Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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.

Inspection

<u>A F</u>	or th	e 2008	cale	ndar ye	ear, or ta	x year be	eginning		07/0	$_{1}$, 2008, a	and er	naing	_			6/30			
B c	heck if ap		Please	C Name	of organiza	ation MIS	SSOURI	STATE	UNI VE	RSITY FO	OUND	ATION	D	Employ	er ident	tification	number		
	Addre chang		use IRS label or		Business A	\S								43-1	2342	00			
	1	change	print or		er and stre	et (or P.O.	box if mail is	s not delivere	ed to street	address)	F	Room/suite	E	Telepho	one num	ber			
	Initial	return	type. See	901	S NATI	ONAL								(417	1836	-5632			
	Termi		Specific	City o		te or country		4					1	(1 1 /	<u> </u>				
	Amen		Instruc- tions.		MORTET	D MO	65007						١٩	Gross r	eceipts	\$ -	21,559) E(١ ٥
	return Applic			ame and	address	of principal	Lofficer: 37	ILA HA	V.D.C				_		a group r		Yes	$\overline{}$	No
	pendi												'	affiliate	es?	ļ		-23	┥
			901					LD, MO					H(B	•		included?	Yes		No
		empt sta	itus:	X 501	I(c)(3)	(inse	ert no.)	4947(a)((1) or	527			_	If "No,	" attach a	a list. (see in	istructions)		
J	Websi	te: 🕨	WWW.	. MISS	OURIST	'ATEFOU	<u>JNDATI (</u>	ON. ORG						<u> </u>	 	n number			
K	Туре о	of organi	zation:	X Cor	rporation	Trust	Assoc	iation	Other >		L Ye	ear of forma	ation:	1981	M Sta	ate of lega	al domicile	e:]	OM
Pa	rt I	Sun	nmary	у															
	1	Briefly	descri	ibe the c	organizatio	on's missic	on or most	significant	activities:										
_		•			J			•		URPOSE C									
Governance	l .									BATING N									
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ფ	3	Numbe	31 OI V	othing file	illipers of	the govern	illig body ((Part VI, IIII	e ia)		• • •		• •		3			20	—
Activities										I, line 1b)								17	—
÷						art V, line 2									5		NO	ONE	
ĕ	6	Total r	number	r of volur	nteers (est	timate if ne	ecessary)								6	<u>; </u>	1	L56	
	7 a	Total g	ross u	unrelated	l business	revenue fr	om Part V	III, line 12,	column (0	C)					7:	а			
	b	Net un	related	d busine	ss taxable	income fr	om Form	990-T, line	34						71	b		-:	19.
													F	rior Ye	ear	(Current '	Year	
m	8	Contril	oution	and grai	nts (Part V	/III, line 1h)					\neg	15	. 472	, 253		8,936	5.1	77.
Revenue	9	Progra	ım serv	vice reve	nue (Part '	VIII. line 20	, (E			COPY	for				,082			5 , 0(
	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC INSPECTION -2, 314, 270.								PUBLIC IN	SPECT	TION	-2		•		-7 , 025		
			Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).										201,41						
	13	Grants	and s	sımılar ar	nounts pa	id (Part IX,	column (A	A), lines 1-3	3)				11	<u>, UI7</u>	<u>, 391</u>	<u>- </u>	.3,001		
	14	Benefi	ts paid	of to of t	r members	s (Part IX,	column (A), line 4)											ONE
es										nes 5-10)				418	<u>,616</u>		468	3,90	<u>)1.</u>
Expenses																		N	ONE
ă	b	Total f	undrai	ising exp	enses, Pa	rt IX, colun	nn (D), line	e 25) ▶	714	<u>, 575.</u>									
ш	17	Other	expens	ses (Par	t IX, colum	ın (A), line	s 11a-11d	, 11f-24f)				L		747	, 398		553	3,7	77.
	18	Total e	expense	ses. Add	lines 13-1	17 (must e	qual Part I	X, column ((A), line 2	5)			12	,183	,405	. 1	4,023	3,80)1.
															,144		1,706		
o s															of Year		End of Y		
ets	20	Total a	issets ((Part X I	ine 16)								112	560	,009		7,780	111	—— ₹7
Net Assets or Fund Balances	21				X, line 26)									•	•				
In the	22				-							• • •			<u>, 532</u>			1,49	
				re Block		Subtract IIII	<u>e 21 110111</u>	iiile 20					112	, 395	<u>, 477</u>	. 1 9	6,965	0,64	<u>. U .</u>
ГС	rt II	<u>_</u>																	—
										ling accompar than officer) is									
_	_	and b	Cilci, it	15 1140, 0	Jonest, and	a complete.	. Deciaratio	лі от рісраі	ici (otilici	inan omeen, is	o basca	on an in	omia	.1011 01	willen p	порагог п	as any k	iiowic	ugc.
	ign	.																	
Н	ere		Signatu	ure of office	er									Date	;				
			Type or	r print nam	ne and title										-				
_		Prepa	rer'e							Date		Check if				er's identi		ber	_
Paid		signa										self- employed			(see ins	structions)			
Prep	arer's	"	,	(or vours	BKD,								EIN						—
Use	Only										:		+		_	415	.c		—
N 4	. 46 - 11			ZIP + 4						LD, MO 65806				one no.			65-87	<u>/Ul</u>	
												<u></u>				. X	Yes	Щ	No
For	Priva	cy Act	and Pa	aperwor	k Reduct	ion Act No	otice, see 1	the separat	te instruc	tions.							Form 99	0 (2	008)

Pa	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O.	
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	s 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	- N
		s X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	ind
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	, , , , , , , , , , , , , , , , , , ,	
4a	a (Code:) (Expenses \$ 11,655,945. including grants of \$ 11,470,698.) (Revenue \$ 206,00	7)
	MISSOURI STATE UNIVERSITY FOUNDATION'S PRIMARY PURPOSE IS TO	<i>'</i>
	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.	
	INOTITOTIONE BOTTONI.	
4b	(Code:) (Expenses \$1,530,425. including grants of \$1,530,425.) (Revenue \$)
	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO	
	INDIVIDUALS. DURING THE YEAR, 1,307 INDIVIDUALS RECEIVED	
	SCHOLARSHIPS FROM THE FOUNDATION.	
4 c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 = 1	Other program convices (Describe in Schedule O.)	
4 d	Other program services. (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶\$ 13,186,370. (Must equal Part IX, Line 25, column (B).)	
40	• Total program service expenses ►\$ 13,186,370. (Must equal Part IX, Line 25, column (B).)	. 000 (0000)

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Part	V 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 Is the organization required to complete Schedule B, Schedule of Contributors?	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
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		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	Χ	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
0.4-	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4 =		
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
d 253	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
25a		25-		3.7
h	with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		X
b	person from a prior year? If "Yes," complete Schedule L, Part I	256		3.7
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		37
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20		X
	substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
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Part IV Checklist of Required Schedules (continued)

			162	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Χ
b	тини и и и и и и и и и и и и и и и и и и	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		×

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Χ	
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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	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	4a	Х	
L	account)?	7a	Λ	
b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the 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 provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7 c		Х
4	required to file Form 8282?	,,		Λ
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
e	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
ט 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.)			
12a	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 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Seci	non A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 17			
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	Χ	
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ
Sect	ion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Χ	
С				
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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:			
	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	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," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's 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 Scatter 0404 required on approximation to make its Forms 4002 (or 4004 if any line black) 000 and 000 T (504(a)(a))			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	malian, and financial statements available to the mobile			
00	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
20		ie 		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average				(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	vee	es,	and F	Higi	hest Compensat	ed Employ	/ees (c	ontinue	d)
(A)	(B)	ĺ	•	(((D)	(E)			(F)
Name and title	Average hours per week	Individual trustee	_	Officer	নি Key employee	at Highest c	Former	Reportable compensation from the	Reporta compens from rela organiza	ation ated tions	amo comp	imated ount of ther ensation
		I trustee	Institutional trustee		oyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	m the nization related nizations
1b Total							►	NONE		516.		09,839
organization ► NONE	5 III 14) W	,,,,		1700		010 11	iuii	ψ100,000 III 10	oortable oc	препо	ation ii	
3 Did the organization list any former office	er, directo	or or	tru	ıste	e, I	key e	emp	loyee, or highes	t compens	ated		Yes No
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ivid	ual			• •				3	Х
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	,00	0?	If "Y	es,"	complete Sched			4	X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue co	omp	ens	atio	n fro	m	any unrelated o			5	X
Section B. Independent Contractors	,					,						
1 Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	enc	lent	cont	rac	tors that received	d more tha	an \$10	0,000	of
(A) Name and business add	ress							(B) Description of ser	vices	С	(C) compens	ation
2 Total number of independent contractors (i	ncluding th	nose	in ´	1) v	vho	rece	ive	d more than \$10	0,000 in			
	JONE.											

Form 990 (2008) Page **9**

ar	t VIII	Statement of Reven	ue		4	3-1234200		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
ts	1 a	Federated campaigns	1a					
og	b	Membership dues	1b					
au,	С	Fundraising events		237,511.				
ilar amounts	d	Related organizations	1d					
and other simi	е	Government grants (contribu	ıtions) 1e					
ē	f	All other contributions, gifts, gran	nts,					
ㅎ		and similar amounts not included	d above . 1f	8,698,666.				
and	g	Noncash contributions included i			0.006.177			
- 1	<u>h</u>	Total. Add lines 1a-1f		Business Code	8,936,177.			
Program Service Revenue	_	MI CORI I AMBOLIO		900099	206,007.	206,007.		
8	2 a			900099	200,007.	200,007.		
<u> </u>	b							
2	C							
ף ב	u							
g	f	All other program service rev						
5	g	Total. Add lines 2a-2f			206,007.			
	3	Investment income (includin						
		other similar amounts)	,	· · · · · · · · · · · · · · · · · · ·	829,623.			829,62
	4	Income from investment of t			NONE			
	5	Royalties		<u> </u>	NONE			
		•	(i) Real	(ii) Personal				
	6a	Gross Rents	698,829.					
	b	Less: rental expenses	511,262.					
	С	Rental income or (loss)	187,567.					
	d	Net rental income or (loss).			187,567.			187,56
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	10,732,989.					
	b	Less: cost or other basis						
		and sales expenses	18, 588, 552.					
		Gain or (loss)	-7 , 855 , 563.		7 055 560			D 055 56
		Net gain or (loss)			-7,855,563.			-7,855,56
	8 a	Gross income from f	•					
Other Revenue		events (not including \$						
ě Ke		of contributions reported on		155,877.				
<u>ارة</u>	h	See Part IV, line 18.						
Ĕ	b	Less: direct expenses Net income or (loss) from fur			13,851.			13,85
		Gross income from gaming a	_		10/001.			10,000
	Ju	See Part IV, line 19.						
	b	Less: direct expenses						
	c	Net income or (loss) from ga			NONE			
	10a	Gross sales of inventoreturns and allowances	ory, less					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sa	les of inventory.	<u> </u>	NONE			
-		Miscellaneous Reven	iue	Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d .			NONE			
	12	Total Revenue. Add lines 1h	-					
		9c, 10c, and 11e		<u> </u>	2,317,662.	206,007.		-6,824,52 Form 990 (200

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	nd 501(c)(4) organizat ete column (A) but are			and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the U.S. See Part IV, line 21	11,470,698.	11,470,698.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,530,425.	1,530,425.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	NONE			
•	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	27027			
-	· · · · · · · · · · · · · · · · · · ·	NONE			460 001
7	Other salaries and wages	468,901.			468,901.
8	Pension plan contributions (include section 401	370377			
^	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees):	NONTH			
	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE		100.056	
	Investment management fees	122,856.		122,856.	
	Other	NONE			
12	Advertising and promotion	NONE 10 573			10 572
13	Office expenses	10,573.			10,573.
14	Information technology	NONE NONE			
15	Royalties				
16		NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NIONIE			
40	· · · · · · · · · · · · · · · · · · ·	NONE NONE			
19	Conferences, conventions, and meetings	NONE			
20		NONE			
21 22	Payments to affiliates Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
24	Other expenses. Itemize expenses not	INOTHE			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	UNCOLLECTIBLE PLEDGES RECEIV	185,247.	185,247.		
	OTHER_FUNDRALSING_EXPENSES	129,823.	200,217.		129,823.
	DIRECT_BENEFIT_TO_DONORS	105, 278.			105,278.
_		200,270.			200,270
_	All other expenses				
	Total functional expenses. Add lines 1 through 24f	14,023,801.	13,186,370.	122,856.	714,575.
	Joint Costs. Check here ▶ If following			111,000.	, = 1, 0, 0.
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
JSA					

JSA 8E1052 1.000

Pa	rt X	Balance Sheet						
			(A) Beginning of year			(I End o	B) of yea	ar
	1	Cash - non-interest-bearing		1				
	2	Savings and temporary cash investments	14,801,872.	2		16,5	594,	637.
	3	Pledges and grants receivable, net	41,203,896.					823.
	4	Accounts receivable, net	19,742.	4			13,	315.
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II						
		of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
Ř	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment: cost basis 10a 3, 352, 199.						
		Less: accumulated depreciation. Complete						
		Part VI of Schedule D	1,587,057.	10c		1,5	508,	126.
	11	Investments - publicly traded securities	49,598,925.					331.
	12	Investments - other securities. See Part IV, line 11	4,828,396.					753.
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	1,520,121.	15		1,1	189,	152.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	113,560,009.	16				137.
	17	Accounts payable and accrued expenses	333,049.	17			97,	558.
	18	Grants payable	114,600.			1		600.
S	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
abi		highest compensated employees, and disqualified persons. Complete Part II						
Ξ		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	716,883.	25		(502 <u>,</u>	339.
	26	Total liabilities. Add lines 17 through 25	1,164,532.	26			314,	497.
ses		Organizations that follow SFAS 117, check here ▶ 🔀 and complete lines 27 through 29, and lines 33 and 34.						
au	27	Unrestricted net assets	6,677,687.	27		3,4	136,	850.
Balances	28	Temporarily restricted net assets	71,900,293.	28		58,2	288 ,	361.
Fund	29	Permanently restricted net assets	33,817,497.	29		35,2	240,	429.
or Fu		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.						
Assets	30	Capital stock or trust principal, or current funds		30				
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	112,395,477.	33		96,9	}65 <u>,</u>	640.
	34	Total liabilities and net assets/fund balances	113,560,009.	34		97 ,	780 ,	137.
Pa	rt XI	Financial Statements and Reporting						T
1	A.c.c.	ounting method used to prepare the Form 990: Cash X Accrual Other	ar				Yes	No
2а		e the organization's financial statements compiled or reviewed by an independent accoun				2a		Х
b b		e the organization's financial statements audited by an independent accountant?				2b	Х	1
		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility		-	-		23	<u> </u>
-		, review, or compilation of its financial statements and selection of an independent account	-			2c		X
3a		result of a federal award, was the organization required to undergo an audit or audits as		-	-			1
		Single Audit Act and OMB Circular A-133?				3a		X
b		es," did the organization undergo the required audit or audits?				3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No. 1545-0047

MIS	SOU	RI STATE	UNIVERSITY	FOUNDATION						43-123	34200			
Par	t I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust compl	lete this	part.) (se	ee instru	ctions)				
The	orga	nization is no	ot a private found	dation because it is: (Pl	lease check	only one o	organizati	on.)						
1 [A church, c	onvention of chu	rches, or association of	of churches	s described	in sectio	n 170(b)((1)(A)(i).					
2		A school de	escribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)								
3		A hospital of	or a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ıch Schedu	ule H.)			
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii).	Enter th	е	
			ame, city, and sta										_	
5	Χ	An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit des	cribed i	n	
,		section 170	0(b)(1)(A)(iv). (Co	omplete Part II.)										
6			_	vernment or governme										
7		An organiza	ation that norma	lly receives a substan	tial part of	its support	t from a 🤉	governme	ental unit	or from the	he gene	ral publi	С	
r				(1)(A)(vi). (Complete F	-									
8		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross												
9		_									-	_		
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			•					•		511 tax)	from b	usinesse	S	
r			_	after June 30, 1975.										
10		•	•	and operated exclusive	-	•	•			•				
11		_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
			•					, , ,	,	•	, , ,	e section	n	
			_	at describes the type o				-						
. [a Typ	_	Type II		e III - Fund	-	_			pe III - O		-1	
e		=	_	ertify that the organiz ion managers and oth				-				-		
		-	a organiza	ations des	scribea i	n sectio	n							
		` ,` ,	r section 509(a)(,	4: 6	4h - 1DO 4h	_4 :4 :	T 1	T 11	. T III				
f		-		d a written determina	tion from	the IRS tha	at it is a	Type I,	rype ii o	r Type III	support	ing	ı	
-		-	n, check this box			ift or contri	bution fro		tho			⊔	J	
g		_		the organization acce	epted any g	iit or contri	ibulion irc	om any o	trie					
		following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No												
			-	erning body of the sup		_	Cilici Wii	ii persor	is uescrit	Jeu III (II)	11g(i)		_	
			_	person described in (i) a	_	arnzauorr:					11g(ii)	X	-	
				of a person described		ahove?					11g(iii)	X	-	
h			-	ation about the organi			on sunno	rte			3()		-	
	lame	of supported	(ii) EIN	(iii) Type of organization	l	organization		ou notify	(vi) l	s the	(vii) Am	nount of	-	
(1)		anization	(11) [11]	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	tion in col.		port		
				above or IRC section (see instructions))	governing	document?	col. (i)	of your port?	(i) organi	zed in the S.?				
				(See man denons)	Yes	No	Yes	No	Yes	No				
													-	
													-	
													_	
													_	
													_	
													_	
Tota													_	
For P	rivac	y Act and Paper	work Reduction Act	Notice, see the Instructions	for Form 990).			Sche	dule A (Forr	n 990 or 9	90-EZ) 200	8(

Page 2

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.)

	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	endar year (or liscal year beginning iii)	(4) 200 !	(5) 2000	(6) 2000	(a) 2007	(0) 2000	(1) 10101
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,442,234.	14,410,128.	14,444,170.	15,472,253.	8,936,177.	62,704,962.
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 1-3	9,442,234.	14,410,128.	14,444,170.	15, 472, 253.	8,936,177.	62,704,962.
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						421 021
	shown on line 11, column (f)						431,931.
6	Public support. Subtract line 5 from line 4.						62,273,031.
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		. ,					
7 8	Amounts from line 4	9,442,234.	14,410,128.	14,444,170.	15, 472, 253.	8,936,177.	62,704,962.
	rents, royalties and income from similar sources	597,244.	845, 322.	970,344.	831,909.	829,623.	4,074,442.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,089.					4,089.
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						66,783,493.
12	Gross receipts from related activities, etc. (S	ee instructions.)				12	1,316,159.
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's firs	t, second, third, for	urth, or fifth tax yea	ar as a 501(c)(3)		•
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2008 (lir			11 column (f))		. 14	93.25 %
	Public support percentage from 2007 S						92.54 %
15	20 4/20/ Support percentage from 2007 S	scriedule A, Pa	ILIV-A, IIIE 201 .			1/20/ 27 77 27 2	
тоа	33 1/3% support test - 2008. If the or	•					
	and stop here . The organization qualifi						
D	33 1/3% support test - 2007. If the or						
	box and stop here . The organization qu						
17a	10%-facts-and-circumstances test - 2	_					
	is 10% or more, and if the organization						
	in Part IV how the organization meets t			_	-		
	organization						
b	10%-facts-and-circumstances test - 2	007. If the orga	nization did not	check a box on	line 13, 16a, 16	6b, or 17a, and	line
	15 is 10% or more, and if the organiza					•	
	Explain in Part IV how the organization	meets the "fac	ts-and-circumst	ances"" test. The	e organization qu	ıalifies as a publi	cly
	supported organization						▶ □
18	Private foundation. If the organization						. \square
	instructions						▶ ∟ .

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.)

<u>Sec</u>	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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 1-5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the						
_	year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(1) = 1 1	(-7	(3) = 3 3 3	(,	(0, 2000	(4) 1 5 15
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	,						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for t	he organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here -						▶ 🔼
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2008 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Sched					16	%_
Sec	tion D. Computation of Investment					I I	
17	Investment income percentage for 2008 (line					17	%_
18	Investment income percentage from 2007 Se					18	<u></u> %
19a	33 1/3% support tests - 2008. If the orga						I line
	17 is not more than 33 1/3 %, check this box						▶ 🔲
b	33 1/3% support tests - 2007. If the organi						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did no	ot check a box o	n line 14, 19a, o	19b, check this b	oox and see instruc	ctions	▶ 🔼

43-1234200

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Organization type (check one): Filers of: Section: **501(c)(** 3 Form 990 or 990-EZ) (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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$1,922,509.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$1,557,610.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$534,000.	Person X X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$365 , 833	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_		\$300,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION Employer identification number 43-1234200

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7		\$\$ 299,721.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
8		\$\$ 210,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
JSA		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	of the organization		Employer identification number		
MIS	SOURI STATE UNIVERSITY FOUNDATION		43-1234200		
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or rm 990, Part IV, line 6.	Accounts. Complete if		
		(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 a	advisors in writing that the assets held in do	nor advised		
	funds are the organization's property, subject to the	=			
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the	and donor advisors in writing that grant fund	s may be		
	impermissible private benefit?				
Pai	t Conservation Easements. Complete i	f the organization answered "Yes" to Fo	orm 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the		5111 550, 1 drt 1v, mic 7.		
•	Preservation of land for public use (e.g., recr		f an historically importantly land area		
	Protection of natural habitat		f certified historic structure		
	Preservation of open space	Freservation o	r certified filstoric structure		
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in the form	of a conservation easement		
_	on the last day of the tax year.	ailled conservation contribution in the form	TOT a Conservation easement		
	on the last day of the tax year.		Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement		2b		
C	Number of conservation easements on a certified		2c		
d	Number of conservation easements included in (c				
3	Number of conservation easements modified, tran				
•	the taxable year	isterred, released, extinguished, or termina	ated by the organization during		
4	Number of states where property subject to conse	ervation easement is located			
5	Does the organization have a written policy regard		ulations and		
•	enforcement of the conservation easements it hold				
6	Staff or volunteer hours devoted to monitoring, ins				
7	Amount of expenses incurred in monitoring, inspen		=		
8	Does each conservation easement reported on lin				
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				
9	In Part XIV, describe how the organization reports				
•	balance sheet, and include, if applicable, the text		-		
	the organization's accounting for conservation eas		ar statements that accordes		
Pai	t III Organizations Maintaining Collection	s of Art, Historical Treasures, or Other	r Similar Assets.		
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education, or resea	rch in furtherance of public service.		
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or research ms:	in furtherance of public service,		
	(i) Revenues included in Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, h	istorical treasures, or other similar assets f	or financial gain, provide the		
	following amounts required to be reported under S	SFAS 116 relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1 $$.				
b	Assets included in Form 990, Part X		> \$		

Schedule D (Form 990) 2008

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

Schedule D (Form 990) 2008 43-1234200 Page **2**

Par	Organizations Maintain	ing Collect	tions of	Art, H	istorica	ııreasure	s, or	Otner Similar A	issets (continue	<u>≆a)</u>	
3	Using the organization's accession	and other r	rocords 4	ohook 1	any of th	o following	that a	ro a cianificant us	o of ito	collection		
	items (check all that apply):	and other i	ecorus, c	CHECK 6	arry Or tri	e ioliowing	liial a	re a significant us	e or its t	Juliection		
	Public exhibition			a		Loop or o	, chan	ao programa				
a				d	\vdash		CHan	ge programs				
b	Scholarly research	narations		е		Other						
C	Preservation for future ge		4!		Lada la acce	. 41 6 41	41					
4	Provide a description of the organi	zation's coil	ections a	ana exp	nain now	tney furtne	r the o	organization's exe	mpt pur	pose in		
_	Part XIV.				-							
5	During the year, did the organization								_		_	٦
	assets to be sold to raise funds rat									Yes		No
Par	Trust, Escrow and Cust Part IV, line 9, or reporte							answered "Yes"	to Form	1 990,		
	Fart IV, line 9, or report	su all allio	uni on i	OIIII 9	90, r ai	1 A, III 6 Z I	•					
4.	le the examination on each truste	a austadian	n ar atha	- into	aadiam, f	iar aantribut	iono o	v other coasts no				
	Is the organization an agent, truste				-							1
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in	i Part XIV ai	na compi	iete the	e followir	ig table:						
								A	mount			
	Beginning balance						1 c					
	Additions during the year						1d					
	Distributions during the year						1e					
	Ending balance						1f					
	Did the organization include an am		rm 990, I	Part X,	line 21?				. [Yes		No
	If "Yes," explain the arrangement in											
Par	Endowment Funds. Con	nplete if o	rganizat	tion an	swered	"Yes" to F	orm 9	990, Part IV, line	10.			
		(a) Current	Year	(b) Pr	ior year	(c) Two y	ears ba	ck (d) Three yea	ars back	(e) Four	years	back
	Beginning of year balance	57,983	3,947.									
b	Contributions	1,443	3,970.									
С	Investment earnings or losses	-10,040),870.									
d	Grants or scholarships											
е	Other expenditures for facilities .											
	and programs	2,667	7,132.									
f	Administrative expenses		3,572.									
g	End of year balance	46,711										
2	Provide the estimated percentage			nce hel	d as:							
	Board designated or quasi-endowr											
	Permanent endowment ► 74.9		<u> </u>	_								
	Term endowment ► 25.3200											
	Are there endowment funds not in	-	sion of th	he orga	anization	that are he	ld and	d administered for	the			
	organization by:			J							Yes	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related org									3 b		
	Describe in Part XIV the intended u	-										
Par							art X.	line 10.				
· ai	Description of investment		(a) Cost or			b) Cost or othe	i			d) Book va		
	Description of investment			stment)	515 (basis (other)	#	(c) Depreciation	,	u) book va	ue	
1a	Land					363,38	83			36	3,38	 8 3
	Buildings					2,462,93		1,441,614.		1,02		
	Leasehold improvements					83,6		83,695.		<u> </u>	<u> </u>	50.
	Equipment	_				442,2		318,764.		1 2	3 //	
	Other						ONE			12	3,44	<u>1).</u>
	I. Add lines 1a-1e. (Column (d) show		rm 990 E	Part Y	column			NONE -		1 50	0 1	26
. otal	i. Add iiiles Ta Te. (Column (a) Shot	and oqual i O	JJU, F	art A,	Joianni	<i>D</i> _j , mie 10(0	11.1			1,50	0, 12	∠७.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 43-1234200 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	Ţ.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	on: et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See I			
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	on: et value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,			
(a)	Description		(b) Book value
Part X Other Liabilities. See Form 990, Part X (a) Description of liability			
Federal income taxes	(b) Amount		
	100 760		
FUNDS MANAGED FOR MO STATE UNIV	199,762. 402,577.		
ANNUITY OBLIGATIONS	402,377.		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	602,339.		

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.

Schedule D (Form 990) 2008 43-1234200 Page 4

	43-12342UU		Page 4
Part			T
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,317,662.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,023,801.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-11,706,139.
4	Net unrealized gains (losses) on investments	4	-3,723,698.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-3,723,698.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-15,429,837.
Part		turn	
1	Total revenue, gains, and other support per audited financial statements		1 -196,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· •	130,001.
a	Net unrealized gains on investments 2a -3,723,69	g	
b	Donated services and use of facilities 2b 679,04		
c	Recoveries of prior year grants 2c	- -	
d	Other (Describe in Part XIV)		
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		20 2 044 655
e	Add lines 2a through 2d		2e -3,044,655. 3 2,848,094.
3	Subtract line 2e from line 1	٠ - 📙	2,848,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 122, 85		
b	Other (Describe in Part XIV) 4b -653, 28		
	Add lines 4a and 4b		4c -530,432.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 2,317,662.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		
1	Total expenses and losses per audited financial statements	📙	1 15,233,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 679,04	3.	
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 653, 28	8.	
е	Add lines 2a through 2d	2	2e 1,332,331.
3	Subtract line 2e from line 1		3 13,900,945.
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 122, 85	6.	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4h		4c 122,856.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	—	5 14,023,801.
_	XIV Supplemental Information		11/025/001.
and 2	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pab; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PAGE 5	art IV,	, lines 1b

Part XIV	Supplemental Information (d	continued)
_ENDOWME	NT_FUNDS	
_SCHEDUL	E_D, PART_V, LINE_4	
_THE_END	OWMENT FUNDS PROVIDE SO	CHOLARSHIP SUPPORT, PROVIDE CRITICAL PROGRAM
SUPPORT	, FUND ONGOING MAINTEN.	ANCE AND EQUIPMENT NEEDS, BRING IN GUEST
_ARTISTS	AND LECTURERS, AND FU	ND FACULTY GROWTH AND DEVELOPMENT.
AMOUNTS	INCLUDED_ON_FORM_990,	PART VIII, LINE 12, BUT NOT ON LINE 1
_SCHEDUL	E_D, PART_XII, LINE_4B	
RENTAL	EXPENSES	(511 , 262)
_SPECIAL	_EVENT_EXPENSES	<u>(142,026)</u>
		(653, 288)
		=======
AMOUNTS	INCLUDED ON LINE 1 BU	r not on form 990, part ix, line 25
_SCHEDUL	E_D, PART_XIII, LINE_21	<u>) </u>
RENTAL	EXPENSES	511, 262
_SPECIAL	EVENT EXPENSES	142 , 026
TOTAL		====================================
		=======

Part XIV Supplemental Information (continued)
FIN 48 FOOTNOTE
SCHEDULE D
IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF
POSITION NO. FIN 48-3, THE FOUNDATION HAS ELECTED TO DEFER THE EFFECTIVE
DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDING JUNE 30, 2010. THE
FOUNDATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN
ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO
THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO. 109, ACCOUNTING
FOR INCOME TAXES, AND FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

vaille	or the organization					Employer identification	on number
MISS	SOURI STATE UNIVERSITY FOU	JNDATION				43-123420	0
Pari	Fundraising Activities. Com	nplete if the orgar	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
1 a b c d 2a b	Indicate whether the organization rais Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a written o or key employees listed in Form 990 If "Yes," list the ten highest paid indivito be compensated at least \$5,000 by	e f g r oral agreement w , Part VII) or entity viduals or entities (1	Solid Solid Spec with any ind in connec	itation of ritation of ritation of gital fundrallividual (intion with properties) pursuar	non-government g government grants ising events cluding officers, d professional fundra at to agreements i	irants s lirectors, trustees asing activities?	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
3 Li	st all states in which the organizat			to solic	it funds or has b	peen notified it is	exempt from
re	egistration or licensing.						

Pa	rt II	Fundraising Events. Comple more than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fost events with gross re	orm 990, Part IV, lin	e 18, oi \$5,000	r report	ed
			(a) Event #1 SPORTS AUCTION (event type)	(b) Event #2 FB GOLF TOURNEY (event type)	(c) Other Events		Events (rough co	
Revenue	2	Gross receipts Less: Charitable contributions Gross revenue (line 1	131,688. 113,730.	60,700.	194,353. 105,652.			,741.
		minus line 2)	17,958.	48,326.	88,701.		154	, 985.
	4	Cash prizes		5,400.			5	,400.
enses	5	Non-cash prizes		8,664.	28,307.		36	, 971.
Direct Expenses	6	Rent/facility costs						
Dire	7	Other direct expenses	43,016.	7,500.	47,638.		98	,154.
Pa	9		3 and 8 in column (d). anization answered "		<u> </u>	orted m	14	525.) ,460.
		than \$15,000 on Form 990-		· · · · · · · · · · · · · · · · · · ·		T (D T : 1	.1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		al gaming through	
	1	Gross revenue						
uses	2	Cash prizes						
Direct Expenses	3	Non-cash 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	through 5 in column (d))		(
	8	Net gaming income summary. Comb	ine lines 1 and 7 in colur	mn (d)				
9		nter the state(s) in which the organizat the organization licensed to operate g					Yes 9a	s No
		"No," Explain:				· · · · ·	Ju	
		ere any of the organization's gaming I "Yes," Explain:					0a	
11 12	D:	oes the organization operate gaming a the organization a grantor, beneficiary	activities with nonmember	ers? a member of a partners		· /	11	
		rmed to administer charitable gaming?					12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special event books			
	and records:			
	Name ▶			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address:			
	Name •			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name •			
	Name			
	Gaming manager compensation ▶\$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
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?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047
20**08**

∠⊎UU Open to Public

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer identificat	ion number
MISSOURI STATE UNIVERSITY FOUN	NDATION					43-1234200	
Part I General Information on Grants	and Assista	ance					
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's pro 	grants or assist	ance?					X Yes No
Part II Grants and Other Assistance Form 990, Part IV, line 21, for Use Part IV and Schedule I-1 (F	any recipier	it that received	d more than \$5,00	0. Check this box i		eceived more thai	ո \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI STATE UNIVERSITY	44-6000308	MO STATE UNIV.	11 470 600				SUPPORT
901 S. NATIONAL SPRINGFIELD, MO 65897	44-6000308	MO STATE UNIV.	11,470,698.				SUPPORT
	-						
	_						
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-	•					1
= =::::: : : : : : : : : : : : : : : :							

EE_SELECTIONULE_I, PART I, LINE_2RGANIZATION_PROVIDES_SUPPOR! ED_ORGANIZATIONNO_OTHER_G TANCE_FROM_THE_ORGANIZATION.	(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
PQ THPR.	1,107	1,530,425.			
	1/107	1,000,120.			
IV Supplemental Information. Con	mplete this part to	provide the inf	ormation require	d in Part I, line 2, and an	y other additional information.
TEE_SELECTION					
DULE I, PART I, LINE 2					
TED ORGANIZATION. NO OTHER					
	<u>N.</u>				
STANCE FROM THE ORGANIZATIO					
ISTANCE FROM THE ORGANIZATIO					
FOUNDATION BASES ITS SCHOLA	ARSHIP RECIPIE	NTS BASED ON	I MISSOURI ST	'ATE	
FOUNDATION_BASES_ITS_SCHOLA	ARSHIP_RECIPIE	NTS BASED ON	MISSOURI ST	'ATE	

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	. •		71
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		Х
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	compensation benefits		reported in prior Form 990 or Form 990-EZ
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
MICHAEL T NIETZEL	(ii)	316,673.	NONE	18,000.	18,108.	10,493.	363 , 274.	
	(i)	NONE	NONENONE	NONE	NONE	NONE	NONE NONE	
DON ARIPOLI	(ii)	102 , 695.	NONE	NONE	NONE	19,014.	121,709.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supple	menta	Intorm	ation																				
Complete or any a	e this pa dditional	rt to p inform	rovide tl ation.	ne infoi	mation,	expla	nation,	or de	scription	ons red	quired	for Pa	rt I, line	es 1a,	1b, 4	1с, 5а	, 5b,	6a, 6	6b, 7,	and 8	3. Also	compl	ete thi	is part

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

MISSOURI STATE UNIVERSITY FOUNDATION

Employer Identification number 43-1234200

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

Employees										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours	Posit	tion (chec	k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BILL_E_HIXON DIRECTOR	- 1.	Х						NONE	NONE	NONE
CAROL JONES DIRECTOR	- 1.	X						NONE	NONE	NONE
CAROL_PINEGARDIRECTOR	1.	X						NONE	NONE	NONE
DAN_STEGMANNDIRECTOR	1.	X						NONE	NONE	NONE
RICH_YOUNG DIRECTOR	1.	X						NONE	NONE	NONE
JAMES_BUFORD DIRECTOR	1.	X						NONE	NONE	NONE
CINDY BUSBY SECRETARY	- 1.	X		Х				NONE	51,765.	11,783.
MICHAEL T NIETZEL EX OFFICIO	- 1.	X						NONE	334,673.	28,601.
KIM DAKE DIRECTOR	- 1.	X						NONE	NONE	NONE
MIKE INGRAM DIRECTOR	- 1.	X						NONE	NONE	NONE
KENT KAY TREASURER THROUGH 7/24/08	- 1.	X		Х				NONE	87,013.	12,028.
NILA HAYES TREASURER BEGINNING 8/1/08	- 1.	X		X				NONE	93,025.	17,799.
PAT_L_SECHLER DIRECTOR	- 1.	X						NONE	NONE	
JOE TURNER PRESIDENT	- 1.	X		Х				NONE	NONE	
LARRY D FRAZIER VICE PRESIDENT	- 1.	X		X				NONE	NONE	
PEGGY_PEARL	- 1.			Λ						
DIRECTOR NOEL BOYD		X						NONE	NONE	NONE
DIRECTOR ETHEL_CURBOW	1.	X						NONE	NONE	NONE
DIRECTOR BRUCE_SWISSHELM	1.	X						NONE	NONE	NONE
DI RECTOR MAXI NE MCGRUDER	1.	X						NONE	NONE	NONE
DIRECTOR MARY SHEID	1.	X						NONE	NONE	NONE
EX-OFFICIO	1.	Х						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

8E1294 1.000 G11257 K929 05/11/2010 09:31:35 V08-8.3

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Part I Continuation of Officers, Dire Employees	ectors, Truste	es, K	ey I	Ξm	plo	yees,	an	d Highest Com	pensated	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posit or div			k all	that ap	Pormer	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	ĕr	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BRENT_DUNN EXECUTIVE DIRECTOR	40.			Х				NONE	118,345.	20,614.
DON_ARIPOLI FORMER DIRECTOR							Х	NONE	102,695.	19,014.

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection
Employer identification number

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Par	tI Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) f deteri enues	mininç	9
1	Art-Works of art	X	7	1,676.	FMV			
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		81,226.	FMV			
6	Cars and other vehicles							
7	Boats and planes	X	2	10,795.	FMV			
8	Intellectual property							
9	Securities-Publicly traded	X	19	392,417.	FMV			
10	Securities-Closely held stock	X	3	128.	FMV			
11	Securities-Partnership, LLC,							
	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							
17	Real estate-Other							
18	Collectibles	Х	122	12,740.	FMV			
19	Food inventory	Х	64	7,060.	FMV			
20	Drugs and medical supplies	Х	3	2,456.	FMV			
21	Taxidermy			,				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(OTHER)	Х	548	239,782.	FMV			
26	Other ►()			,				
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	v the organiz	zation during the tax vear f	or contributions for				
	which the organization completed F				29			229
	р.с.с.		,	3			Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I. lir	ne 1-28 that			
	it must hold for at least three yea			= -				
	used for exempt purposes for the e				•	30a		Х
b	If "Yes," describe the arrangement i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
31	Does the organization have a		ance policy that require	es the review of any i	non-standard			
٠.	contributions?					31	Х	
322	Does the organization hire or use	third narti	es or related organization	ns to solicit process or	sell noncash		22	
∪ <u>L</u> u	contributions?		•			32a		Х
h	If "Yes," describe in Part II.					- u		Λ
33	If the organization did not report re	avenues in a	olumn (c) for a type of pro	nerty for which column (a) is chacked			
55	describe in Part II.	A CHUCO III C	oranin (o) for a type of pro	porty for willon column (a	, is officially			
For F	Privacy Act and Paperwork Reduction A	Act Notice se	e the Instructions for Form 99		Schedul	o M (Eo	rm 990	0) 2005

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

Schedule M (Form 990) 2008

<u>Schedule M</u> (Form 990) 2008 43-1234200 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				
LIVESTOCK/ANIMALS	X	5	4,299.	_FMV
MUSICAL INSTRUMENTS	X	6	2 <u>,</u> 969	FMV
JEWELRY	X_	7_	<u>12,640.</u>	FMV
GIFT CERTIFICATES/TICKETS	X	530	219 , 874.	FMV

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
MISSION	
FORM 990, PART III, LINE 1	
THE MISSION OF THE MISSOURI STATE UNIVERSITY FOUNDATION IS TO DEVI	ELOP AN
ENVIRONMENT WHICH PROMOTES GIVING AND THEREIN SEEK, RECEIVE, MANAG	GE_AND
DISTRIBUTE RESOURCES IN A MANNER APPROPRIATE TO SUPPORT PROGRAMS (DF
INSTRUCTION, RESEARCH AND PUBLIC SERVICE OF THE UNIVERSITY.	

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
FORM 990 REVIEW PROCESS	
FORM 990, PART VI, SECTION A, LINE 10	
THE FORM 990 WILL INITIALLY BE INTERNALLY REVIEWED. AFTER THIS R	
THE FORM 990 WILL BE MAILED TO THE FULL BOARD AND PRESENTED TO THE	<u> </u>
EXECUTIVE COMMITTEE AT THEIR COMMITTEE MEETING. THIS WILL ALLOW	FOR THE
OPPORTUNITY FOR ALL BOARD MEMBERS TO ASK QUESTIONS, MAKE COMMENTS	OR
REQUEST CHANGES BEFORE THE FILING OF THE FINAL FORM 990.	

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
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 INTER	EST
POLICY AND AGREES TO COMPLY WITH THE POLICY. IF, AT ANY TIME SUB	SEQUENT
TO THE STATEMENT, A CONFLICT WERE TO ARISE, THE DIRECTOR IS THEN	REQUIRED
TO NOTIFY THE PRESIDENT AND EXECUTIVE DIRECTOR IN WRITING. ADDIT	IONALLY,
THE ORGANIZATION SENT OUT A QUESTIONNAIRE PROVIDED BY THE INDEPENDENT	DENT
ACCOUNTANT TO COMPLY WITH THE 990 REPORTING REQUIREMENTS.	
WHEN IT IS PROPOSED THAT THE FOUNDATION ENGAGE IN A BUSINESS TRANS	SACTION,
INCLUDING ACCEPTANCE OF ANY GIFT FROM A THIRD PARTY, ANY DIRECTOR	WHO HAS
ANY DIRECT OR INDIRECT INTEREST IN THE TRANSACTION MUST MAKE A FU	<u>L</u> L
DISCLOSURE OF SUCH INTEREST TO THE EXECUTIVE COMMITTEE OF THE BOA	RD_OF
DIRECTORS AND WILL REFRAIN FROM ALL DELIBERATIONS OR VOTES TAKEN	<u> </u>
REGARD TO SUCH TRANSACTION.	

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
POLICIES	
FORM 990, PART VI, SECTION B, LINES 13 & 14	
THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY OR D	OCUMENT
RETENTION AND DESTRUCTION POLICY IN PLACE BEFORE FYE 6/30/09. HO	WEVER,
THESE POLICIES WERE PUT IN PLACE AFTER YEAR-END.	

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
DOCUMENT AVAILABILITY	
DOCUMENT AVAILABILITY	
FORM 990, PART VI, LINE 19	
THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST P	OLICY
ARE AVAILABLE UPON REQUEST ON SITE, BY MAIL, FAX, OR 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	
	·

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
BOARD OF DIRECTOR RELATIONSHIPS	
BOARD OF DIRECTOR RELATIONSHIPS	
FORM 990, PART VI, SECTION A, LINE 2	
JOE TURNER, PRESIDENT OF THE BOARD, IS THE CEO OF GREAT SOUTHERN I	BANK, OF
WHICH LARRY FRAZIER, VICE PRESIDENT OF THE BOARD, IS ALSO A MEMBER	R OF THE
BOARD OF DIRECTORS.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
DIRECTOR COMPENSATION	
FORM 990, PART VII	
THE COMPENSATION RECEIVED BY THESE INDIVIDUALS IS COMPENSATION PA	ID_BY
THEIR RELATED ORGANIZATION, MISSOURI STATE UNIVERSITY (MSU).	

Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200
<u>SALARIES</u>	
FORM 990, PART IX, LINE 7	
OTHER SALARIES AND WAGES IS THE AMOUNT OF SALARIES ALLOCATED TO T	HE
ORGANIZATION FOR DUTIES PERFORMED FOR THE ORGANIZATION. THE ORGA	NIZATION
HAS NO EMPLOYEES AND FILES NO W-2'S. A RELATED ORGANIZATION, MIS	SOURI
STATE UNIVERSITY, FILES ALL W-2'S AND PAYS ALL PAYROLL TAXES AND	BENEFITS
RELATED TO THE SALARIES LISTED ON LINE 7.	

MISSOURI STATE UNIVERSITY FOUNDATION

_FOREIGN_INTEREST_

_CAYMAN_ISLANDS._

FORM 990, PART V, LINE 4B

JSA	
8E1301	1.000

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2008

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

Name of the organization					Employer id	dentification number
MISSOURI STATE UNIVERSITY FOU	INDATION				43-123	4200
Part I Identification of Disregarde	ed Entities					
Name, address, and E	A) IN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Ta	x-Exempt Organizations					
Name, address, and El	A) N of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MISSOURI STATE UNIVERSITY 901 S NATIONAL	44-6000308 SPRINGFIELD, MO 65804	UNIVERSITY	MO	115		NONE
		-				

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

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 43-1234200 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	assets		H) portionate ations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(J) eral or naging tner?
		, ,					Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2009 43-1234200 Page **3**

Part V Transactions With Related Organizations

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV.				Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed	in Parts II–IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to other organization(s)			1b	Х	
С	Gift, grant, or capital contribution from other organization(s)			1 c		Х
	Loans or loan guarantees to or for other organization(s)			1d		Х
	Loans or loan guarantees by other organization(s)			1 e		Х
_						
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		Х
•	Exchange of assets			1h		Х
	Lease of facilities, equipment, or other assets to other organization(s)			1i	Х	
•	Lease of facilities, equipment, of other assets to other organization(s).					
	Lease of facilities, equipment, or other assets from other organization(s)			1j		Х
J						X
K	Performance of services or membership or fundraising solicitations for other organization(s)			11		X
1	Performance of services or membership or fundraising solicitations by other organization(s)				Х	
	Sharing of facilities, equipment, mailing lists, or other assets				Х	
n	Sharing of paid employees			111	X	
				4.5		
	Reimbursement paid to other organization for expenses			10	X	
р	Reimbursement paid by other organization for expenses			1p		Χ
q	Other transfer of cash or property to other organization(s)					Χ
<u>_r</u>	Other transfer of cash or property from other organization(s).					Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	d relationships and tra (B)		shold: (C)	3.	
	(A) Name of other organization(s)	Transaction	Amour	it involv	/ed	
	· · · · · · · · · · · · · · · · · · ·	type (a-r)				
(4)						
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Schedule R (Form 990) 2008 43-1234200 Page **4**

Part VI Unrelated Organizations Taxable as a Partnership

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) Primary activity	(C) Legal domicile (state or foreign country)	501(c)(3) organizations?		end-of-year	Disprop	(F) portionate ations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No	(1 01111 1000)	Yes	No

The standard from Taxary For calendard year 2000 or other tax year beginning		990-T	Evomr	nt Organization B	ueinoee In	com	Tay Poturn	/ a .a al			- 6022(-)\	OMB N	No. 1545-0687				
A Cleach box A			_	_								2	008				
Name of organization		,									4	Open to	Public Inspection				
Resempt under such part Part Name Pa	\Box										D Emp						
Value 100 10	A —	address changed		•									nstructions for Block D				
Continued Con	ВЕхе	empt under section		MISSOURI ST	TATE UNI	VERS	ITY FOUNDA	ATI	ON								
Solid Soli	X	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}							43-	1234200							
\$90.4		408(e) 220(e)									1		•				
SPRINGFIELD, MO. 65897 900000 97, 789, 137, 780, 137, 7		408A530(a)	,,,,,	901 S NATIO	NAL						(See	(See instructions for Block E on page 9.)					
F Group exemption number (See instructions for Block F on page 8.)		. ,		City or town, state, and	ZIP code												
## 1 Stroup exemption humber (See instructions for Block F on page 9.) ## 77,780 / 137. ## Corpus exemption humber (See instructions for Block F on page 9.) ## 1 Step 137. ## 10 Control of the comparization's primary unrelated business activity. ## SEE STATEMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation. Tyres: enter the name and identifying number of the parent corporation of the parent corporation of the parent corporation of					•						900	000					
## Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?. ▶ Yes X No If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ MTSSOURT STATE UNIVERSITY Telephone number ▶ 417-936-5632 The books are in care of ▶ MTSSOURT STATE UNIVERSITY Telephone number ▶ 417-936-5632 The books are in care of ▶ MTSSOURT STATE UNIVERSITY Telephone number ▶ 417-936-5632 Cost of goods sold (Schedule A. line 7)		F Group exemption number (See instructions for Block F on page 9.) ▶															
During the tax year, was the corporation a substidiary in an affiliated group or a parent-subsidiary controlled group?							•				401(a) trust	Other trust				
IT Yes,* enter the name and identifying number of the parent corporation. ►													T., [
The books are in care of								subsi	idiary c	ontrolled group?	?	▶ ∟	_ Yes ∟X No				
The composition of the compos								Tal	onhon	o number 🔪 /	17 02	C E C 2 2					
1						KSII			ерпоп			0-3632	(C) Net				
b Loss returnes and allowances. □ C Balance ▶ 1c □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							(1.960.	•		(=) =/(=)			(5) 1101				
2 Cost of goods sold (Schedule A, line 7)					c Balance ▶	10											
3 Gross profit. Subtract line 2 from line 1c 3 4 2 2 2 2 2 2 2 2 2																	
4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 b 4 b 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)																	
b Net gain (loss) (From 4797, Part II, line 17) (latach From 4797)						4a											
c Capital loss deduction for trusts 5 income (ioss) morp antereships and S corporations (attach statement) 6 Rent income (ioSchedule C), 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F), 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 91 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (Schedule J) 11 13 Total. Combine lines 3 through 12 11 14 Compensation of Ortifoutions, deductions must be directly connected with the unrelated business income.) 15 Total. Combine lines 3 through 12 13 1 −19 1 −19 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 17 19 Taxes and incenses 19 10 Charitable contributions (See page 13 of the instructions for limitation rules.) 20 11 Total trefet (attach schedule) 17 12 Total trefet (attach schedule) 19 13 Taxes and incenses 19 14 Compensation of officers, directors, and trustees (Schedule K) 17 15 Salaries and wages 15 15 Repairs and maintenance 16 16 19 18 Partial Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) 19 Contributions (See page 13 of the instructions for limitation rules.) 20 10 Expeciation (attach schedule) 19 11 Taxes and licenses 19 12 Taxes and licenses 19 13 Taxes and licenses 19 14 NoNE 20 15 Exployee benefit programs 21 15 Excess readership costs (Schedule I) 22 16 Excess readership costs (Schedule I) 22 17 Total deductions Add lines 14 through 28 18 Total deductions Add lines 14 through 28 19 Total deductions (Batach schedule) 29 10 Unrelated business taxable income before specific deduction. Subtract line 29 from line 3 10 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 11 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 11 Unrelated business taxable income bustract line 33 from line 32. Finine 33 is greater than line	b					4b											
5	С					4 c											
1	5					5		-:	19.	STMT 2			-19.				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See page 11 of the instructions, attach schedule.). 13 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages. 16 Repairs and maintenance. 16 Repairs and maintenance. 16 Repairs and maintenance. 17 Bad debts. 18 Interest (attach schedule). 19 Taxes and licenses 19 Charitable contributions (See page 13 of the instructions for limitation rules.). 20 Charitable contributions (See page 13 of the instructions for limitation rules.). 21 Depreciation (attach Form 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return. 22 Less depreciation claimed on Schedule A and elsewhere on return. 22 Exploit on 23 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs. 26 Excess exempt expenses (Schedule I). 27 Total deductions, Add lines 14 through 28 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 0 0 -19. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before pecific deduction. Subtract line 31 from line 30 32 1,000.	6	Rent income (Sch	edule C)			6											
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27 28 Other deductions (attach schedule) 28 29	25	Employee benefit	programs	3							25						
Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 —19. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 —19. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line	26																
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33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line													10				
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line																	
· · · · · · · · · · · · · · · · · · ·				•							33		1,000.				
	54						-				34		-19.				

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B	T	ov Computation	10 12	.5 1200	. ugo <u>=</u>
Par	· III	ax Computation			
35	Organizat	ons Taxable as Corporations. See instructions for tax computation on page	15.		
	Controlled	group members (sections 1561 and 1563) check here ▶ See instructions and:			
а	Enter you	share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1)	(2) (3)			
b	Enter orga	nization's share of: (1) Additional 5% tax (not more than \$11,750)			
		nal 3% tax (not more than \$100,000)			
С		on the amount on line 34	▶ 35c		
36		exable at Trust Rates. See instructions for tax computation on page 16. Income tax			
	the amour	t on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36		
37		See page 16 of the instructions	-		
38		minimum tax			
39	Total Δdd	lines 37 and 38 to line 35c or 36, whichever applies	30		
		ax and Payments	39		
40 a	ū	c credit (corporations attach Form 1118; trusts attach Form 1116) 40a	_		
		its (see page 17 of the instructions) 40b	_		
C		usiness credit. Attached Form 3800	_		
d		orior year minimum tax (attach Form 8801 or 8827)			
е		ts. Add lines 40a through 40d			
41	Subtract li	ne 40e from line 39			
42	Other taxes	Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	le) 42		
43	Total tax.	Add lines 41 and 42	43		
44 a	Payments	A 2007 overpayment credited to 2008			
b	2008 estir	nated tax payments			
С	Tax depos	ted with Form 8868			
d	Foreign or	ganizations: Tax paid or withheld at source (see instructions)			
е	Backup wi	hholding (see instructions)			
f	Other cred	its and payments: Form 2439			
	Forr	1 4136 Other Total ▶ 44f			
45		nents. Add lines 44a through 44f	45		
46		tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46		
47		line 45 is less than the total of lines 43 and 46, enter amount owed			NON
48		ent. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	• —		NON
49		amount of line 48 you want: Credited to 2009 estimated tax Refunded	- 1		NON
Par	W S	atements Regarding Certain Activities and Other Information (see instruc	tions on	page 18)	
1	At any tim	e during the 2008 calendar year, did the organization have an interest in or a signature or other auth	nority ove	r a financial	Yes No
	account (b	ank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22	2.1, Repo	rt of Foreign	100 110
	Bank and I	inancial Accounts. If YES, enter the name of the foreign country here ▶BERMUDA, CAYMAN IS	STANDS	· ·	X
2		tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
		page 5 of the instructions for other forms the organization may have to file.			21
3		amount of tax-exempt interest received or accrued during the tax year			,
_		- Cost of Goods Sold. Enter method of inventory valuation ▶			
1		at beginning of year . 1 6 Inventory at end of year	6		
2	Purchases	2 7 Cost of goods sold. Subtract li			
3		or			
		section 263A costs Part I, line 2			
		ledule) 4a 8 Do the rules of section 263A		respect to	Yes No
b		s (attach schedule) 4b property produced or acquired	•	-	
5		lines 1 through 4b 5 to the organization?		,	
<u> </u>		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t			
Sigr	correct a	d complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Her					this return with
1161		e of officer Date Title	instructi	oarer shown be	Yes No
	J.g.iatu	▶ Date		parer's SSN or	
Paid		Preparer's Check if	· · ·		
	arer's	Simple representation		P004235	82
	Only	yours if self-employed),	44-016		
		address, and ZIP code 910 E ST LOUIS #200/PO BOX 1190 Phone no. 41	/ 865-	۸ / U T	

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Schedule C - Rent Incom (see instructions on page		roperty	and Personal	Proper	ty L	eased W	ith Real Prop	erty)			
1 Description of property											
(1)											
(2)											
(2)											
(4)											
	2 Rent receive	ed or accru	ued								
(a) From personal property (if the for personal property is more the more than 50%	From real and pers tage of rent for per or if the rent is base	sonal prop	kceeds				ected with the income in attach schedule)				
(1)											
(2)											
(3)											
(4)											
		Total									
Total							(b) Total deduc				
(c) Total income. Add totals of c	` ,	,					Enter here and of Part I, line 6, colu			_	
here and on page 1, Part I, line 6					- 40		Part I, line 6, coll	ָם) ווווו (ש)	· >	
Schedule E - Unrelated D	ept-Financed in	icome (s	see instructions	on page	9 19)		ctions directly con	n o ot o d v	uith o	ar allocable to	
45			2 Gross inco			3 Dedu	debt-finance			or allocable to	
1 Description of de	ebt-financed property		allocable to debt-financed property				line depreciation schedule)		(b) Other deductions (attach schedule)		
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted ba or allocable to debt-financed prope (attach schedule)			divided	6 Column 4 divided by column 5			income reportable n 2 x column 6)		lumn	ocable deductions 6 x total of columns 3(a) and 3(b))	
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals	tions included in co			>	• _	Part I, line 7	and on page 1, , column (A).			ere and on page 1, ne 7, column (B).	
Schedule F - Interest, An			Rents From C	ontroll	<u></u>)raanizati	ons (see instri	ıctions	n on	nage 20)	
Schedule 1 - Interest, An	Tuities, Royaltie						Olis (See ilistit	JULIONS	o OII	page 20)	
1 Name of controlled organization	2 Employer identification nun		3 Net unrelated in	3 Net unrelated income (loss) (see instructions) 4 To			inioidada in the ooi		ng	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations										
7 Taxable Income 8 Net unrelated income (loss) (see instructions)			9 Total of paymen	f specified its made		include	t of column 9 that is		11 Deductions directly connected with income in		
(4)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	+,	-		organiz	ation's gross income	=		column 10	
(1)			+			+		-+			
(2)			+			+					
(3)								_			
(4)											
Totals					. •	Enter here	nns 5 and 10. and on page 1, 8, column (A).	Er	nter h	olumns 6 and 11. lere and on page 1, line 8, column (B).	
	<u> </u>	<u> </u>		<u> </u>							

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Schedule G - Investment I	ncome of a Sec	ction 501(c)	(7).	(9), or (17) Orga		ion (see inst	ruc	tions on pa	ae 2		
1 Description of income	f income	, (- , ,	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)				Total deductions and set-asides (col. 3 plus col. 4)		
(1)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,	
(2)											
(3)											
(4)											
(4)	Enter here and Part I, line 9, co									er here and on page 1. I, line 9, column (B).	
Totals ▶											
Schedule I - Exploited Ex		come Othe	r Th	an Advertising In	com	e (see instru	ctio	ns on nage	21	1	
						(000 1110114		no on pago	<u> </u>	<u> </u>	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne- with productio unrelated busin income	cted on of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5			7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (t I,							Enter here and on page 1, Part II, line 26.	
Totals				1)							
Schedule J - Advertising I				·							
Part I Income From Per	riodicals Report	ted on a Co	nsoli	idated Basis							
1 Name of periodical	2 Gross advertising income advertising		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5 Circulation income		6 Readership costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)				-					-		
				_					-		
(3)				_					_		
(4)											
Part II Income From Per through 7 on a lin	riodicals Repor	ted on a Se	para	te Basis (For ea	ch pe	eriodical liste	ed i	n Part II, fi	ill in	columns 2	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)									\top		
(3)											
(4)									+		
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Par line 11, col. (t I	_						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) ▶											
Schedule K - Compensation	on of Officers, D	Directors, ar	nd Tr	rustees (see instru	uction	s on page 22	()				
1 Name			2 Title		3 Percent of time devoted to business		d to unre		ion attributable to d business		
							%				
							%			<u></u>	
							%				
							%				
Total Enter here and on page 1	Part II line 14										

Form **990-T** (2008)

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME FROM A PASS-THROUGH ENTITY.

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

INCOME FROM NEWBURY EQUITY PARTNERS

INCOME (LOSS) FROM PARTNERSHIPS

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