | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--|--|--------------------------------|-----------------------|---------|-----------------------|---------------------------------|--------|--|--|---|
|  | related<br>organizations<br>in Schedule<br>O)  | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest compensated employee    | Former | (W-2/1099-MISC)                                    | (W 2/1033 WIGG)  | organization<br>and related<br>organizations        |
|  | 1.00   | X                              |                       | х       |                       |                                 |        | 0  | 0  | 0   |
| (2) MICHAEL H INGRAM DIRECTOR              | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| (3) PAT L SECHLER DIRECTOR                 | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| (4) LARRY D FRAZIER CHAIR THROUGH 10/2011  | 1.00   | Х                              |                       | Х       |                       |                                 |        | 0  | 0  | 0   |
| (5) ETHEL CURBOW DIRECTOR                  | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| (6) MARY MCQUEARY SECRETARY                | 1.00   | Х                              |                       | Х       |                       |                                 |        | 0  | 0  | 0   |
| (7) ROBERT C FULP DIRECTOR                 | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| (8) TIMOTHY B O'REILLY DIRECTOR            | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| OJ L SCOTT TARWATER DIRECTOR               | 1.00   | Х                              |                       |         |                       |                                 |        | 0  | 0  | 0   |
| VICE CHAIR BEG. 10/2011 (11) NILA HAYES    | 1.00   | Х                              |                       | Х       |                       |                                 |        | 0  | 0  | 0   |
| TREASURER THROUGH 08/2011  (12) BRENT DUNN | 1.00   |                                |                       | Х       |                       |                                 |        | 0  | 101,641.   | 12,640.   |
| EXECUTIVE DIRECTOR  (13) STEVE FOUCART     | 40.00  |                                |                       | Х       |                       |                                 |        | 121,240.   | 0  | 22,979.   |
| TREASURER BEG. 08/2011 (14)                | 1.00   |                                |                       | Х       |                       |                                 |        | 0  | 102,227.   | 19,750.   |

Form **990** (2011)

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| _   | n 990 (2011)  |  |        |         |                      |  |           |              |   |  |  |   | age <b>8</b> |
|-----|---|--|--------|---------|----------------------|--|-----------|--------------|---|--|--|---|--------------|
| Pa  | rt VII Section A. Officers, Directors, Tru  | ıstees, Ke   | y Em   | plo     | ye                   | es,  | and F     | Higl         | hest Compensat  | ed Employees (co   | ontinue                                  | d)  |              |
|     | (A)<br>Name and title   | (B) Average hours per week (describe hours for related organizations in Schedule | box,   | unle    | Pos<br>heck<br>ss pe | osition ck more than one person is both an a director/trustee) remployee e remployee e remployee |           | an           | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Est<br>ame<br>comp<br>fro<br>orga<br>and | imated ount of other pensation the inization related nization | n<br>I       |
|     |   | O)   | ustee  | trustee |                      | ee   | npensated |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           |              |   |  |  |   |              |
| 1 b | Sub-total   |  |        |         |                      |  |           | <b>&gt;</b>  | 121,240.  | 203,868.   | į  | 55,3  | 69.          |
| С   | Total from continuation sheets to Part VII, S   | ection A   |        |         |                      |  |           | <b>&gt;</b>  | 0   | 0  |  |   | 0            |
|     | Total (add lines 1b and 1c)   |  |        |         |                      |  |           | <br>ore      | 121,240.  | 203,868.<br>\$100.000 of   | Į.                                       | 55,3  | 69.          |
|     | reportable compensation from the organization   |  | 1      |         |                      |  |           |              |   | . ,  |  |   |              |
| 2   | Did the organization list any former offi-  | or direct-   | ·r ^-  | 4       | 1040                 | •  | kov -     | · <b>~</b> ~ | Javaa ar hish   | t comporanted  |  | Yes   | No           |
| 3   | Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>                                   |  |        |         |                      |  |           |              |   |  | 3  |   | Х            |
| 4   | For any individual listed on line 1a, is the sorganization and related organizations greater that is the sorganization and related organizations. | eater than   | \$15   | 0,0     | 00?                  | lf If  | "Yes      | 5,"          | complete Schedu   | le J for such  |  |   | v            |
| 5   | individual  |  |        |         |                      |  |           |              |   |  | 4  |   | X            |
|     | for services rendered to the organization? If "Ye   |  |        |         |                      |  |           |              |   |  | 5  |   | Х            |
|     | ction B. Independent Contractors  |  | - لد م |         |                      |  |           | <b></b> '    | hat was the t   | th 0400 000  | •  |   |              |
| 1   | Complete this table for your five highest com compensation from the organization. Report c year.  |  |        |         |                      |  |           |              |   |  |  |   |              |
|     |   |  |        |         |                      |  |           | 1            |   |  |  |   |              |

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

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

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| Pai  | rt VII       | Statement of Revenue  |                                    |                         |  |   |   |
|--|--------------|---|------------------------------------|-------------------------|--|---|---|
|  |              |   |                                    | (A)<br>Total revenue    | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a<br>b<br>c | Federated campaigns   | 1a   1b   1c   133,669.            |                         |  |   |   |
| Contributions and Other Sir                            | e<br>f<br>g  | Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1 | 1e 22,454,742.<br>f: \$ 4,833,895. |                         |  |   |   |
|  | h            | Total. Add lines 1a-1f  |                                    | 22,588,411.             |  |   |   |
| Program Service Revenue                                | 2a           | MISCELLANEOUS   | Business Code                      | 100,780.                | 100,780.                               |   |   |
| ervice F   | b<br>c       |   |                                    |                         |  |   |   |
| am S   | d<br>e       |   |                                    |                         |  |   |   |
| Progr  | f<br>g       | All other program service revenue Total. Add lines 2a-2f  |                                    | 100,780.                |  |   |   |
|  | 3            | Investment income (including dividend   |                                    |                         |  |   |   |
|  |              | other similar amounts)  |                                    | 124,408.                |  |   | 124,408.  |
|  | 4            | Income from investment of tax-exemple   |                                    | 0                       |  |   |   |
|  | 5            | Royalties   |                                    | 0                       |  |   |   |
|  | 6a           | Gross rents 68  | 0,023.                             |                         |  |   |   |
|  | b            |   | 8,145.                             |                         |  |   |   |
|  | С            |   | 1,878.                             |                         |  |   |   |
|  | d            | Net rental income or (loss) (i) Secu  |                                    | 161,878.                |  |   | 161,878.  |
|  | 7a           | access carrer and arrentery   | 9,729.                             |                         |  |   |   |
|  | b            |   | 5,682.                             |                         |  |   |   |
|  | C            |   | 4,047.                             | 504.045                 |  |   | 504.045   |
| a)   | d<br>8a      | Net gain or (loss)  |                                    | 704,047.                |  |   | 704,047.  |
| Other Revenue  | l oa         | events (not including \$133,669.<br>of contributions reported on line 1c).  |                                    |                         |  |   |   |
| Re   |              | See Part IV, line 18  | a 214,109.                         |                         |  |   |   |
| her  | b            | Less: direct expenses   |                                    |                         |  |   |   |
| ŏ  | С            | Net income or (loss) from fundraising e   | vents                              | -39,153.                |  |   | -39,153.  |
|  | 9a           | Gross income from gaming activities.<br>See Part IV, line 19  | a                                  |                         |  |   |   |
|  | b<br>c       | Less: direct expenses   |                                    | 0                       |  |   |   |
|  |              | Gross sales of inventory, less returns and allowances   | a                                  |                         |  |   |   |
|  | b            | Less: cost of goods sold  |                                    |                         |  |   |   |
|  |              | Net income or (loss) from sales of inver<br>Miscellaneous Revenue   | Business Code                      | 0                       |  |   |   |
|  | 11a          | INCOME FROM INVESTMENT IN NEWBURY   |                                    | 69,361.                 |  | 513.                                    | 68,848.   |
|  | b            | INCOME FROM INV IN BRANDYWINE INC   |                                    | 130,310.                |  |   | 130,310.  |
|  | С            |   |                                    |                         |  |   |   |
|  | d            | All other revenue   | ,                                  |                         |  |   |   |
|  | е<br>12      | Total. Add lines 11a-11d  |                                    | 199,671.<br>23,840,042. | 100,780.                               | 513.                                    | 1,150,338.  |
|  |              | i otal levellue. Occ Illolluctions  |                                    | 43,040,042.             | 100,780.                               | j⊥3.                                    | ı ⊥,⊥⊃∪,338.  |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| 1091     | Check if Schedule O contains a response to any question in this Part IX   |                       |                              |                                     |                        |  |  |  |  |  |  |
|----------|---|-----------------------|------------------------------|-------------------------------------|------------------------|--|--|--|--|--|--|
| - Do     | not include amounts reported on lines 6b,   |                       |                              |                                     | (D)                    |  |  |  |  |  |  |
|          | , 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses   |  |  |  |  |  |  |
| 1        | Grants and other assistance to governments and  |                       | ·                            |                                     | ·                      |  |  |  |  |  |  |
| -        | organizations in the United States. See Part IV, line 21  | 13,580,331.           | 13,580,331.                  |                                     |                        |  |  |  |  |  |  |
| 2        | Grants and other assistance to individuals in   |                       |                              |                                     |                        |  |  |  |  |  |  |
| _        | the United States. See Part IV, line 22   | 1,813,282.            | 1,813,282.                   |                                     |                        |  |  |  |  |  |  |
| 3        | Grants and other assistance to governments,   |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | organizations, and individuals outside the  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | United States. See Part IV, lines 15 and 16   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 4        | Benefits paid to or for members   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 5        | Compensation of current officers, directors,  | 144 010               |                              |                                     | 1.4.401.0              |  |  |  |  |  |  |
|          | trustees, and key employees   | 144,219.              |                              |                                     | 144,219.               |  |  |  |  |  |  |
| 6        | Compensation not included above, to disqualified  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | persons (as defined under section 4958(f)(1)) and   |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | persons described in section 4958(c)(3)(B)  | 0                     |                              |                                     | 100.000                |  |  |  |  |  |  |
| 7        | Other salaries and wages  | 180,060.              |                              |                                     | 180,060.               |  |  |  |  |  |  |
| 8        | Pension plan accruals and contributions (include section  | _                     |                              |                                     |                        |  |  |  |  |  |  |
|          | 401(k) and 403(b) employer contributions)   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 9        | Other employee benefits   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 10       | Payroll taxes   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 11       | Fees for services (non-employees):  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | Management  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
|          | Legal   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
|          | Accounting  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
|          | Lobbying  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
|          | Professional fundraising services. See Part IV, line 17   | 9                     |                              | 112 150                             |                        |  |  |  |  |  |  |
|          | Investment management fees  | 113,150.              |                              | 113,150.                            |                        |  |  |  |  |  |  |
|          | Other   | 5,244.                |                              |                                     | 5,244.                 |  |  |  |  |  |  |
| 12       | Advertising and promotion   | 792.                  |                              |                                     | 792.                   |  |  |  |  |  |  |
| 13       | Office expenses   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 14       | Information technology  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 15       | Royalties   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 16       | Occupancy   | 8,233.                |                              |                                     | 8,233.                 |  |  |  |  |  |  |
| 17       | Travel  | 0,233.                |                              |                                     | 0,233.                 |  |  |  |  |  |  |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 40       | Γ   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 19       | Conferences, conventions, and meetings  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 20       | Payments to affiliates  | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 21<br>22 | Depreciation, depletion, and amortization   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 23       | •   | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| 24       | Insurance Other expenses. Itemize expenses not covered  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | above (List miscellaneous expenses in line 24e. If  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | line 24e amount exceeds 10% of line 25, column  |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | (A) amount, list line 24e expenses on Schedule O.)  |                       |                              |                                     |                        |  |  |  |  |  |  |
| а        | UNCOLLECTIBLE PLEDGES REC   | 221,561.              | 221,561.                     |                                     |                        |  |  |  |  |  |  |
| b        |   | , .                   | ,                            |                                     |                        |  |  |  |  |  |  |
| c        |   |                       |                              |                                     |                        |  |  |  |  |  |  |
| d        |   |                       |                              |                                     |                        |  |  |  |  |  |  |
|          | All other expenses  |                       |                              |                                     |                        |  |  |  |  |  |  |
| 25       | Total functional expenses. Add lines 1 through 24e  | 16,066,872.           | 15,615,174.                  | 113,150.                            | 338,548.               |  |  |  |  |  |  |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720) | 0                     |                              |                                     |                        |  |  |  |  |  |  |
| JSA      | -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -  | 9                     |                              |                                     | Form <b>990</b> (2011) |  |  |  |  |  |  |

Form 990 (2011) Page **11** 

#### Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 1 0 Savings and temporary cash investments 19,723,151. 19,397,254. Pledges and grants receivable, net 34,973,317. 37,583,181. 3 3 Accounts receivable, net 8,500. 38,916. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary O 6 0 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 0 7 0 Inventories for sale or use ol 0 8 0 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,618,327. **b** Less: accumulated depreciation [10b] 2,101,964. 1,403,990. **10c** 1,516,363. 54,924,891. **11** 55,826,559. 11 4,534,046. 4,874,910. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 0 14 Intangible assets \_\_\_\_\_\_\_ Other assets. See Part IV, line 11 1,459,237. 15 15 1,332,806. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 117,027,132. 120,569,989. 16 16 Accounts payable and accrued expenses 449,182. 116,932. 17 17 2,726,340. 940,146. 18 Grants payable 18 19 0 19 0 Deferred revenue Tax-exempt bond liabilities 0 20 0 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 740,447. 25 585,274. 26 3,915,969. 26 1,642,352. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 4,808,349. 27 6,798,124. Temporarily restricted net assets 68,147,267. 28 70,485,391. 28 Fund Permanently restricted net assets 29 40,155,547. 29 41,644,122. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 33 113,111,163. 118,927,637. 33 34 Total liabilities and net assets/fund balances.......... 117,027,132. 120,569,989.

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI............ 23,840,042. 1 1 16,066,872. 2 2 7,773,170. 3 3 113,111,163. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . -1,956,696. 5 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 118,927,637. **Financial Statements and Reporting** Part XII No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Χ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X | Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Χ

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

3b

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

| Name of t | he organization               |                   |  |          |                       |                       |          | Emplo      | yer iden           | tification number                       |
|-----------|-------------------------------|-------------------|--|----------|-----------------------|-----------------------|----------|------------|--------------------|---|
| MISSOU    | RI STATE UNIVE                | ERSITY FOUNDA     | TION   |          |                       |                       |          |            | 43-                | -1234200                                |
| Part I    | Reason for Publ               | lic Charity Statu | <b>s</b> (All organizations mu                     | ıst con  | nplete                | this pa               | art.) Se | e instru   | uctions            |   |
| The orga  | inization is not a priv       | ate foundation be | cause it is: (For lines 1 th                       | rough    | 11, che               | eck only              | one bo   | x.)        |                    |   |
| 1         |                               |                   | association of churches                            |          | ed in <b>s</b>        | ection                | 170(b)(  | (1)(A)(i)  |                    |   |
| 2         |                               |                   | (1)(A)(ii). (Attach Schedul                        |          |                       |                       |          |            |                    |   |
| 3         |                               | •                 | ervice organization descr                          |          |                       | -                     |          |            |                    |   |
| 4         | A medical researc             | h organization op | erated in conjunction wi                           | ith a h  | ospita                | l descri              | bed in   | sectio     | n 170(b            | )(1)(A)(iii). Enter the                 |
|           | hospital's name, cit          |                   |  |          |                       |                       |          |            |                    |   |
| 5 X       | •                             |                   | nefit of a college or univ                         | ersity   | owned                 | l or ope              | erated I | by a go    | vernme             | ntal unit described in                  |
|           | section 170(b)(1)(A           |                   |  |          |                       |                       |          |            |                    |   |
| 6         |                               | -                 | or governmental unit des                           |          |                       |                       |          |            |                    |   |
| 7         | _                             | =                 | es a substantial part of it                        | s supp   | ort fro               | m a go                | vernme   | ental un   | it or fro          | om the general public                   |
|           | described in sectio           |                   |  |          |                       |                       |          |            |                    |   |
| 8         |                               |                   | <b>on 170(b)(1)(A)(vi).</b> (Com                   | •        |                       |                       |          |            |                    |   |
| 9         | -                             | =                 | es: (1) more than 331/3%                           |          |                       |                       |          |            |                    |   |
|           |                               |                   | exempt functions - sub                             | -        |                       | -                     |          |            |                    |   |
|           |                               |                   | ome and unrelated busi                             |          |                       |                       | •        |            | n 511              | tax) from businesses                    |
|           |                               |                   | ne 30, 1975. See <b>section</b>                    | •        |                       |                       |          | ,          |                    |   |
| 10        |                               | -                 | ted exclusively to test for                        | •        | -                     |                       |          |            | -                  |   |
| 11        | _                             | -                 | rated exclusively for the                          |          |                       | -                     |          |            |                    |   |
|           |                               |                   | ipported organizations de                          |          |                       |                       |          | -          |                    |   |
|           |                               |                   | es the type of supporting                          | -        |                       |                       | -        | lines 11   |                    | <b>¬</b> ¯                              |
|           | a Type I                      | <b>b</b> Type     |  |          |                       | ally inte             | -        |            | _ d                | ☐ Type III - Other                      |
| e         | -                             | -                 | the organization is not                            |          |                       | -                     |          | -          | -                  | •                                       |
|           | •                             |                   | gers and other than one                            | or mo    | re put                | olicly su             | pported  | d organ    | izations           | described in section                    |
|           | 509(a)(1) or section          | ` ' ' '           |  | IDO      |                       |                       |          |            | _                  |   |
| f         | _                             |                   | n determination from th                            | e IRS    | that it               | is a Ty               | /pe I, I | ype II,    | or Type            | e III supporting                        |
|           | organization, check           |                   |  |          |                       |                       |          |            |                    |   |
| g         | <del>-</del>                  | 006, has the orga | nization accepted any gif                          | t or co  | ntributi              | on from               | any of   | the        |                    |   |
|           | following persons?            |                   |  |          |                       |                       |          |            |                    | //> //> //> //> //> //> //> //> //> //> |
|           |                               |                   | ectly controls, either alor                        |          |                       | er with               | persor   | is desc    | ribea in           |   |
|           | · ·                           |                   | dy of the supported organ                          | iization | ·                     |                       |          |            |                    | 11g(i)                                  |
|           |                               |                   | scribed in (i) above?                              | hava2    |                       |                       |          |            |                    | 11g(ii)<br>11g(iii)                     |
|           |                               |                   | son described in (i) or (ii) a                     |          |                       |                       |          |            |                    | [119(111)]                              |
| <u>h</u>  |                               | , <u> </u>        | ut the supported organization                      | T `      |                       | 63 Did                |          | 6.33.1     | - 41               | (vii) Amount of                         |
| (I) IN    | ame of supported organization | (ii) EIN          | (iii) Type of organization (described on lines 1-9 | organi   | Is the<br>zation in   | (v) Did y<br>the orga |          |            | s the<br>zation in | (vii) Amount of support                 |
|           |                               |                   | above or IRC section                               | your g   | listed in<br>overning | in col.               | . (i) of | col. (i) o | rganized           |   |
|           |                               |                   | (see instructions))                                | Yes      | No                    | your su<br>Yes        | No<br>No | Yes        | U.S.?              |   |
|           |                               |                   |  | 163      | NO                    | 163                   | 140      | 163        | 140                |   |
| (A)       |                               |                   |  |          |                       |                       |          |            |                    |   |
| -         |                               |                   |  |          |                       |                       |          |            |                    |   |
| (B)       |                               |                   |  |          |                       |                       |          |            |                    |   |
|           |                               |                   |  |          |                       |                       |          |            |                    |   |
| (C)       |                               |                   |  |          |                       |                       |          |            |                    |   |
|           |                               |                   |  |          |                       |                       |          |            |                    |   |
| (D)       |                               |                   |  |          |                       |                       |          |            |                    |   |
|           |                               |                   |  |          |                       |                       |          |            |                    |   |
| (E)       |                               |                   |  |          |                       |                       |          |            |                    |   |
|           |                               |                   |  |          |                       |                       |          |            |                    |   |
| Total     |                               |                   |  |          |                       |                       |          |            |                    |   |

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec  | tion A. Public Support   |                     |                 |             |             |                 |             |
|------|--|---------------------|-----------------|-------------|-------------|-----------------|-------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2007            | <b>(b)</b> 2008 | (c) 2009    | (d) 2010    | <b>(e)</b> 2011 | (f) Total   |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 15,472,253.         | 8,936,177.      | 16,203,999. | 14,192,838. | 22,588,411.     | 77,393,678. |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                     |                 |             |             |                 |             |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                 |             |             |                 |             |
| 4    | Total. Add lines 1 through 3   | 15,472,253.         | 8,936,177.      | 16,203,999. | 14,192,838. | 22,588,411.     | 77,393,678. |
| 5    | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount |                     |                 |             |             |                 |             |
|      | shown on line 11, column (f)   |                     |                 |             |             |                 | 12,749,677. |
| 6    | Public support. Subtract line 5 from line 4.   |                     |                 |             |             |                 | 64,644,001. |
|      | tion B. Total Support  |                     |                 |             |             |                 |             |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2007            | <b>(b)</b> 2008 | (c) 2009    | (d) 2010    | <b>(e)</b> 2011 | (f) Total   |
| 7    | Amounts from line 4  | 15,472,253.         | 8,936,177.      | 16,203,999. | 14,192,838. | 22,588,411.     | 77,393,678. |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 1,825,620.          | 1,684,329.      | 1,373,068.  | 1,353,521.  | 1,018,540.      | 7,255,078.  |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on   |                     |                 |             |             |                 |             |
| 10   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                     |                 |             |             |                 |             |
| 11   | Total support. Add lines 7 through 10  |                     |                 |             |             |                 | 84,648,756. |
| 12   | Gross receipts from related activities, etc. (   | see instructions) . |                 |             |             | 12              | 808,611.    |
| 13   | First five years. If the Form 990 is f organization, check this box and stop here  | <u></u>             |                 |             |             |                 |             |
| Sec  | tion C. Computation of Public Sup  | •                   |                 |             |             |                 |             |
| 14   | Public support percentage for 2011 (li   |                     | -               |             |             | 14              | 76.37%      |
| 15   | Public support percentage from 2010  |                     |                 |             |             | 15              | 86.56%      |
| 16a  | 331/3% support test - 2011. If the c   |                     |                 |             |             |                 |             |
|      | this box and <b>stop here.</b> The organizati  | •                   |                 | •           |             |                 | ▶ X         |
| b    | 331/3% support test - 2010. If the o   | •                   |                 |             |             |                 |             |
| 47-  | check this box and <b>stop here.</b> The org   | •                   |                 |             |             |                 |             |
| 17a  | 10%-facts-and-circumstances test - 1   |                     |                 |             |             |                 |             |
|      | 10% or more, and if the organization   |                     |                 |             |             | -               | •           |
|      | Part IV how the organization meets   |                     |                 | _           |             |                 | apported    |
| h    | organization   |                     |                 |             |             |                 | and line    |
| D    | 10%-facts-and-circumstances test - 2   | _                   |                 |             |             |                 |             |
|      | 15 is 10% or more, and if the organization in Part IV how the organization   |                     |                 |             |             |                 | •           |
|      | Explain in Part IV how the organization  |                     |                 |             |             |                 | Publicly    |
| 18   | supported organization  Private foundation. If the organization  |                     |                 |             |             |                 | • 🗀         |
| 10   |  |                     |                 |             |             |                 |             |
|      | instructions   |                     |                 |             |             |                 | <u> </u>    |

Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011  9 Amounts from line 6  |      |  |                       |                       |                   |                  |                  |             |
|--|------|--|-----------------------|-----------------------|-------------------|------------------|------------------|-------------|
| 1 Gifts, grants, contributions, and membership fees no covered. (Op not include any functual grants). 2 Giness treespit from antissions, membershape sold or services performed, or facilities furnished in any activity that is relieded to the organization's tax-exempt purpose.  3 Giness treespit from activities that are not an unrelead trate or business under section 513. 4 Tax revenues levied of for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total Add lines 1 through 5.  7 Ta A monutis included on lines 1, 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 15,000 or 1% of the amount on line 13 for the year c Add lines 7 and 37 to 1.  8 Public support (Subtract line 7 of from line 6.)  9 Annouras from line 6.  10 Special from line 6.  10 Special from line 6.  11 Total Support (Subtract line 7 of from line 6.)  12 Other income. Do not include gain or loss from the saie of capital sesses section 511 taxes) from businesses accurred affect June 30, 1975.  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 to organization, check his box and stop here.  5 Public support percensage from 2010 Schedule A, Part III, line 15.  15 Public support percensage from 2010 Schedule A, Part III, line 17.  18 Public support percensage from 2010 Schedule A, Part III, line 17.  19 3 33173% support percensage from 2010 Schedule A, Part III, line 15.  16 Section D. Computation of Public Support Percentage  17 investment income percentage from 2010 Schedule A, Part III, line 15.  18 line 18 is not more than 33173%, check this box and  |      |  |                       | 42000                 | ( ) 0000          | (1) 0040         | ( ) 0044         | (O.T.)      |
| received. (Const include any vinusual grants.)  2 Cross receipts from admissions, merchandise sold or sentioss performed or facilities furnished in any activity that is relieved to the organization's tearement purpose.  3 Gross receipts from admissions, merchandise sold or sentions performed on facilities furnished in any activity that is relieved to the organization's tearement purpose.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons   |      |  | (a) 2007              | <b>(b)</b> 2008       | (c) 2009          | (d) 2010         | (e) 2011         | (f) Total   |
| 2 Goss receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is reliated to the organization's tax-eventy purpose  3 Goss receipts from activities that are not an unrelead trade or business under section 513.  4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf to or expended on its organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disputabled persons  b Anounts included on lines 2 and 3 received from other than disputabled persons that exceed the greater of \$6,000 co.  Add lines 7 and 7 fbr. 1.3 for the year received provides in the second or lines 6  Public support (Subtract line 7 c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011  9 Amounts from line 6.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10 and 10 b.  11 Not income from unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c.  Add lines 10 and 10 b.  11 Not income from unrelated business sergilarly carried on the sale of capital assets (Explain Patr IV.)  13 Total support. (Add lines 9, 10c., 11, and 112).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Public support percentage from 2011 (line 8, column (f) divided by line 13, column (f)) 15  Public support percentage from 2010 Schedule A, Part III, line 15  18 Investment income percentage fr                         |      | ,  |                       |                       |                   |                  |                  |             |
| sold or services performed, or facilities furnished in any activity that is related to the organizations trace-empt purpose.  3. Gines receipts from activities that are not an unrelated trace because the control of the organizations benefit and either paid to or expended on its behalf and either paid to or expended on its behalf until to the organization without charge.  5. The value of services or facilities furnished by a governmental unit to the organization without charge.  6. Total Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3. received from disqualified persons   |      | · · · · · · · · · · · · · · · · · · ·          |                       |                       |                   |                  |                  |             |
| turnished in any activity that is related to the organization's tax-everyt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 at Tax revenues levide for the organization's benefit and either paid to or expended on its behalf  |      | ·  |                       |                       |                   |                  |                  |             |
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| activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331. line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here.   |      |  |                       |                       |                   |                  |                  |             |
| whether or not the business is regularly carried on  | 11   |  |                       |                       |                   |                  |                  |             |
| carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage fr |      |  |                       |                       |                   |                  |                  |             |
| loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/ |      |  |                       |                       |                   |                  |                  |             |
| (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here.  | 12   | Other income. Do not include gain or           |                       |                       |                   |                  |                  |             |
| Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ  |      | loss from the sale of capital assets           |                       |                       |                   |                  |                  |             |
| and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ   |      |  |                       |                       |                   |                  |                  |             |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  | 13   | Total support. (Add lines 9, 10c, 11,          |                       |                       |                   |                  |                  |             |
| organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  |      | and 12.)                                       |                       |                       |                   |                  |                  |             |
| Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ   | 14   | First five years. If the Form 990 is for       | the organizatio       | n's first, second,    | third, fourth, or | fifth tax year a | as a section 501 | (c)(3)      |
| Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ  |      | organization, check this box and stop here.    | <u></u> .             |                       |                   |                  |                  | ▶ 🔃         |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15   |      |  |                       |                       |                   |                  |                  |             |
| Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ   | 15   | Public support percentage for 2011 (line 8,    | column (f) divide     | ed by line 13, colur  | mn (f))           |                  | 15               | %           |
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ   | 16   | Public support percentage from 2010 Scheo      | dule A, Part III, lir | ne 15                 |                   |                  | 16               | %           |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ  | Sect | ion D. Computation of Investmen                | t Income Per          | centage               |                   |                  |                  |             |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ  | 17   | Investment income percentage for 2011 (lin     | ie 10c, column (      | (f) divided by line 1 | 3, column (f))    |                  | 17               | %           |
| <ul> <li>19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% check this box and stop here. The organization qualifies as a publicly supported organ</li> </ul>   |      |  |                       |                       |                   |                  | 18               | %           |
| 17 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organ <b>b 331/3% support tests - 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organ  |      |  |                       |                       |                   |                  | re than 331/3%,  | and line    |
| b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |      | -  |                       |                       |                   |                  |                  | . $\square$ |
| line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ  |      |  |                       |                       | •                 | •                |                  |             |
|  |      |  |                       |                       |                   |                  |                  |             |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst  |      | •  |                       | •                     | •                 |                  |                  |             |

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

Schedule A (Form 990 or 990-EZ) 2011

## Schedule B

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

Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

**Employer identification number** Name of the organization MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 an organization 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** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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  $\blacktriangleright$  \$\_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 43-1234200

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1_         |                                   | \$1,941,252.               | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2_         |                                   | \$1,261,500.               | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3 _        |                                   | \$1,632,265.               | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d)<br>Type of contribution  |
| 4 _        |                                   | \$325,400.                 | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d)<br>Type of contribution  |
| 5          |                                   | \$3,987,089.               | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d)<br>Type of contribution  |
| 6_         | ,                                 | \$ 500,000.                | Person X Payroll Noncash   |

Employer identification number 43-1234200

| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |                         |  |  |  |  |
|---|----------------------------|-------------------------|--|--|--|--|
| (a)   | (b)                        | (c)                     | (d)  |  |  |  |
| No.   | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |  |  |  |
| 7 -   |                            | \$253,117.              | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)   | (b)                        | (c)                     | (d)  |  |  |  |
| No.   | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |  |  |  |
| 8 _   |                            | \$995,000.              | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)   | (b)                        | (c)                     | (d)  |  |  |  |
| No.   | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |  |  |  |
|   |                            | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |  |  |  |
| (a)   | (b)                        | (c) Total contributions | (d)  |  |  |  |
| No.   | Name, address, and ZIP + 4 |                         | Type of contribution   |  |  |  |

|            |                                   | \$                         | Payroll<br>Noncash   |
|------------|-----------------------------------|----------------------------|--|
|            |                                   |                            | (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   |                            |  |

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

Person

Employer identification number

43-1234200

## Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 2                         | SOFTWARE SUBSCRIPTIONS                     |  |                      |
|                           |  | \$1,261,500.                             | 09/09/2011           |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| 3                         | CATTLE, LAND                               |  |                      |
|                           |  | \$1,632,265.                             | VARIOUS              |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| 7_                        | STOCKS/SECURITIES                          |  |                      |
|                           |  | \$\$                                     | _08/12/2011          |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| 8                         | SOFTWARE SUBSCRIPTIONS                     |  |                      |
|                           |  | \$995,000.                               | 02/17/2012           |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \\$                                      |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \\$                                      |                      |

Employer identification number

43-1234200

| th                        | <i>cclusively</i> religious, charitable, etc.,<br>at total more than \$1,000 for the ye | ear. Complete colur               | nns <b>(a)</b> through <b>(e</b>         | ) and the following line entry.            |  |  |  |
|---------------------------|---|-----------------------------------|--|--|--|--|--|
| CO                        | or organizations completing Part III, e<br>portributions of \$1,000 or less for the     | year. (Enter this inf             | ormation once. Se                        | charitable, etc.,<br>te instructions.) ►\$ |  |  |  |
| (a) No.<br>from           | se duplicate copies of Part III if additio  | (c) Use                           |  | (d) Description of how gift is held        |  |  |  |
| Part I                    |   |                                   |  |  |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           |   | (e) Transf                        | er of gift                               |  |  |  |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4                        | Relation                                 | nship of transferor to transferee          |  |  |  |
|                           |   |                                   |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                           | of gift                                  | (d) Description of how gift is held        |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           | (e) Transfer of gift  |                                   |  |  |  |  |  |
|                           | Transferee's name, address, ar  |                                   | Relationship of transferor to transferee |  |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           |   |                                   |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                           | of gift                                  | (d) Description of how gift is held        |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           | (e) Transfer of gift  |                                   |  |  |  |  |  |
| -                         | Transferee's name, address, ar  | nd ZIP + 4                        | Relatio                                  | nship of transferor to transferee          |  |  |  |
|                           |   |                                   |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                           | of gift                                  | (d) Description of how gift is held        |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           | (e) Transfer of g   |                                   |  |  |  |  |  |
|                           | Transferee's name, address, ar  | nship of transferor to transferee |  |  |  |  |  |
|                           |   | W 411 T T                         | - Neiatio                                | nomp of transferor to transferee           |  |  |  |
|                           |   |                                   |  |  |  |  |  |
|                           |   |                                   |  |  |  |  |  |

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047
2011

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name     | e of the organization   | Employer identification number        |
|----------|---|---------------------------------------|
| MIS      | SSOURI STATE UNIVERSITY FOUNDATION  | 43-1234200                            |
| Pa       | Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.   | Accounts. Complete if the             |
|          | (a) Donor advised funds   | (b) Funds and other accounts          |
| 1        | Total number at end of year   |                                       |
| 2        | Aggregate contributions to (during year)  |                                       |
| 3        | Aggregate grants from (during year)   |                                       |
| 4        | Aggregate value at end of year  |                                       |
| 5        | Did the organization inform all donors and donor advisors in writing that the assets held in  | donor advised                         |
|          | funds are the organization's property, subject to the organization's exclusive legal control?   |                                       |
| 6        | Did the organization inform all grantees, donors, and donor advisors in writing that grant fund   |                                       |
|          | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any  | other purpose                         |
|          | conferring impermissible private benefit?   | Yes No                                |
| Pa       |   | orm 990, Part IV, line 7.             |
| 1        | Purpose(s) of conservation easements held by the organization (check all that apply).   |                                       |
|          | Preservation of land for public use (e.g., recreation or education)  Preservation of  | f an historically important land area |
|          |   | f a certified historic structure      |
|          | Preservation of open space  |                                       |
| 2        | Complete lines 2a through 2d if the organization held a qualified conservation contribution in  | the form of a conservation            |
|          | easement on the last day of the tax year.   |                                       |
|          |   | Held at the End of the Tax Year       |
| а        | Total number of conservation easements  | 2a                                    |
| b        | Total acreage restricted by conservation easements  | 2b                                    |
| С        | Number of conservation easements on a certified historic structure included in (a)  | 2c                                    |
| d        | Number of conservation easements included in (c) acquired after 8/17/06, and not on a   |                                       |
|          | historic structure listed in the National Register  | 2d                                    |
| 3        | Number of conservation easements modified, transferred, released, extinguished, or terminal   | ated by the organization during the   |
|          | tax year ▶  |                                       |
| 4        | Number of states where property subject to conservation easement is located ▶   |                                       |
| 5        | Does the organization have a written policy regarding the periodic monitoring, inspection, har  | -                                     |
| _        | violations, and enforcement of the conservation easements it holds?   |                                       |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease  | ements during the year                |
| _        | <b>&gt;</b>   |                                       |
| 7        | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen   | ts during the year                    |
| •        |   | otion 470/b)/4)/D)                    |
| 8        | Does each conservation easement reported on line 2(d) above satisfy the requirements of sec   |                                       |
| •        | (i) and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and   |                                       |
| 9        | balance sheet, and include, if applicable, the text of the footnote to the organization's financial   | ,                                     |
|          | organization's accounting for conservation easements.   | ai statements that describes the      |
| Pa       | Organizations Maintaining Collections of Art, Historical Treasures, or Other  | Similar Assets.                       |
|          | Complete if the organization answered "Yes" to Form 990, Part IV, line 8.   |                                       |
| 1a       | If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its r   | evenue statement and halance sheet    |
|          | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ   | cation, or research in furtherance of |
| _        | public service, provide, in Part XIV, the text of the footnote to its financial statements that described to the footnote to its financial statements that described to the footnote to its financial statements.   |                                       |
| b        | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide the following amounts relating to these items: |                                       |
|          | (i) Revenues included in Form 990, Part VIII, line 1  | <b>▶</b> \$                           |
|          | (ii) Assets included in Form 990, Part X  |                                       |
| 2        | If the organization received or held works of art, historical treasures, or other similar a   |                                       |
|          | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  |                                       |
| а        | Revenues included in Form 990, Part VIII, line 1  | ····· ▶\$                             |
| <u>b</u> | Assets included in Form 990, Part X   | ▶\$                                   |

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2** 

| Par  | rt III Organizations Maintaini  | ng Collections of             | Art, Histo       | rical Tre   | asures               | , or C   | Other Similar                | Assets (d    | continue            | d)        |
|------|---|-------------------------------|------------------|-------------|----------------------|----------|------------------------------|--------------|---------------------|-----------|
| 3    | Using the organization's acquisitio collection items (check all that appl |                               | other recor      | ds, check   | any of               | f the f  | following that               | are a sigr   | nificant u          | se of its |
| а    | Public exhibition   |                               | d                | Loa         | n or exc             | change   | e programs                   |              |                     |           |
| b    | Scholarly research  |                               | e                | Oth         |                      | _        |                              |              |                     |           |
| C    | Preservation for future ge  | nerations                     | • _              | _           |                      |          |                              |              |                     |           |
| 4    | Provide a description of the organ  |                               | and aval         | nin haw t   | hove form            | thar ti  | ha arganizatio               | nla avama    | t nurnaa            | in Dort   |
| 4    | XIV.  | iizations collections         | anu expi         | alli ilow t | ney run              | uiei u   | ne organizatio               | iiis exemp   | i puipose           | ili Fait  |
| _    |   | n a aliait ar ragaina a       | lanationa a      | fort bioto  | rical tra            | 2001150  | a ar athar ain               | nilor        |                     |           |
| 5    |   |                               |                  |             |                      |          |                              |              |                     |           |
| D    |   |                               |                  |             |                      |          |                              |              | Yes                 | No        |
| Par  | Escrow and Custodial Alline 9, or reported an am                          |                               |                  |             | iizalion             | answ     | vered res t                  | o Foiiii 99  | o, Part i           | v,        |
| 1 a  | Is the organization an agent, trustee                                     | e custodian or other          | r intermedi      | ary for co  | ntributio            | nns or   | other assets                 | not          |                     |           |
|      | included on Form 990, Part X?   |                               |                  | -           |                      |          |                              | _            | Yes                 | No        |
| b    | If "Yes," explain the arrangement in                                      |                               |                  |             |                      |          |                              |              |                     |           |
| b    | ii res, explain the arrangement in  | Tall Alv and compl            | ete the foll     | lowing tac  | ne.                  |          |                              | Amount       |                     |           |
| С    | Beginning balance   |                               |                  |             | -                    | 10       |                              | Alliount     |                     |           |
| 4    | Additions during the year   |                               |                  |             |                      | 1c       |                              |              |                     |           |
| u    |   |                               |                  |             | -                    | 1d       |                              |              |                     |           |
| e    | Distributions during the year   |                               |                  |             | -                    | 1e       |                              |              |                     |           |
| 2-   | Ending balance  |                               |                  |             |                      | 1f       |                              |              | Vaa                 | No.       |
| 2a   | <u> </u>  |                               | an A, iiie       | 21!         |                      |          |                              |              | Yes                 | No        |
|      | If "Yes," explain the arrangement in                                      |                               | :ti              |             | 11/221142            | . Г.,,,, | 000 Dowt I                   | 1/ line 40   |                     |           |
| Par  | rt V Endowment Funds. Com   |                               |                  |             |                      |          |                              |              | (a) F               |           |
| 1.0  | Posinning of year helence   | (a) Current year              | ( <b>b)</b> Prio |             | (c) Two              |          |                              | e years back | (e) Four            | ears back |
| 1a   | Beginning of year balance Contributions                                   | 61,228,069.                   |                  | 4,099.      | 46,7                 |          |                              | 83,947.      |                     |           |
| b    | <u> </u>  | 1,501,087.                    | 2,41             | 6,971.      | 1,9                  | 62,5     | 1,4                          | 43,970.      |                     |           |
| С    | Net investment earnings, gains,   | 0 770 546                     | 10 50            | 0 771       | 4 -                  |          | 100                          | 40 070       |                     |           |
|      | and losses  | 2,779,546.                    | 10,58            | 9,771.      | 4,5                  | 58,1     | 10610,0                      | 40,870.      |                     |           |
|      | Grants or scholarships  |                               |                  |             |                      |          |                              |              |                     |           |
| е    | Other expenditures for facilities .                                       | 2 246 125                     | 2 00             |             | 1 0                  |          |                              | CF 100       |                     |           |
| _    | and programs  | 3,246,185.                    | 3,08             | 2,772.      | 1,9                  | 27,9     | 2,6                          | 67,132.      |                     |           |
| t    | Administrative expenses   |                               |                  |             |                      |          |                              | 8,572.       |                     |           |
| g    | End of year balance   | 62,262,517.                   | 61,22            |             | 51,3                 |          |                              | 11,343.      |                     |           |
| 2    | Provide the estimated percentage of                                       |                               |                  | e (line 1g, | column               | (a)) h   | eld as:                      |              |                     |           |
| а    | Board designated or quasi-endown  |                               | _%               |             |                      |          |                              |              |                     |           |
| b    | Permanent endowment ▶66.0   |                               |                  |             |                      |          |                              |              |                     |           |
| С    | Temporarily restricted endowment  |                               |                  |             |                      |          |                              |              |                     |           |
|      | The percentages in lines 2a, 2b, an                                       |                               |                  |             |                      |          |                              |              |                     |           |
| 3a   | Are there endowment funds not in  | the possession of th          | ne organiza      | ation that  | are held             | d and    | administered f               | or the       | _                   |           |
|      | organization by:  |                               |                  |             |                      |          |                              |              |                     | es No     |
|      | (i) unrelated organizations   |                               |                  |             |                      |          |                              |              | 3a(i)               | X         |
|      | (ii) related organizations  |                               |                  |             |                      |          |                              |              | 3a(ii)              | X         |
| b    | If "Yes" to 3a(ii), are the related org                                   | anizations listed as          | required on      | Schedule    | R?                   |          |                              |              | 3b                  |           |
| 4    | Describe in Part XIV the intended u                                       | ses of the organizat          | ion's endo       | wment fur   | nds.                 |          |                              |              |                     |           |
| Par  | rt VI Land, Buildings, and Equ  | <mark>ipment.</mark> See Forn | n 990, Pa        | rt X, line  | 10.                  |          |                              |              |                     |           |
|      | Description of property   | (a) Cost or<br>(invest        |                  | (b) Cost o  | r other bas<br>ther) | sis      | (c) Accumulated depreciation | (0           | <b>i)</b> Book valu | le        |
| 1 a  | Land  | 1                             | 96,382.          |             | 20,00                |          |                              |              | 31                  | 6,382.    |
| b    | Buildings   |                               |                  | 2,7         | 76,04                | 2.       | 1,635,644                    |              | 1,14                | 0,398.    |
| С    | Leasehold improvements  |                               |                  |             | 83,69                | 5.       | 83,695                       | 5.           |                     |           |
| d    | Equipment   |                               |                  | 4           | 42,20                | 8.       | 382,625                      |              | 5                   | 9,583.    |
| е    | Other   |                               |                  |             |                      |          |                              |              |                     |           |
| Tota | al. Add lines 1a through 1e. (Column                                      | (d) must equal Forn           | n 990. Part      | X. column   | (B). line            | e 10(c   | .),)                         | <b>•</b>     | 1,51                | 6,363.    |

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **3** 

| Part VII          | Investments - Other Securities. See                                  | Form 990, Part X, line | e 12.  |                      |
|-------------------|--|------------------------|--|----------------------|
|                   | (a) Description of security or category (including name of security) | (b) Book value         | (c) Method of valua<br>Cost or end-of-year mar |                      |
| (1) Financi       | al derivatives   |                        |  |                      |
|                   | -held equity interests   |                        |  |                      |
|                   |  |                        |  |                      |
| (A)               |  |                        |  |                      |
| (B)               |  |                        |  |                      |
| <u>(C)</u>        |  |                        |  |                      |
| (D)               |  |                        |  |                      |
| (E)               |  |                        |  |                      |
| <u>(F)</u><br>(G) |  | +                      |  |                      |
| (H)               |  | +                      |  |                      |
| <u>(l)</u>        |  | +                      |  |                      |
|                   | on (b) must equal Form 990, Part X, col. (B) line 12.)               | •                      |  |                      |
| Part VIII         | Investments - Program Related. See                                   | Form 990, Part X, lin  | e 13.  |                      |
|                   | (a) Description of investment type                                   | (b) Book value         | (c) Method of valua<br>Cost or end-of-year mar |                      |
| (1)               |  |                        |  |                      |
| (2)               |  |                        |  |                      |
| (3)               |  |                        |  |                      |
| (4)               |  |                        |  |                      |
| (5)               |  |                        |  |                      |
| (6)               |  |                        |  |                      |
| (7) (8)           |  |                        |  |                      |
| (9)               |  |                        |  |                      |
| (10)              |  |                        |  |                      |
| <u> </u>          | n (b) must equal Form 990, Part X, col. (B) line 13.)                | <b>&gt;</b>            |  |                      |
| Part IX           | Other Assets. See Form 990, Part X,                                  | line 15.               |  |                      |
|                   | (a   | a) Description         |  | (b) Book value       |
| (1)               |  |                        |  |                      |
| (2)               |  |                        |  |                      |
| (3)               |  |                        |  |                      |
| (4)               |  |                        |  |                      |
| (5)               |  |                        |  |                      |
| <u>(6)</u><br>(7) |  |                        |  |                      |
| (8)               |  |                        |  |                      |
| (9)               |  |                        |  |                      |
| (10)              |  |                        |  |                      |
| <u> </u>          | n (b) must equal Form 990, Part X, col. (B) line 15.)                |                        |  |                      |
| Part X            | Other Liabilities. See Form 990, Part                                |                        |  |                      |
| 1.                | (a) Description of liability   | (b) Book valu          | e  |                      |
|                   | ral income taxes   |                        |  |                      |
|                   | S MANAGED FOR MO STATE UNI   | 199,                   |  |                      |
|                   | TTY OBLIGATIONS  | 289,                   |  |                      |
|                   | TO RELATED PARTIES   | 96,                    | 512.   |                      |
| (5)               |  |                        |  |                      |
| (6)               |  |                        |  |                      |
| (7)<br>(8)        |  |                        |  |                      |
| (9)               |  |                        |  |                      |
| (10)              |  |                        |  |                      |
| (11)              |  |                        |  |                      |
|                   | mn (b) must equal Form 990, Part X, col. (B) line 25                 | 5.) > 585,             | 274.   |                      |
|                   | ASC 740) Footnote In Part XIV provide the                            |                        |  | nte that reports the |

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

JSA 1E1270 1.000

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| Conoac         | 16 B (16111 330) 2011  |                     |                                       |                 |                | 1 age 4                         |
|----------------|--|---------------------|---------------------------------------|-----------------|----------------|---------------------------------|
| Part           | <u> </u>   |                     |                                       | ents            | 3              |                                 |
| 1              | Total revenue (Form 990, Part VIII, column (A), line 12)   |                     |                                       | 1               |                | 23,840,042.                     |
| 2              | Total expenses (Form 990, Part IX, column (A), line 25)  |                     |                                       | 2               |                | 16,066,872.                     |
| 3              | Excess or (deficit) for the year. Subtract line 2 from line 1  |                     |                                       | 3               |                | 7,773,170.                      |
| 4              | Net unrealized gains (losses) on investments   |                     |                                       | 4               |                | -1,941,696.                     |
| 5              | Donated services and use of facilities   |                     |                                       | 5               |                |                                 |
| 6              | Investment expenses  |                     |                                       | 6               |                |                                 |
| 7              | Prior period adjustments   |                     |                                       | 7               |                |                                 |
| 8              | Other (Describe in Part XIV.)  |                     |                                       | 8               |                | -15,000.                        |
| 9              | Total adjustments (net). Add lines 4 through 8   |                     |                                       | 9               |                | -1,956,696.                     |
| 10             | Excess or (deficit) for the year per audited financial statements. Combine lines   |                     |                                       | 10              |                | 5,816,474.                      |
| Part           | XII Reconciliation of Revenue per Audited Financial Statements W   | /ith R              | evenue per Ret                        | urn             |                |                                 |
| 1              | Total revenue, gains, and other support per audited financial statements   |                     |                                       | . L             | 1              | 23,118,956.                     |
| 2              | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                     |                                       |                 |                |                                 |
| а              | Net unrealized gains on investments  | 2a                  | -1,941,69                             | 6.              |                |                                 |
| b              | Donated services and use of facilities   | 2b                  | 562,35                                | 3.              |                |                                 |
| С              | Recoveries of prior year grants  | 2c                  |                                       |                 |                |                                 |
| d              | Other (Describe in Part XIV.)  | 2d                  | -113,15                               | 0.              |                |                                 |
| е              | Add lines 2a through 2d  |                     |                                       | _] :            | 2e             | -1,492,493.                     |
| 3              | Outstand Park On form Park 4   |                     |                                       | . [             | 3              | 24,611,449.                     |
| 4              | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                     |                                       |                 |                |                                 |
| а              | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                  |                                       |                 |                |                                 |
| b              | Other (Describe in Part XIV.)  | 4b                  | -771,40                               | 7.              |                |                                 |
| С              | Add lines 4a and 4b  |                     |                                       | ╗.              | 4 c            | -771,407.                       |
| 5              | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                     |                                       |                 | 5              | 23,840,042.                     |
| Part           | XIII Reconciliation of Expenses per Audited Financial Statements V   |                     |                                       |                 | า              |                                 |
| 1              | Total expenses and losses per audited financial statements   |                     | •                                     |                 | 1              | 17,287,482.                     |
| 2              | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                     |                                       | •               |                |                                 |
| а              | Donated services and use of facilities   | 2a                  | 562,35                                | 3.              |                |                                 |
| b              | Prior year adjustments   | 2b                  | -                                     |                 |                |                                 |
| С              | Other losses   | 2c                  |                                       |                 |                |                                 |
| d              | Other (Describe in Part XIV.)  | 2d                  | 771,40                                | 7.              |                |                                 |
| е              | Add lines 2a through 2d  |                     | -                                     | _               | 2e             | 1,333,760.                      |
| 3              | Subtract line 2e from line 1   |                     |                                       | •               | 3              | 15,953,722.                     |
| 4              | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | [ ]                 |                                       | _               |                | · · ·                           |
| а              | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                  | 113,15                                | 0.              |                |                                 |
| b              | Other (Describe in Part XIV.)  | 4b                  |                                       |                 |                |                                 |
| С              | Add lines 4a and 4b  |                     |                                       | ┑.              | 4 c            | 113,150.                        |
| 5              | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | )                   |                                       |                 | 5              | 16,066,872.                     |
| Part           | XIV Supplemental Information   |                     |                                       |                 |                |                                 |
| Comp<br>Part V | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa<br>, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines<br>dditional information. | rt III, li<br>2d ar | nes 1a and 4; Pa<br>nd 4b. Also compl | rt IV,<br>ete t | lines<br>his p | s 1b and 2b;<br>part to provide |
| SEE_           | PAGE 5   |                     |                                       |                 |                |                                 |
|                |  |                     |                                       |                 |                |                                 |
|                |  |                     |                                       |                 |                |                                 |
|                |  |                     |                                       |                 |                |                                 |

### Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS PROVIDE SCHOLARSHIP SUPPORT, PROVIDE CRITICAL PROGRAM SUPPORT, FUND ONGOING MAINTENANCE AND EQUIPMENT NEEDS, BRING IN GUEST ARTISTS AND LECTURERS, AND FUND FACULTY GROWTH AND DEVELOPMENT.

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

OTHER RECONCILING CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

\$( 15,000) REDUCTION IN VALUE OF REAL ESTATE HELD FOR RESALE

OTHER REVENUE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12

SCHEDULE D, PART XII, LINE 2D

\$(113,150) INVESTMENT EXPENSES

Page 5

Part XIV Supplemental Information (continued)

OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1

SCHEDULE D, PART XII, LINE 4B

\$(518,145) RENTAL EXPENSES

(253,262) SPECIAL EVENT EXPENSES

\_\_\_\_\_

\$(771,407) TOTAL

OTHER EXPENSE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25

SCHEDULE D, PART XIII, LINE 2D

\$ 518,145 RENTAL EXPENSES

253,262 SPECIAL EVENT EXPENSES

\$ 771,407 TOTAL

## **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| Name of the organization   |               |            |                                     |                                   | Employer Identification  | on number   |
|--|---------------|------------|-------------------------------------|-----------------------------------|--|---|
| MISSOURI STATE UNIVERSITY FOU  | NDATION       |            |                                     |                                   | 43-1234200   | )   |
| Part I Fundraising Activities. Cor<br>Form 990-EZ filers are not                 |               |            |                                     | "Yes" to Form 9                   | 90, Part IV, line  | 17.   |
| 1 Indicate whether the organization ra   |               |            |                                     | activities Check                  | all that annly   |   |
|  | e             |            | _                                   | non-government g                  |  |   |
|  |               |            |                                     | government grant                  |  |   |
| <del></del>  | f             |            |                                     | -                                 | 5  |   |
| c Phone solicitations  | g             | Spec       | ciai fundra                         | ising events                      |  |   |
| d In-person solicitations  |               |            |                                     |                                   |  |   |
| 2a Did the organization have a written or key employees listed in Form 990       |               |            |                                     |                                   |  | Yes No  |
| b If "Yes," list the ten highest paid inc<br>compensated at least \$5,000 by the |               | (fundraise | ers) pursua                         | int to agreements                 | under which the  | fundraiser is to be                                     |
| (i) Name and address of individual or entity (fundraiser)                        | (ii) Activity | custody o  | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |               | Yes        | No                                  |                                   |  |   |
| 1  |               |            |                                     |                                   |  |   |
| 2  |               |            |                                     |                                   |  |   |
| 3  |               |            |                                     |                                   |  |   |
| 4  |               |            |                                     |                                   |  |   |
| 5  |               |            |                                     |                                   |  |   |
| •  |               |            |                                     |                                   |  |   |
| 6  |               |            |                                     |                                   |  |   |
| 7  |               |            |                                     |                                   |  |   |
| 8  |               |            |                                     |                                   |  |   |
| 9  |               |            |                                     |                                   |  |   |
| 10   |               |            |                                     |                                   |  |   |
| Tatal  |               |            |                                     |                                   |  |   |
| Total  3 List all states in which the organization                               |               |            |                                     | contributions or                  | has been notified  | it is exempt from                                       |
| registration or licensing.   |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |
|  |               |            |                                     |                                   |  |   |

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

Schedule G (Form 990 or 990-EZ) 2011

Page 2 Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

|                 |      | gross receipts greater than \$5,00                         | 00.                         |   | ,                   |  |
|-----------------|------|--|-----------------------------|---|---------------------|--|
|                 |      |  | (a) Event #1 SPORTS AUCTION | (b) Event #2 BB GOLF TOURNY                   | (c) Other Events 8. | (d) Total events<br>(add col. (a) through        |
|                 |      |  | (event type)                | (event type)                                  | (total number)      | col. <b>(c)</b> )                                |
| Revenue         |      | Gross receipts   | 111,331.                    | 45,526.                                       | 190,921.            | 347,778  |
| ፚ               | 2    | Less: Charitable   | 25 046                      | 21 450  | 76 272              | 122 660  |
|                 | 3    | contributions Gross income (line 1 minus                   | 25,846.                     | 31,450.                                       | 76,373.             | 133,669  |
|                 | ľ    | line 2)  | 85,485.                     | 14,076.                                       | 114,548.            | 214,109  |
|                 | 4    | Cash prizes  |                             |   | 351.                | 851  |
|                 | 5    | Noncash prizes   |                             | 9,934.  | 2,931.              | 12,865   |
| nses            | 6    | Rent/facility costs  | 26,935.                     | 19,092.                                       | 24,099.             | 70,126   |
| Direct Expenses | 7    | Food and beverages   |                             |   |                     |  |
| Direc           | 8    | Entertainment  |                             |   |                     |  |
|                 | 9    | Other direct expenses                                      | 71,596.                     | 5,573.  | 92,251.             | 169,420  |
|                 | 10   | Direct expense summary. Add lines 4                        | 1 through 9 in column (d    | 1   |                     | ( 253, 262.)                                     |
|                 | 11   | Net income summary. Combine line 3                         | 3, column (d), and line 1   | )   |                     | -39,153  |
| Pa              |      |  |                             |   |                     |  |
|                 |      | than \$15,000 on Form 990-E                                | Z, line 6a.                 |   |                     |  |
| Revenue         |      |  | (a) Bingo                   | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming    | (d) Total gaming (add col. (a) through col. (c)) |
| Re              | 1    | Gross revenue  |                             |   |                     |  |
| ses             | 2    | Cash prizes  |                             |   |                     |  |
| Direct Expenses | 3    | Noncash prizes   |                             |   |                     |  |
| Direct          | 4    | Rent/facility costs  |                             |   |                     |  |
|                 | 5    | Other direct expenses                                      |                             |   |                     |  |
|                 | 6    | Volunteer labor  | Yes% No                     | Yes% No                                       | Yes% No             |  |
|                 | 7    | Direct expense summary. Add lines 2                        | 2 through 5 in column (d)   |   |                     | ( )  |
|                 | 8    | Net gaming income summary. Comb                            | ine line 1, column d, and   | d line 7                                      |                     |  |
|                 | a Is |  | gaming activities in each   | of these states?                              |                     | _ Yes No   |
|                 |      | /ere any of the organization's gaming I<br>"Yes," explain: |                             | nded or terminated durir                      | ng the tax year?    | • — —  |
|                 |      |  |                             |   |                     |  |

Schedule G (Form 990 or 990-EZ) 2011

| Sched | lule G (Form 990 or 990-EZ) 2011 Page <b>3</b>  |
|-------|---|
| 11    | Does the organization operate gaming activities with nonmembers? Yes No   |
| 12    | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity   |
|       | formed to administer charitable gaming?   |
| 13    | Indicate the percentage of gaming activity operated in:   |
| а     | The organization's facility   |
| b     | An outside facility   |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events books and        |
|       | records:  |
|       | Name ▶  |
|       | Address ▶   |
| 15 a  | Does the organization have a contract with a third party from whom the organization receives gaming             |
|       | revenue?  |
| b     |   |
|       | amount of gaming revenue retained by the third party ▶ \$   |
| С     | If "Yes," enter name and address of the third party:  |
|       | Name ▶  |
|       | Address ►   |
| 16    | Gaming manager information:   |
|       | Name ▶  |
|       | Gaming manager compensation ▶\$   |
|       |   |
|       | Description of services provided ▶  |
|       | Director/officer  |
| 17    | Mandatory distributions:  |
| а     | Is the organization required under state law to make charitable distributions from the gaming proceeds to       |
|       | retain the state gaming license?  |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt organizations      |
|       | or spent in the organization's own exempt activities during the tax year ▶ \$                                   |
| Par   |   |
|       | columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this |
|       | part to provide any additional information (see instructions).  |

Schedule G (Form 990 or 990-EZ) 2011

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

|                                      |  |   |  |  | Employer identificati  | on number   |  |  |
|--------------------------------------|--|---|--|--|--|---|--|--|
| MISSOURI STATE UNIVERSITY FOUNDATION |  |   |  |  |  |   |  |  |
| d Assistance                         | 1  |   |  |  | •  |   |  |  |
| s or assistance                      | e?   | ·   |  | • •  | · · · · · · · · · · · · · · · · · · ·  | X Yes No  |  |  |
| iny recipient                        | that received  | more than \$5,00  | 00. Check this b   | ox if no one recipien  | t received more th   | nan \$5,000.  |  |  |
| (b) EIN                              | (c) IRC section if applicable  | (d) Amount of cash<br>grant   | (e) Amount of non-<br>cash assistance  | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)  | (g) Description of non-cash assistance   | (h) Purpose of grant or assistance  |  |  |
| 44-6000308                           | MO STATE UNIV  | 13,580,331.   |  |  |  | SUPPORT   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
|                                      |  |   |  |  |  |   |  |  |
| ted in the line                      | 1 table  |   |  |  | <u> </u>   | 11.   |  |  |
|                                      | d Assistance ubstantiate the s or assistance dures for moni Sovernments any recipient al space is ne (b) EIN  44-6000308 | d Assistance ubstantiate the amount of the sor assistance? dures for monitoring the use of the sor assistance? dures for monitoring the use of the sor assistance? dures for monitoring the use of the sor assistance?  (b) EIN (c) IRC section if applicable  44-6000308 MO STATE UNIV | d Assistance ubstantiate the amount of the grants or assistant is or assistance? dures for monitoring the use of grant funds in the use of grant fun | d Assistance ubstantiate the amount of the grants or assistance, the grantees' is or assistance? dures for monitoring the use of grant funds in the United States. Governments and Organizations in the United States. Coming recipient that received more than \$5,000. Check this brail space is needed  (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance  44-6000308 MO STATE UNIV 13,580,331. | d Assistance  ubstantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?  dures for monitoring the use of grant funds in the United States.  Governments and Organizations in the United States. Complete if the organizations in the United States are completed in the grant of the properties of the grant of t | d Assistance  ubstantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and so or assistance?  dures for monitoring the use of grant funds in the United States.  Governments and Organizations in the United States. Complete if the organization answered "Yeary recipient that received more than \$5,000. Check this box if no one recipient received more that space is needed  (b) EIN (c) IRC section if applicable (d) Amount of cash great (cook, n) (f) Method of valuation (cook, n) (f) Method of valuati |  |  |

Page 2

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
| 1 SCHOLARSHIPS                  | 1,149.                   | 1,813,282.               |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| <u> </u>                        |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

GRANTEE SELECTION

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION PROVIDES SUPPORT FOR MISSOURI STATE UNIVERSITY, ITS

RELATED ORGANIZATION. NO OTHER ORGANIZATIONS RECEIVE GRANTS OR

ASSISTANCE FROM THE ORGANIZATION.

THE FOUNDATION BASES ITS SCHOLARSHIP RECIPIENTS ON MISSOURI STATE

UNIVERSITY'S CRITERIA OF NEED AND EDUCATIONAL ACHIEVEMENTS. THIS

CRITERIA ENFORCES A NON-DISCRIMINATORY POLICY.

Schedule I (Form 990) (2011)

### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization |   |        |       |                          |  |                      | Er        | nployer                      | identifi | cation     | numbe                        | r             |           |
|--------------------------|---|--------|-------|--------------------------|--|----------------------|-----------|------------------------------|----------|------------|------------------------------|---------------|-----------|
| MISS                     | OURI STATE UNIVERSITY FOUNDAY   | TION   |       |                          | 43-1234200                               |                      |           |                              |          |            |                              |               |           |
| Part                     | Excess Benefit Transactions (see Complete if the organization answers |        |       |                          |  |                      |           |                              | Z, Pa    | ırt V, I   | ine 40                       | b.            |           |
| 1                        | (a) Name of disqualified person                                       |        |       |                          | (b) Description of transaction           |                      |           |                              |          |            |                              | (c)           | Corrected |
|                          | (a) Name of disqualified person                                       |        |       |                          |  | <b>D</b> Description |           | iodotioi                     |          |            |                              | Ye            | es No     |
| (1)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               | _         |
| (2)                      |   |        |       |                          |  |                      |           |                              |          |            |                              | $\rightarrow$ | _         |
| (3)                      |   |        |       |                          |  |                      |           |                              |          |            |                              | $\rightarrow$ | +         |
| (4)                      |   |        |       |                          |  |                      |           |                              |          |            |                              | -+            | +         |
| (5)                      |   |        |       |                          |  |                      |           |                              |          |            |                              | -+            | +         |
| <u>(6)</u><br>2          | Enter the amount of tax imposed on the o                              | raoniz | otion | mana                     | gara or diagnalifia                      | d noroono d          | uring the |                              |          |            |                              |               |           |
|                          | under section 4958  |        |       |                          |  |                      |           |                              |          | \$_<br>\$_ |                              |               |           |
| Part                     | Loans to and/or From Interested Complete if the organization answer   |        |       |                          | n 990, Part IV, line :                   | 26, or Form          | 990-EZ    | ː, Part                      | V, line  | <br>38a.   |                              |               |           |
|                          | (a) Name of interested person and purpose                             |        |       | n to or from ganization? | (c) Original principal amount            | (d) Balan            | ice due   | e due (e) In default? (f) Ap |          | by bo      | proved<br>pard or<br>mittee? | or agreemen   |           |
|                          |   |        | То    | From                     |  |                      |           | Yes                          | No       | Yes        | No                           | Yes           | No        |
| (1)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (2)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (3)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (4)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (5)                      |   |        |       |                          |  |                      |           |                              | <u> </u> |            | <u> </u>                     |               |           |
| (6)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (7)                      |   |        |       |                          |  |                      |           |                              |          |            | <u> </u>                     |               |           |
| (8)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               | -         |
| (9)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (10)<br>Tatal            |   |        |       |                          | <b>▶</b> ♠                               |                      |           |                              |          |            |                              |               |           |
| Total<br>Part            | Grants or Assistance Benefiting Complete if the organization answer   | Inter  | este  | d Per                    | sons.                                    |                      |           |                              |          |            |                              |               |           |
|                          | (a) Name of interested person   | (b)    | Relat | ionship                  | between interested perso<br>organization | on and the           | (c)       | Amou                         | nt and   | type o     | of assis                     | stance        |           |
| (1)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (2)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (3)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (4)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (5)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (6)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (7)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |
| (8)                      |   |        |       |                          |  |                      |           |                              |          |            |                              |               |           |

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

Schedule L (Form 990 or 990-EZ) 2011

(10)

Schedule L (Form 990 or 990-EZ) 2011

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing organization revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|------------------------------------|----|
|                               |   |                           |                                | Yes                                | No |
| (1) GREAT SOUTHERN BANK       | SEE PART V  | 82,203.                   | CDARS CHECKING                 |                                    | Х  |
| (2)                           |   |                           |                                |                                    |    |
| (3)                           |   |                           |                                |                                    |    |
| (4)                           |   |                           |                                |                                    |    |
| (5)                           |   |                           |                                |                                    |    |
| (6)                           |   |                           |                                |                                    |    |
| (7)                           |   |                           |                                |                                    |    |
| (8)                           |   |                           |                                |                                    |    |
| (9)                           |   |                           |                                |                                    |    |
| (10)                          |   |                           |                                |                                    |    |

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS

SCHEDULE L, PART IV, COLUMN B

LARRY FRAZIER, BOARD OF TRUSTEES MEMBER, IS A MEMBER OF THE BOARD OF DIRECTORS AT GREAT SOUTHERN BANK. THE ORGANIZATION MAINTAINS ACCOUNTS AT GREAT SOUTHERN BANK, OF WHICH INTEREST INCOME TOTALED \$82,203.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

| Par  | t Types of Property  |                               |  |   |                          |     |     |     |
|------|--|-------------------------------|--|---|--------------------------|-----|-----|-----|
|      |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash contri |     |     |     |
| 1    | Art - Works of art   |                               |  |   |                          |     |     |     |
| 2    | Art - Historical treasures                                 |                               |  |   |                          |     |     |     |
| 3    | Art - Fractional interests                                 |                               |  |   |                          |     |     |     |
| 4    | Books and publications                                     | X                             |  | 19,139.   | FMV                      |     |     |     |
| 5    | Clothing and household                                     |                               |  | 15/155.   | 1111                     |     |     |     |
| J    | goods  | X                             |  | 103,992.  | FMV                      |     |     |     |
| _    | Cars and other vehicles                                    | 71                            |  | 103,772.  | I IIV                    |     |     |     |
| 6    |  | X                             | 1.   | 5,700.  | FMV                      |     |     |     |
| 7    | Boats and planes   | X                             | 2.   | 2,256,500.  | FMV                      |     |     |     |
| 8    | Intellectual property                                      | X                             | 29.  | 516,421.  | FMV                      |     |     |     |
| 9    | Securities - Publicly traded                               | A                             | ۵۶.  | 510,421.  | PHV                      |     |     |     |
| 10   | Securities - Closely held stock                            |                               |  |   |                          |     |     |     |
| 11   | Securities - Partnership, LLC,                             |                               |  |   |                          |     |     |     |
| 4.0  | or trust interests   |                               |  |   |                          |     |     |     |
| 12   | Securities - Miscellaneous                                 |                               |  |   |                          |     |     |     |
| 13   | Qualified conservation                                     |                               |  |   |                          |     |     |     |
|      | contribution - Historic                                    |                               |  |   |                          |     |     |     |
|      | structures   |                               |  |   |                          |     |     |     |
| 14   | Qualified conservation                                     |                               |  |   |                          |     |     |     |
|      | contribution - Other                                       |                               |  |   |                          |     |     |     |
| 15   | Real estate - Residential                                  |                               |  |   |                          |     |     |     |
| 16   | Real estate - Commercial                                   | - 77                          | 1  | F02 F00   | * DDD * T C * T          |     |     |     |
| 17   | Real estate - Other  | X                             | 1.   | 503,500.  | APPRAISAL                |     |     |     |
| 18   | Collectibles   | X                             | 105.   | 7,722.  | FMV                      |     |     |     |
| 19   | Food inventory   | X                             | 89.  | 30,145.   | FMV                      |     |     |     |
| 20   | Drugs and medical supplies                                 | X                             | 2.   | 570.  | FMV                      |     |     |     |
| 21   | Taxidermy  | X                             | 1.   | 7,950.  | FMV                      |     |     |     |
| 22   | Historical artifacts                                       | X                             | 1.   | 400.  | FMV                      |     |     |     |
| 23   | Scientific specimens                                       |                               |  |   |                          |     |     |     |
| 24   | Archeological artifacts                                    |                               |  | 1 201 056   |                          |     |     |     |
| 25   | Other ►( OTHER)  | X                             | 84.  | 1,381,856.  | FMV                      |     |     |     |
| 26   | Other ►()  |                               |  |   |                          |     |     |     |
| 27   | Other ►()  |                               |  |   |                          |     |     |     |
| 28   | Other ►()  |                               |  |   |                          |     |     |     |
| 29   |  |                               |  |   |                          |     | _   |     |
|      | which the organization completed I                         | Form 8283,                    | Part IV, Donee Acknowledg                        | gement  | 29                       |     |     | 70. |
|      | Don't a the committee the                                  | C                             |  | or a constant of the Branch Branch  |                          | Y   | 'es | No  |
| 30 a | During the year, did the organization                      |                               | • • • •  | •   |                          |     |     |     |
|      | it must hold for at least three yea                        |                               |  |   |                          |     |     |     |
|      | used for exempt purposes for the e                         | ntire holding                 | g period?  |   |                          | 30a |     | X   |
|      | If "Yes," describe the arrangement i                       |                               | , p  |   | ,                        |     |     |     |
| 31   | Does the organization have a                               |                               |  | =   |                          |     |     |     |
|      | contributions?   |                               |  |   |                          | 31  | Х   |     |
| 32 a | Does the organization hire or use                          | e third part                  | ies or related organization                      | s to solicit, process, or s   | sell noncash             |     |     |     |
|      | contributions?   |                               |  |   |                          | 32a |     | X   |
|      | If "Yes," describe in Part II.                             |                               |  |   |                          |     |     |     |
| 33   | If the organization did not report ar describe in Part II. | n amount in                   | column (c) for a type of pro                     | operty for which column (a  | ) is checked,            |     |     |     |

1,130.

FMV

Schedule M (Form 990) (2011) Page **2** 

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

OTHER NONCASH CONTRIBUTIONS

SCHEDULE M, PART I

FUR

| •                   |   |    |          |     |
|---------------------|---|----|----------|-----|
| LIVESTOCK/ANIMALS   | Х | 3  | 955,595. | FMV |
| WINE/ALCOHOL        | Х | 36 | 7,614.   | FMV |
| JEWELRY             | Х | 15 | 3,791.   | FMV |
| MUSICAL INSTRUMENTS | X | 6  | 669.     | FMV |
| EQUIPMENT           | Х | 22 | 413,057. | FMV |

Х

2

Schedule M (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

43-1234200

MISSOURI STATE UNIVERSITY FOUNDATION

COMMON PAYMASTER ARRANGEMENT & SALARIES

FORM 990, PART V, LINE 2A, PART VII, SECTION A, & PART IX, LINES 5 & 7

A RELATED ORGANIZATION, MISSOURI STATE UNIVERSITY (MSU), FILES ALL W-2'S

AND PAYS ALL PAYROLL TAXES AND BENEFITS ON BEHALF OF THE ORGANIZATION.

THE AMOUNT OF W-2 FILED FOR THE YEAR ON PART V, LINE 2A, IS THE AMOUNT OF

W-2'S FILED ON BEHALF OF THE FOUNDATION FOR THOSE THAT WORK PRIMARILY FOR

THE FOUNDATION. THE AMOUNT LISTED IN COLUMN D OF PART VII, SECTION A, AS

PAID BY THE ORGANIZATION WAS PAID THROUGH A W-2 FILED BY MSU, BUT HAS

BEEN SHOWN IN COLUMN D FOR THE EXECUTIVE DIRECTOR, WHO WORKS PRIMARILY

FOR THE FOUNDATION. ADDITIONALLY, THIS AMOUNT WAS LISTED ON PART IX,

LINE 5 AS OFFICER COMPENSATION FROM THE ORGANIZATION. OTHER SALARIES AND

WAGES ON PART IX, LINE 7, IS THE AMOUNT OF SALARIES ALLOCATED TO THE

ORGANIZATION FOR DUTIES PERFORMED FOR THE ORGANIZATION.

#### **MEMBERS**

FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B

THE ORGANIZATION ALLOWS FOR UP TO 250 TRUSTEES. AMONG THE TRUSTEES'

RESPONSIBILITIES ARE THE ELECTION OF MEMBERS OF THE EXECUTIVE COMMITTEE

AND AMENDMENT OF THE BYLAWS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE

AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING

DEPARTMENT OF THE ORGANIZATION. THE PUBLIC DISCLOSURE COPY OF THE FORM

990 WILL INITIALLY BE INTERNALLY REVIEWED. AFTER THIS REVIEW, THE PUBLIC

DISCLOSURE COPY OF THE FORM 990 WILL BE PRESENTED TO THE EXECUTIVE

COMMITTEE AT THEIR COMMITTEE MEETING. THIS WILL ALLOW FOR THE

OPPORTUNITY FOR MEMBERS TO ASK QUESTIONS, MAKE COMMENTS, OR REQUEST

CHANGES BEFORE THE FILING OF THE FINAL FORM 990.

CONFLICT OF INTEREST POLICY COMPLIANCE

FORM 990, PART VI, SECTION B, LINE 12C

ANNUAL STATEMENTS ARE GIVEN TO THE BOARD OF DIRECTORS REQUIRING

ACKNOWLEDGEMENT THAT EACH DIRECTOR HAS READ THE CONFLICT OF INTEREST

POLICY AND AGREES TO COMPLY WITH THE POLICY. IF, AT ANY TIME SUBSEQUENT

TO THE STATEMENT, A CONFLICT WERE TO ARISE, THE DIRECTOR IS THEN REQUIRED

TO NOTIFY THE PRESIDENT AND EXECUTIVE DIRECTOR IN WRITING. ADDITIONALLY,

THE ORGANIZATION SENT OUT A QUESTIONNAIRE PROVIDED BY THE INDEPENDENT

ACCOUNTANT TO COMPLY WITH THE 990 REPORTING REQUIREMENTS.

WHEN IT IS PROPOSED THAT THE FOUNDATION ENGAGE IN A BUSINESS TRANSACTION, INCLUDING ACCEPTANCE OF ANY GIFT FROM A THIRD PARTY, ANY DIRECTOR WHO HAS ANY DIRECT OR INDIRECT INTEREST IN THE TRANSACTION MUST MAKE A FULL DISCLOSURE OF SUCH INTEREST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND WILL REFRAIN FROM ALL DELIBERATIONS OR VOTES TAKEN IN REGARD TO SUCH TRANSACTION.

DOCUMENT AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST ON SITE, BY MAIL, BY FAX, OR BY E-MAIL. THE FINANCIAL STATEMENTS ARE PUBLISHED IN BOTH THE ANNUAL REPORT AND THE AUDITED FINANCIAL REPORT, WHICH ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

#### RELATED HOURS

FORM 990, PART VII, SECTION A

NILA HAYES, TREASURER THROUGH AUGUST 2011, WORKED APPROXIMATELY 40 HOURS

PER WEEK AS THE CFO OF A RELATED ORGANIZATION, MISSOURI STATE UNIVERSITY.

STEVE FOUCART, TREASURER BEGINNING IN AUGUST 2011, WORKS APPROXIMATELY 40

HOURS PER WEEK AS THE CFO OF A RELATED ORGANIZATION, MISSOURI STATE

UNIVERSITY.

#### AUDIT COMMITTEE

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS OF MSU FOUNDATION APPROVES CONTRACTS FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT. HOWEVER, THERE IS NO BOARD OR COMMITTEE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

\$(1,941,696) NET UNREALIZED LOSS ON INVESTMENTS

( 15,000) REDUCTION IN VALUE OF REAL ESTATE HELD FOR RESALE

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\$(1,956,696) TOTAL

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

|      | _   |     |      |
|------|-----|-----|------|
| Open | to  | Pu  | blic |
| Ins  | pec | tio | n    |

| Internal Revenue | Service  | to Form 990.                | See separa              | ate instructions.                             |  |                           | inspec                    | 1100                                  |
|------------------|--|-----------------------------|-------------------------|---|--|---------------------------|---------------------------|---------------------------------------|
| Name of the o    | organization   |                             |                         |   |  | Employer id               | entification              | number                                |
| MISSOUR          | I STATE UNIVERSITY FOUNDATION  |                             |                         |   |  | 43-123                    | 4200                      |                                       |
| Part I           | Identification of Disregarded Entities (Complete if  | the organization            | n answered "Yes" t      | o Form 990, Part                              | IV, line 33.)                                    |                           |                           |                                       |
|                  | (a) Name, address, and EIN of disregarded entity   |                             | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income                              | (e)<br>End-of-year assets | (f)<br>Direct cor<br>enti | ntrolling                             |
| _(1)             |  |                             |                         |   |  |                           |                           |                                       |
| _(2)             |  |                             |                         |   |  |                           |                           |                                       |
| _(3)             |  |                             |                         |   |  |                           |                           |                                       |
| _(4)             |  |                             |                         |   |  |                           |                           |                                       |
| _(5)             |  |                             |                         |   |  |                           |                           |                                       |
| <u>(6)</u>       |  |                             |                         |   |  |                           |                           |                                       |
| Part II          | Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during | (Complete if the tax year.) | he organization ar      | swered "Yes" to F                             | Form 990, Part IV                                | /, line 34 because        | e it had                  |                                       |
|                  | (a) Name, address, and EIN of related organization   | (b) Primary activity        | y Legal domicile (st    | i i   | (e) Public charity status (if section 501(c)(3)) |                           |                           | (g)<br>512(b)(13)<br>crolled<br>tity? |
|                  |  |                             |                         |   |  |                           | Yes                       | No                                    |
| (1) MISSOU       | RI STATE UNIVERSITY 44-6000308 NATIONAL SPRINGFIELD, MO 65804  | UNIVERSITY                  | MO                      |   |  | N/A                       |                           | Х                                     |
| _(2)             |  |                             |                         |   |  |                           |                           |                                       |
| _(3)             |  | _                           |                         |   |  |                           |                           |                                       |
| (4)              |  | 1                           |                         |   | +  | +                         | +                         |                                       |

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

| Part III   | Identification of Relate because it had one or it  | <b>ed Organizations</b><br>more related orga | Taxable<br>inizations                         | as a Partnersh treated as a pa      | <b>ip</b> (Complete if t<br>artnership during t                                       | he organization<br>the tax year.) | answered "Yes"                                | to F     | orm                         | 990, Part  | IV, I         | ine 3                   | 34                             |                                |
|------------|--|--|---|-------------------------------------|---|-----------------------------------|---|----------|-----------------------------|--|---------------|-------------------------|--------------------------------|--------------------------------|
|            | (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity               | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total<br>income   | (g)<br>Share of end-of-yea<br>assets          | T Dispro | h)<br>portionate<br>ations? | (i)<br>Code V-L<br>amount in tof<br>Schedule<br>(Form 10 | oox 20<br>K-1 | Gene<br>man<br>part     | j)<br>eral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
| (1)        |  |  |   |                                     |   |                                   |   | Yes      | No                          |  |               | Yes                     | No                             |                                |
| 7.7.       |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| _(2)       |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| (3)        |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(4)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| (5)        |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(6)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(7)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| Part IV    | Identification of Relat<br>line 34 because it had  | ed Organizations one or more rela            | Taxable ted orga                              | as a Corporati                      | on or Trust (Condition as a corporation   | nplete if the orga                | anization answei<br>the tax year.)            | ed "     | Yes"                        | to Form  | 990,          | Part                    | IV,                            |                                |
|            | (a)<br>Name, address, and EIN of                   | related organization                         | J   | (b)<br>Primary activity             | (c) Legal domicile (state or foreign country)   | (d) Direct controlling entity     | (e) Type of entity (C corp, S corp, or trust) |          | (f)<br>are of to<br>ncome   |  |               | g)<br>are of<br>ear ass | sets                           | (h)<br>Percentage<br>ownership |
| <u>(1)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(2)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| (3)        |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(4)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(5)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |
| <u>(6)</u> |  |  |   |                                     |   |                                   |   |          |                             |  |               |                         |                                |                                |

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

| 0000 | 2.0 1. (1. 5 555) 2511  |                            |                             |        |                       |     | 9- |
|------|---|----------------------------|-----------------------------|--------|-----------------------|-----|----|
| Pa   | Transactions With Related Organizations (Complete if the organization answered "Y                       | es" to Form 990, Pa        | rt IV, line 34, 35, 35a, or | 36.)   |                       |     |    |
| Not  | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                    |                            |                             |        |                       | Yes | N  |
| 1    | During the tax year, did the organization engage in any of the following transactions with one or more  | related organizations list | ted in Parts II–IV?         |        |                       |     |    |
| а    | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity            |                            |                             |        | 1a                    |     | 7  |
| b    | Gift, grant, or capital contribution to related organization(s)   |                            |                             |        | 1b                    | Х   |    |
| С    | Gift, grant, or capital contribution from related organization(s)                                       |                            |                             |        | 1c                    |     |    |
| d    | Loans or loan guarantees to or for related organization(s)  |                            |                             |        | 1d                    |     |    |
| е    | Loans or loan guarantees by related organization(s)   |                            |                             |        | 1e                    |     |    |
|      |   |                            |                             |        |                       |     |    |
| f    | Sale of assets to related organization(s)   |                            |                             |        | 1f                    |     |    |
| q    | Purchase of assets from related organization(s)   |                            |                             |        | 1g                    |     |    |
| h    | Exchange of assets with related organization(s)   |                            |                             |        | 1h                    |     |    |
| i    | Lease of facilities, equipment, or other assets to related organization(s)                              |                            |                             |        | 1i                    | Х   |    |
|      |   |                            |                             |        |                       |     |    |
| i    | Lease of facilities, equipment, or other assets from related organization(s)                            |                            |                             |        | 1j                    |     |    |
| k    | Performance of services or membership or fundraising solicitations for related organization(s)          |                            |                             |        | 1k                    |     |    |
| ı    | Performance of services or membership or fundraising solicitations by related organization(s)           |                            |                             |        | 11                    |     |    |
| m    | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)           |                            |                             |        | 1 m                   | Х   |    |
| n    | Sharing of paid employees with related organization(s)  |                            |                             |        | 1n                    | Х   |    |
|      |   |                            |                             |        |                       |     |    |
| o    | Reimbursement paid to related organization(s) for expenses  |                            |                             |        | 10                    | х   |    |
| р    | Reimbursement paid by related organization(s) for expenses  |                            |                             |        | 1p                    |     | _  |
| •    |   |                            |                             |        | •                     |     |    |
| q    | Other transfer of cash or property to related organization(s)   |                            |                             |        | 1q                    |     | Ī  |
| r    | Other transfer of cash or property from related organization(s)   |                            |                             |        | 1r                    |     |    |
| 2    | If the answer to any of the above is "Yes," see the instructions for information on who must complete t |                            |                             |        | sholds.               |     |    |
|      | (a)   | (b)                        | (c)                         |        | (d)                   |     |    |
|      | Name of other organization  | Transaction type (a-r)     | Amount involved             | Method | of deter<br>unt invol | ,   | J  |
|      |   | type (a-i)                 |                             | amot   | JIII 111VOI           | veu |    |
|      |   |                            |                             |        |                       |     |    |
| (1)  |   |                            |                             |        |                       |     |    |
|      |   |                            |                             |        |                       |     |    |
| (2)  |   |                            |                             |        |                       |     |    |
|      |   |                            |                             |        |                       |     |    |
| (3)  |   |                            |                             |        |                       |     |    |
|      |   |                            |                             |        |                       |     |    |
| (4)  |   |                            |                             |        |                       |     |    |
|      |   |                            |                             |        |                       |     |    |
| (5)  |   |                            |                             |        |                       |     |    |

(6)

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## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | Are all<br>sec<br>501(<br>organiz | partners<br>tion<br>c)(3) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | Disprop | h)<br>ortionate<br>ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene<br>man | j)<br>eral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|--------------------------------------|--------------------------------|---|---|-----------------------------------|---------------------------|---------------------------------|--|---------|----------------------------|---|-------------|--------------------------------|--------------------------------|
|                                      |                                |   | section 512-514)  | Yes                               | No                        |                                 |  | Yes     | No                         | (1 01111 1000)  | Yes         | No                             |                                |
| (1)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (2)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (3)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (4)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| <u>(5)</u>                           |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| <u>(6)</u>                           |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (7)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (8)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (9)                                  |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (10)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (11)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (12)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (13)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (14)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (15)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |
| (16)                                 |                                |   |   |                                   |                           |                                 |  |         |                            |   |             |                                |                                |

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Page **5** 

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

| Form      | 990-T   |              | ot Organization B For calendar year 2011                |                    |         |                   |                | tax under section $1/01$ , 2011, ar |         | OME  | No. 1545-0687                                  |
|-----------|---|--------------|---|--------------------|---------|-------------------|----------------|-------------------------------------|---------|--|--|
|           | ment of the Treasury I Revenue Service                              |              |   | 30,2012            |         |                   | ee separate i  |                                     | ıu      | Open to                                    | Public Inspection for<br>B) Organizations Only |
| A         | Check box if address changed  |              | Name of organization (                                  |                    |         | me changed and s  | •              |                                     |         | oloyer identi                              | ification number<br>see instructions.)         |
|           | mpt under section<br>501 ( C )( 3 )<br>408(e) 220(e)<br>408A 530(a) | .,,,,,       | MISSOURI STA<br>Number, street, and roo<br>901 S NATION | m or suite no. I   |         |                   |                |                                     | E Unr   | 1234200<br>elated busing<br>instructions.) | ness activity codes                            |
| C Boo     | 529(a)<br>ok value of all assets                                    | _            | City or town, state, and a SPRINGFIELD,                 |                    | 97      |                   |                |                                     | 900     | 000  |  |
| at e      | end of year   | <b>F</b> Gro | up exemption number                                     |                    |         | <b>&gt;</b>       |                | _                                   |         |  |  |
|           |   |              | ck organization type                                    |                    |         | •                 |                | ) trust                             | 401(a   | a) trust                                   | Other trust                                    |
|           |   |              | rimary unrelated busin-<br>corporation a subsidia       |                    |         |                   | <u> </u>       |                                     | ?       | ▶  | Yes X No                                       |
|           | · · · · · · · · · · · · · · · · · · ·                               |              | identifying number of                                   |                    | •       |                   |                |                                     |         |  |  |
|           |   |              | MISSOURI STAT   |                    | RSIT    |                   |                | ne number >                         |         | 6-5632                                     |  |
|           |   |              | or Business Incon                                       | ne<br>             |         | (A) Inc           | ome            | (B) Exp                             | enses   |  | (C) Net  |
| 1a        | Gross receipts or s   |              |   | <b>c</b> Balance ▶ | 1.0     |                   |                |                                     |         |  |  |
| ь<br>2    |   |              | ule A, line 7)  | _                  | 1 c     |                   |                |                                     |         |  |  |
| 3         | -   |              | 2 from line 1c  |                    | 3       |                   |                |                                     |         |  |  |
| 4a        | •   |              | ttach Schedule D)                                       |                    | 4a      |                   |                |                                     |         |  |  |
| b         |   |              | Part II, line 17) (attach Fo                            |                    | 4b      |                   |                |                                     |         |  |  |
| С         |   |              | rusts   |                    | 4 c     |                   |                |                                     |         |  |  |
| 5         | Income (loss) from  | partnership  | ps and S corporations (atta                             | ach statement)     | 5       |                   | 513.           | ATCH                                | 2       |  | 513.   |
| 6         | Rent income (Sch  | edule C)     |   |                    | 6       |                   |                |                                     |         |  |  |
| 7         | Unrelated debt-fir  | nanced in    | come (Schedule E)                                       |                    | 7       |                   |                |                                     |         |  |  |
| 8         |   | •            | es, and rents from conti                                |                    |         |                   |                |                                     |         |  |  |
|           |   |              |   |                    | 8       |                   |                |                                     |         |  |  |
| 9         |   |              | ection 501(c)(7), (9), or                               |                    |         |                   |                |                                     |         |  |  |
|           |   |              |   |                    | 9       |                   |                |                                     |         |  |  |
| 10        |   |              | ncome (Schedule I)                                      |                    | 10      |                   |                |                                     |         |  |  |
| 11        |   |              | lule J)   |                    | 11      |                   |                |                                     |         |  |  |
| 12        | •   |              | tions; attach schedule.)                                |                    | 12      |                   | 513.           |                                     |         |  | 513.   |
| 13<br>Par |   |              | ough 12<br><b>Taken Elsewhere</b>                       |                    | _       | ns for limita     |                | leductions )                        | (Eycent | for cont                                   |  |
| ı aı      |   |              | be directly conne                                       | `                  |         |                   |                | ,                                   | (Lxcepi | . IOI COIII                                | ributions,                                     |
| 14        |   |              | directors, and trustees                                 |                    |         |                   |                |                                     | 14      | 1  |  |
| 15        |   |              |   |                    |         |                   |                |                                     |         |  |  |
| 16        |   |              |   |                    |         |                   |                |                                     |         |  |  |
| 17        |   |              |   |                    |         |                   |                |                                     |         | 7  |  |
| 18        |   |              |   |                    |         |                   |                |                                     |         | В  |  |
| 19        |   |              |   |                    |         |                   |                |                                     |         | 9  |  |
| 20        |   |              | See instructions for lim                                |                    |         | 1                 | 1              |                                     | 20      | )  |  |
| 21        |   |              | 4562)   |                    |         |                   |                |                                     |         |  |  |
| 22        |   |              | on Schedule A and els                                   |                    |         |                   |                |                                     | 22      |  |  |
| 23        |   |              |   |                    |         |                   |                |                                     |         |  |  |
| 24        |   |              | compensation plans                                      |                    |         |                   |                |                                     |         |  |  |
| 25        |   |              | Schodulo I)   |                    |         |                   |                |                                     |         |  |  |
| 26<br>27  |   |              | Schedule I)<br>chedule J)                               |                    |         |                   |                |                                     |         |  |  |
| 28        |   |              | chedule)  |                    |         |                   |                |                                     |         |  |  |
| 29        |   |              | s 14 through 28   |                    |         |                   |                |                                     |         |  |  |
| 30        |   |              | e income before net o                                   |                    |         |                   |                |                                     |         | T I  | 513.   |
| 31        |   |              | on (limited to the amo                                  |                    |         |                   |                |                                     |         |  |  |
| 32        |   |              | e income before speci                                   |                    |         |                   |                |                                     |         |  | 513.   |
| 33        | Specific deductio   | n (Gener     | ally \$1,000, but see li                                | ne 33 instruc      | tions f | or exceptions.)   |                |                                     | 3:      | 3  | 1,000.   |
| 34        | Unrelated busine  |              | le income. Subtract lin                                 | ie 33 from lir     | ne 32.  | If line 33 is gre | eater than lin | e 32,                               |         |  |  |

JSA For Paperwork Reduction Act Notice, see instructions. 1E1610 2.000

Page 2

| Par      | 3111     | Tax Computation   |                       |         |                      |         |   |         |                  |                |             |          |
|----------|----------|---|-----------------------|---------|----------------------|---------|---|---------|------------------|----------------|-------------|----------|
| 35       | Organiz  | zations Taxable as Corporations. See  | instructions          | for     | tax comp             | outatio | on. Controlled gr                       | oup     |                  |                |             |          |
|          | membe    | rs (sections 1561 and 1563) check here  | See ins               | tructi  | ons and:             |         |   |         |                  |                |             |          |
|          | (1)\$    | our share of the \$50,000, \$25,000, and (2)  |                       | (       | 3) \$                |         |   |         |                  |                |             |          |
| b        | Enter o  | rganization's share of: (1) Additional 5% tax (n                                    | ot more than          | \$11,7  | 50)                  | [       | \$                                      |         |                  |                |             |          |
|          | (2) Addi | itional 3% tax (not more than \$100,000)  |                       |         |                      | Ŀ       | \$                                      |         |                  |                |             |          |
| С        | Income   | tax on the amount on line 34  |                       |         |                      |         |   |         | 35c              |                |             |          |
| 36       | Trusts   | Taxable at Trust Rates. See in  |                       |         | -                    |         |   |         |                  |                |             |          |
|          |          | ount on line 34 from: Tax rate schedule   |                       |         |                      |         |   |         | 36               |                |             |          |
|          |          | ax. See instructions  |                       |         |                      |         |   |         | 37               |                |             |          |
| 38<br>39 | Alternat | tive minimum tax<br>.dd lines 37 and 38 to line 35c or 36, whichev                  | or applies            |         |                      |         |   |         | 38               |                |             | —        |
|          |          | Tax and Payments  | ет аррпез             |         |                      |         |   |         | 39               |                |             | —        |
|          |          | tax credit (corporations attach Form 1118; tr                                       | usts attach Fo        | rm 11   | 16)                  | 40a     | , [                                     |         |                  |                |             |          |
|          | _        | redits (see instructions)   |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | I business credit. Attach Form 3800 (see instru                                     |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | or prior year minimum tax (attach Form 8801   |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | redits. Add lines 40a through 40d   |                       |         |                      |         |   |         | 40e              |                |             |          |
| 41       |          | et line 40e from line 39  |                       |         |                      |         |   |         | 41               |                |             |          |
| 42       |          | xes. Check if from: Form 4255 Form 86   |                       |         |                      |         |   |         | 42               |                |             |          |
| 43       | Total ta | x. Add lines 41 and 42  |                       |         |                      |         |   |         | 43               |                |             | 0        |
| 44 a     | Paymer   | nts: A 2010 overpayment credited to 2011  |                       |         |                      | 44a     | 1                                       |         |                  |                |             |          |
|          |          | stimated tax payments   |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | posited with Form 8868  |                       |         |                      | 1       |   |         |                  |                |             |          |
|          |          | organizations: Tax paid or withheld at source                                       |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | withholding (see instructions)  |                       |         |                      |         |   |         |                  |                |             |          |
|          |          | or small employer health insurance premiums   |                       |         |                      | 441     |   |         |                  |                |             |          |
| g        |          |   | 2439                  |         |                      | 110     |   |         |                  |                |             |          |
| 45       | Total n  | ayments. Add lines 44a through 44g  |                       |         |                      |         |   |         | 45               |                |             |          |
| 46       |          | ed tax penalty (see instructions). Check if For                                     |                       |         |                      |         |   |         | 46               |                |             |          |
|          |          | e. If line 45 is less than the total of lines 43 are                                |                       |         |                      |         |   |         | 47               |                |             |          |
|          |          | yment. If line 45 is larger than the total of line                                  |                       |         |                      |         |   |         | 48               |                |             |          |
| 49       |          | e amount of line 48 you want: Credited to 2012 esti                                 |                       |         | ·                    |         | Refunde                                 | _       | 49               |                |             |          |
| Part     | ł V      | Statements Regarding Certain  | Activities            | and     | Other Info           | orm     | ation (see instru                       | ictions | 3)               |                |             |          |
| 1        | At any t | time during the 2011 calendar year, did the o                                       | organization h        | ave ar  | n interest in o      | or a s  | ignature or other au                    | thority | over a           | financial      | Yes         | No       |
|          |          | t (bank, securities, or other) in a foreign country                                 |                       | -       | -                    |         |   | 22.1, F | eport of         | Foreign        |             |          |
|          |          | d Financial Accounts. If YES, enter the name of                                     | -                     |         |                      |         |   |         |                  |                | X           |          |
|          | _        | the tax year, did the organization receive a dis                                    |                       |         | vas it the gra       | intor   | of, or transferor to, a                 | a forei | gn trust?        |                |             | X        |
|          |          | see instructions for other forms the organization                                   | •                     |         | v.voor <b>&gt;</b> ¢ |         |   |         |                  |                |             |          |
|          |          | ne amount of tax-exempt interest received or a<br>A - Cost of Goods Sold. Enter met |                       |         |                      |         |   |         |                  |                |             |          |
| 1        |          | ry at beginning of year . 1   | 1100 01 1111011       |         |                      | end     | of year                                 |         | 6                |                |             |          |
|          |          | ses2  |                       | 7       |                      |         | s sold. Subtract                        |         |                  |                |             |          |
|          |          | labor 3   |                       | 1       | _                    | -       | . Enter here and                        |         |                  |                |             |          |
|          |          | nal section 263A costs  |                       |         | Part I, line 2       |         |   |         | 7                |                |             |          |
|          | (attach  | schedule) 4a  |                       | 8       |                      |         | of section 263                          |         | th resp          | pect to        | Yes         | No       |
| b        | Other c  | osts (attach schedule) . 4b   |                       |         | property p           | rodu    | ced or acquired                         | for     | resale)          | apply          |             |          |
| 5        |          | dd lines 1 through 4b . 5   |                       |         | to the organ         | izatio  | n?                                      |         | <u></u>          | <u></u>        |             | <u> </u> |
|          | correc   | penalties of perjury, I declare that I have examined thi                            |                       |         |                      |         |   | best o  | f my knov        | vledge and b   | elief, it   | is true, |
| Sigr     | )        | ,   | 1                     |         |                      |         | , | Ma      | y the IF         | RS discuss     | this r      | return   |
| Here     |          | ature of officer  | Dete                  |         | — Tialo              |         |   | _       |                  | oreparer sh    |             |          |
|          | Sign     | ature of officer  Print/Type preparer's name  | Date<br>Preparer's si | anatur  | Title                |         | Date                                    | (se     | e instruction    | ns)? X Ye      | es          | No       |
| Paid     |          |   | i reparers Si         | griatul | -                    |         | Date                                    | Check   |                  |                | <b>33E0</b> | 2        |
| Prep     | arer     | GARY V. GARWITZ  Firm's name  BKD, LLP  |                       |         |                      |         |   |         | mployed<br>EIN > | P004<br>44-016 |             |          |
| Use      | Only     | Firm's address > 910 E ST LOUIS #2  | 200/PO BO             | X 1     | 190                  |         |   | Phone   |                  | 417 86         |             |          |
|          |          | SPRINGFIELD, MO   | 65806-25              |         |                      |         |   |         |                  | Form 9         |             |          |

JSA

1E1620 2.000

Form 990-T (2011) Page **3** 

| Schedule C - Rent Income (see instructions)  | e (From Real Prope   | rty a                                 | nd Personal Prope   | erty                          | Leased Wi                      | th Real Prope  | erty)              |   |
|--|--|---------------------------------------|---|-------------------------------|--------------------------------|--|--------------------|---|
| 1. Description of property   |  |                                       |   |                               |                                |  |                    |   |
| (1)  |  |                                       |   |                               |                                |  |                    |   |
| (2)  |  |                                       |   |                               |                                |  |                    |   |
| (3)  |  |                                       |   |                               |                                |  |                    |   |
| (4)  |  |                                       |   |                               |                                |  |                    |   |
|  | 2. Rent received or  | accru                                 | ed  |                               |                                |  |                    |   |
| (a) From personal property (if the for personal property is more than 50%)         | an 10% but not p   | ercenta                               | rom real and personal propage of rent for personal properties if the rent is based on pro | perty                         | exceeds                        |  |                    | nected with the income<br>(attach schedule)                                   |
| (1)  |  |                                       |   |                               |                                |  |                    |   |
| (2)  |  |                                       |   |                               |                                |  |                    |   |
| (3)  |  |                                       |   |                               |                                |  |                    |   |
| (4)  |  |                                       |   |                               |                                |  |                    |   |
| Total  | Tota   | al                                    |   |                               |                                | 4. <del>-</del>  |                    |   |
| (c) Total income. Add totals of c<br>here and on page 1, Part I, line 6            | i, column (A)  | •                                     |   |                               |                                | (b) Total deducti<br>Enter here and o<br>Part I, line 6, colu          | n page 1,          |   |
| Schedule E - Unrelated D   | ebt-Financed incon   | <b>1e</b> (se                         | ee instructions)  |                               | 2 Dod                          | uationa directly con   | n a at a d with    | or allocable to   |
| 1. Description of de   | bt-financed property   |                                       | 2. Gross income from allocable to debt-finance property                                   |                               | (a) Straight                   | lotions directly con<br>debt-finance<br>line depreciation<br>schedule) | ed property<br>(b) | Other deductions attach schedule)   |
| (1)  |  |                                       |   |                               | ,                              | ,  | ,                  | ·   |
| (2)  |  |                                       |   |                               |                                |  |                    |   |
| (3)  |  |                                       |   |                               |                                |  |                    |   |
| (4)  |  |                                       |   |                               |                                |  |                    |   |
| 4. Amount of average   | 5. Average adjusted ba   | cic                                   |   |                               |                                |  |                    |   |
| acquisition debt on or<br>allocable to debt-financed<br>property (attach schedule) | of or allocable to<br>debt-financed propert<br>(attach schedule) | 6. Column<br>4 divided<br>by column 5 |   | ome reportable<br>x column 6) |                                | llocable deductions<br>n 6 x total of columns<br>3(a) and 3(b))        |                    |   |
| (1)  |  |                                       |   | %                             |                                |  |                    |   |
| (2)  |  |                                       |   | %                             |                                |  |                    |   |
| (3)  |  |                                       |   | %                             |                                |  |                    |   |
| (4)  |  |                                       |   | %                             |                                |  |                    |   |
| Totals   |  | 8                                     |   | <b>&gt;</b>                   | Part I, line                   | and on page 1, 7, column (A).  |                    | ere and on page 1,<br>line 7, column (B).                                     |
| Schedule F - Interest, Ani   | nuities, Royalties, a  |                                       |   |                               |                                |  | uctions)           |   |
| •  |  |                                       | kempt Controlled Or   |                               |                                |  | ,                  |   |
| Name of controlled organization  | 2. Employer identification number                                |                                       | 3. Net unrelated income (loss) (see instructions)   | 1                             | otal of specified ayments made | 5. Part of colum included in the organization's gro                    | controlling        | 6. Deductions directly connected with income in column 5                      |
| (1)  |  |                                       |   |                               |                                |  |                    |   |
| (2)  |  |                                       |   |                               |                                |  |                    |   |
| (3)  |  |                                       |   |                               |                                |  |                    |   |
| (4)  |  |                                       |   |                               |                                |  |                    |   |
| Nonexempt Controlled Organ   | nizations  |                                       |   |                               |                                |  |                    |   |
| 7. Taxable Income  | 8. Net unrelated incor<br>(loss) (see instruction                |                                       | 9. Total of specifie payments made  |                               | include                        | t of column 9 that is<br>ed in the controlling<br>ation's gross income | con                | Deductions directly inected with income in column 10                          |
| (1)  |  |                                       |   |                               |                                |  |                    |   |
| (2)  |  |                                       |   |                               |                                |  |                    |   |
| (3)  |  |                                       |   |                               |                                |  |                    |   |
| (4)  |  |                                       |   |                               |                                |  |                    |   |
| T-1-1-   |  |                                       |   |                               | Enter I                        | columns 5 and 10.<br>here and on page 1,<br>, line 8, column (A).      | Ent                | dd columns 6 and 11.<br>ter here and on page 1,<br>ort I, line 8, column (B). |
| Totals   |  |                                       |   |                               |                                |  |                    |   |

Form **990-T** (2011)

| Form 990-T (2011)                   | MISSOURI  | STATE UN  | NIVERS     | SITY FOUNDA'  | TION    | Ī   |                  | 43-1                                     | 2342   | 00 Page 4  |
|-------------------------------------|---|---|------------|---|---------|---|------------------|--|--|--|
| Schedule G - Investment Ir          | come of a Sec   | ction 501(c)  | (7), (9)   | <del></del>   | nizat   | ion (see inst   | ructi            | ons)                                     |  |  |
| 1. Description of income            | 2. Amount of  | fincome   |            | 3. Deductions<br>directly connected<br>(attach schedule)  |         | <b>4.</b> Se (attach  | t-aside<br>sched |  | and s  | otal deductions<br>set-asides (col. 3<br>plus col. 4)                                      |
| (1)                                 |   |   |            |   |         |   |                  |  |  |  |
| (2)                                 |   |   |            |   |         |   |                  |  |  |  |
| (3)                                 |   |   |            |   |         |   |                  |  |  |  |
| (4)                                 |   |   |            |   |         |   |                  |  |  |  |
|                                     | Enter here and<br>Part I, line 9, co                                  |   |            |   |         |   |                  |  |  | nere and on page 1<br>line 9, column (B).  |
| Totals ▶                            |   |   |            |   |         |   |                  |  |  |  |
| Schedule I - Exploited Exe          | empt Activity In  | come, Other   | r Thạn     | Advertising In  | com     | <b>e</b> (see instru  | ction            | s)                                       |  |  |
| Description of exploited activity   | 2. Gross<br>unrelated<br>business income<br>from trade or<br>business | 3. Expenses directly connected wi production c unrelated business incor | rith<br>of | 4. Net income<br>(loss) from<br>unrelated trade or<br>business (column<br>2 minus column<br>3). If a gain,<br>compute cols. 5<br>through 7. | fron    | Gross income<br>n activity that<br>not unrelated<br>siness income | e<br>at          | 6. Expenses<br>tributable to<br>column 5 | (  | Excess exempt<br>expenses<br>column 6 minus<br>blumn 5, but not<br>more than<br>column 4). |
| (1)                                 |   |   |            |   |         |   |                  |  |  |  |
| (2)                                 |   |   |            |   |         |   |                  |  |  |  |
| (3)                                 |   |   |            |   |         |   |                  |  |  |  |
| (4)                                 |   |   |            |   |         |   |                  |  |  |  |
|                                     | Enter here and on page 1, Part I, line 10, col. (A).                  | Enter here and<br>page 1, Part<br>line 10, col. (E                      | I,         |   |         |   |                  |  |  | Enter here and<br>on page 1,<br>Part II, line 26.  |
| Totals                              |   |   |            |   |         |   |                  |  |  |  |
| Schedule J - Advertising In         |   |   |            |   |         |   |                  |  |  |  |
| Part I Income From Per              | iodicals Report   | ted on a Cor  | nsolida    | ted Basis   |         |   | 1                |  |  |  |
| 1. Name of periodical               | 2. Gross<br>advertising<br>income                                     | 3. Direct advertising cos   | sts        | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  | 5.      | 5. Circulation income 6. Readership costs                         |                  | mir                                      | Excess readership<br>costs (column 6<br>nus column 5, but<br>not more than<br>column 4). |  |
| (1)                                 |   |   |            |   |         |   |                  |  |  |  |
| (2)                                 |   |   |            |   |         |   |                  |  |  |  |
| (3)                                 |   |   |            |   |         |   |                  |  |  |  |
| (4)                                 |   |   |            |   |         |   |                  |  |  |  |
|                                     |   |   |            |   |         |   |                  |  |  |  |
| Totals (carry to Part II, line (5)) |   |   |            |   |         |   |                  |  |  |  |
| Part II Income From Pe              | riodicals Repo  | rted on a S   | eparat     | te Basis (For   | each    | periodical  | liste            | d in Part                                | t II, fi   | II in columns  |
| 2 through 7 on a l                  | ine-by-line basis   | s.)   | •          | `   |         | •   |                  |  |  |  |
| 1. Name of periodical               | 2. Gross<br>advertising<br>income                                     | 3. Direct advertising cos   | osts       | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  | 5.      | Circulation income  | 6.               | Readership costs                         | 0  | Excess readership costs (column 6 nus column 5, but not more than column 4).               |
| (1)                                 |   |   |            |   |         |   |                  |  | +  |  |
| (2)                                 |   |   |            |   |         |   |                  |  |  |  |
| (3)                                 |   |   |            |   |         |   |                  |  | +  |  |
| (4)                                 |   |   |            |   |         |   |                  |  |  |  |
| (5) Totals from Part I              |   |   |            |   |         |   |                  |  |  |  |
| (b) Fotais Hom Fart                 | Enter here and on<br>page 1, Part I,<br>line 11, col. (A).            | Enter here and<br>page 1, Part<br>line 11, col. (E                      | t I        |   |         |   |                  |  |  | Enter here and<br>on page 1,<br>Part II, line 27.  |
| Totals, Part II (lines 1-5)         |   |   |            |   |         |   |                  |  |  |  |
| Schedule K - Compensation           | n of Officers, D  | Directors, an   | d Trus     | tees (see instru  | uctions | •   |                  |  |  |  |
| 1. Name                             |   |   | 2.         | Title   |         | 3. Percent of time devoted to business                            |                  |  |  | n attributable to<br>ousiness  |
| <u>(1)</u>                          |   |   |            |   |         |   | %                |  |  |  |
| (2)                                 |   |   |            |   | $\perp$ |   | %                |  |  |  |
| (3)                                 |   |   |            |   |         |   | %                |  |  |  |
| (4)                                 |   |   |            |   |         |   | %                |  |  |  |
| Total. Enter here and on page 1, P  | art II, line 14   |   |            |   |         |   | .▶               |  |  | QQQ-T (2044  |

Form **990-T** (2011)

## MISSOURI STATE UNIVERSITY FOUNDATION

EIN: 43-1234200

NOL CARRYOVER SCHEDULE

6/30/2012

| Net Operating Loss created 6/30/2006    | 493.00 |
|---|--------|
| Net Operating Loss created 6/30/2009    | 19.00  |
| Net Operating Loss carryover to 6/30/10 | 512.00 |
| Net Operating Loss used 6/30/2010       | -      |
| Net Operating Loss carryover to 6/30/11 | 512.00 |
| Net Operating Loss used 6/30/2011       | -      |
| Net Operating Loss carryover to 6/30/12 | 512.00 |
| Net Operating Loss used 6/30/12         | -      |
| Net Operating Loss carryover to 6/30/13 | 512.00 |

### ATTACHMENT 1

# ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME FROM A PASS-THROUGH ENTITY.

### ATTACHMENT 2

| FORM | 990T | - LINE | 5 | -INCOME | (LOSS) | ) FROM | PARTNERSHIPS |
|------|------|--------|---|---------|--------|--------|--------------|
|------|------|--------|---|---------|--------|--------|--------------|

INCOME FROM NEWBURY EQUITY PARTNERS

513.

INCOME (LOSS) FROM PARTNERSHIPS

513.