

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: MISSOURI STATE UNIVERSITY FOUNDATION. D Employer identification number: 43-1234200. E Telephone number: (417) 836-5632. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 77,598,951.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets at beginning and end of year.

COPY FOR PUBLIC INSPECTION

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 10</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> 1) <u>ATTRACT AND GENERATE PRIVATE FUNDS FOR THE UNIVERSITY ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.</u></p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ <u>1,442,866.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>9,421,367.</p>
<p><b>b</b> 2) <u>ENLIST THE INTEREST, SUPPORT, AND EFFORTS OF AS MANY VOLUNTEERS AS POSSIBLE IN ATTEMPTS TO OBTAIN FUNDS FOR THE UNIVERSITY.</u></p> <p>3) <u>PROVIDE FLEXIBILITY IN THE HANDLING, RECEIVING, DISBURSING, AND INVESTING OF MONEY FROM PRIVATE SOURCES.</u></p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶</p>	<p>9,421,367.</p>

**Part IV Balance Sheets** (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing . . . . .			45		
	46	Savings and temporary cash investments . . . . .		10,514,002.	46	12,691,526.	
	47 a	Accounts receivable . . . . .	47a	28,061.			
	b	Less: allowance for doubtful accounts . . . . .	47b		330,925.	47c	28,061.
	48 a	Pledges receivable . . . . .	48a	40,363,516.			
	b	Less: allowance for doubtful accounts . . . . .	48b	298,996.	7,785,244.	48c	40,064,520.
	49	Grants receivable . . . . .			49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			50b		
	51 a	Other notes and loans receivable (attach schedule) . . . . .			51a		
	b	Less: allowance for doubtful accounts . . . . .	51b			51c	
	52	Inventories for sale or use . . . . .			52		
	53	Prepaid expenses and deferred charges . . . . .			53		
	54 a	Investments - publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a		
	b	Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	49,051,464.	54b	57,347,732.	
	55 a	Investments - land, buildings, and equipment: basis . . . . .	STMT 11		55a		
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b			55c	
	56	Investments - other (attach schedule) . . . . .	STMT. 12	459,829.	56	487,929.	
	57 a	Land, buildings, and equipment: basis . . . . .	57a	2,738,940.			
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b	1,696,363.	1,312,967.	57c	1,042,577.
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 13 ) . . . . .		714,508.	58	664,619.		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		70,168,939.	59	112,326,964.		
Liabilities	60	Accounts payable and accrued expenses . . . . .		470,828.	60	165,633.	
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63		
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .			64a		
	b	Mortgages and other notes payable (attach schedule) . . . . .			64b		
	65	Other liabilities (describe <input type="checkbox"/> STMT 14 ) . . . . .		1,091,805.	65	966,680.	
	66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .		1,562,633.	66	1,132,313.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted . . . . .		4,944,508.	67	6,229,442.	
	68	Temporarily restricted . . . . .		34,826,263.	68	73,447,602.	
	69	Permanently restricted . . . . .		28,835,535.	69	31,517,607.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds . . . . .			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		68,606,306.	73	111,194,651.	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		70,168,939.	74	112,326,964.	





Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b
91 a The books are in care of MISSOURI STATE UNIVERSITY Telephone no. 417-836-5632
Located at 901 S NATIONAL SPRINGFIELD, MO ZIP + 4 65897
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information (continued)** **Yes** **No**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**    
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | \_\_\_\_\_ N/A

**Part VII Analysis of Income-Producing Activities(See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> MISCELLANEOUS					231,976.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .					
<b>96</b> Dividends and interest from securities . . . . .			14	970,344.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .			16	69,643.	
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .			14	7,766,706.	
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			14	440.	
<b>101</b> Net income or (loss) from special events . . . . .					39,121.
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> CSV LIFE INSURANCE			14	28,100.	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				8,835,233.	271,097.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					9,106,330.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes(See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 23

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities(See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts(See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  **Yes**  **No**  
**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  **Yes**  **No**  
**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

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

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

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

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No  
N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed   
Firm's name (or yours if self-employed), address, and ZIP + 4 **BKD, LLP** EIN **44-0160260**  
**901 E ST LOUIS #1000/PO BOX 1190** Phone no. **417 865-8701**  
**SPRINGFIELD, MO 65801-1190**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization

MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 24		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities? .STMT . 25

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .STMT . 26

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
MISSOURI STATE UNIVERSITY	44-6000308	10	X		10,786,821.
<b>Total</b> . . . . .					10,786,821.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	}	
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			

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



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2006**

Name of organization

MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**General Rule -**

For 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 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization **MISSOURI STATE UNIVERSITY FOUNDATION**

Employer identification number  
**43-1234200**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		143,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		288,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		707,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7		353,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	STOCK _____ _____ _____	\$ 143,093.	VARIOUS _____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====

OTHER INFORMATION  
990 PART VI LINE 82A

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

# RENT AND ROYALTY INCOME

<b>Taxpayer's Name</b> MISSOURI STATE UNIVERSITY FOUNDATION	<b>Identifying Number</b> 43-1234200
--	---

**DESCRIPTION OF PROPERTY**  
RENTAL

Yes  No  Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		
OTHER INCOME		681,286.
<b>TOTAL GROSS INCOME</b>		<b>681,286.</b>
<b>OTHER EXPENSES:</b>		
OTHER EXPENSES	542,016.	
<b>DEPRECIATION (SHOWN BELOW)</b>	69,627.	
LESS: Beneficiary's Portion		
<b>AMORTIZATION</b>		
LESS: Beneficiary's Portion		
<b>DEPLETION</b>		
LESS: Beneficiary's Portion		
<b>TOTAL EXPENSES</b>		<b>611,643.</b>
<b>TOTAL RENT OR ROYALTY INCOME (LOSS)</b>		<b>69,643.</b>

**Less Amount to**

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
<b>Net Income (Loss) to Others</b>	
<b>Net Rent or Royalty Income (Loss)</b>	<b>69,643.</b>

Deductible Rental Loss (if Applicable) \_\_\_\_\_

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
<b>Totals</b>									<b>69,627.</b>

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER INCOME

681,286.  
-----  
681,286.  
=====

OTHER DEDUCTIONS

542,016.  
-----  
542,016.  
=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL	681,286.	69,627.	542,016.	69,643.
	-----	-----	-----	-----
TOTALS	681,286.	69,627.	542,016.	69,643.
	=====	=====	=====	=====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION	AMOUNT
-----	-----
ALL SPORTS AUCTION	202,054.
MEN'S BB GOLF TOURNAMENT	NONE
FB GOLF TOURNAMENT	68,997.
OTHER SPECIAL EVENTS	183,016.
	-----
TOTAL	454,067.
	=====

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

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
ALL SPORTS AUCTION	29,998.	94,323.	-64,325.
MEN'S BB GOLF TOURNAMENT	80,172.	23,467.	56,705.
FB GOLF TOURNAMENT	54,155.	49,132.	5,023.
OTHER SPECIAL EVENTS	60,439.	18,721.	41,718.
TOTALS	----- 224,764. =====	----- 185,643. =====	----- 39,121. =====

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

DESCRIPTION -----	AMOUNT -----
LOSS ON TRUST & ANNUITY OBLIGATIONS	32,213.
	-----
TOTAL	32,213.
	=====

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

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID			
=====			
SCHOLARSHIPS			1,442,866.
			-----
		TOTAL CONTRIBUTIONS PAID	1,442,866.
			=====

FORM 990, PART II - OTHER EXPENSES  
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
CAPITAL PROJECTS - MSU	1,644,947.	1,644,947.		
INSTITUTIONAL EXPENSES - MSU	237,313.		237,313.	
STUDENT SERVICES - MSU	2,614,226.	2,614,226.		
INSTR. & ACADEMIC PROGRAM-MSU	3,296,752.	3,296,752.		
FUNDRAISING	520,114.			520,114.
COSTS OF DIRECT BENEFITS TO DONORS	233,317.	233,317.		
UNCOLLECTIBLE PLEDGES REC.	189,259.	189,259.		
TOTALS	8,735,928.	7,978,501.	237,313.	520,114.
	=====	=====	=====	=====

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

TO DEVELOP AN ENVIRONMENT WHICH PROMOTES GIVING AND THEREIN SEEK, RECEIVE, MANAGE AND DISTRIBUTE RESOURCES IN A MANNER APPROPRIATE TO SUPPORT PROGRAMS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE OF THE UNIVERSITY. SINCE ITS ESTABLISHMENT IN 1981, THE MISSOURI STATE UNIVERSITY FOUNDATION HAS RECEIVED MORE THAN \$100 MILLION IN PRIVATE GIFT AND PLEDGE COMMITMENTS FOR THE BENEFIT OF MISSOURI STATE UNIVERSITY. DURING THE CURRENT YEAR, 20,000 STUDENTS BENEFITED FROM THE SERVICES OF INFORMATION AND ACADEMIC PROGRAM SUPPORT, ALONG WITH THE STUDENT SEVICES DIVISION. ALSO, APPROXIMATELY 700 STUDENTS RECEIVED SCHOLARSHIPS, WHICH AMOUNTED TO \$1,442,866. THE BROADCAST SERVICES DIVISION PRODUCES OZARKS PUBLIC TELEVISION (OPTV) AND KSMU RADIO STATION. OPTV PROVIDES PBS PROGRAMMING AND INSTRUCTIONAL TELEVISION SERVICES TO 549,540 HOUSEHOLDS IN SOUTHWEST MISSOURI AND THE ADJOINING THREE STATE AREA. OPTV BROADCASTS 168 HOURS OF PROGRAMMING PER WEEK WITH A SUPPORTING MEMBERSHIP OF ABOUT 6,500 MEMBERS AND OVER 100 CORPORATE AND INSTITUTIONAL UNDERWRITERS. KSMU HAS APPROXIMATELY 40,000 LISTENERS.

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS HELD IN TRUST	1,024,209.	1,002,321.
MUTUAL FUNDS	36,975,543.	47,502,478.
REAL ESTATE	3,287,084.	2,699,851.
US TREASURY SECURITIES	2,360,118.	787,515.
CORPORATE BONDS	1,554,641.	1,014,906.
HEDGE FUNDS	3,846,369.	4,337,161.
OTHER	3,500.	3,500.
	-----	-----
TOTALS	49,051,464.	57,347,732.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CSV LIFE INS POLICIES	459,829.	487,929.
TOTALS	----- 459,829. =====	----- 487,929. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROPERTY RECEIVED & HELD FOR RESALE	714,508.	664,619.
TOTALS	----- 714,508. =====	----- 664,619. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS MANAGED FOR		
MISSOURI STATE UNIVERSITY	199,762.	199,762.
ANNUITY OBLIGATIONS	550,504.	532,647.
PLEDGES PAYABLE	341,539.	234,271.
	-----	-----
TOTALS	1,091,805.	966,680.
	=====	=====

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

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES ARE NETTED WITH RENTAL INCOME ON FORM 990 & ARE LISTED WITH OTHER EXPENSES ON AUDITED FINANCIAL STATEMENTS.	-611,643.
SPECIAL EVENTS EXPENSES ARE NETTED WITH INCOME ON FORM 990 BUT ARE INCL. WITH FUNDRAISING EXPENSE ON THE FINANCIAL STMT.	-185,643. -----
TOTAL	-797,286. =====

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

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES ARE NETTED WITH RENTAL INCOME ON FORM 990 & ARE LISTED WITH OTHER EXPENSES ON AUDITED FINANCIAL STATEMENTS.	611,643.
SPECIAL EVENTS EXPENSES ARE NETTED WITH INCOME ON FORM 990 BUT ARE INCL. WITH FUNDRAISING EXPENSE ON THE FINANCIAL STMT.	185,643. -----
TOTAL	797,286. =====

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MR BILLY E HIXON 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR DON A ARIPOLI 901 S NATIONAL SPRINGFIELD, MO 65897	EXECUTIVE DIRECTOR 2.00	NONE	NONE	NONE
MS CAROL JONES 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR ROBERT B NOBLE 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MRS CAROL PINEGAR 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR DANIEL K STEGMANN 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR RICHARD F YOUNG 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MS MARY H SHEID 901 S NATIONAL SPRINGFIELD, MO 65897	EX OFFICIO 2.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MS CINDY R BUSBY 901 S NATIONAL SPRINGFIELD, MO 65897	ASSISTANT SECRETARY 2.00	NONE	NONE	NONE
DR MICHAEL T NIETZEL 901 S NATIONAL SPRINGFIELD, MO 65897	EX OFFICIO 2.00	NONE	NONE	NONE
MR W WAYNE BISCHLER 901 S NATIONAL SPRINGFIELD, MO 65897	PRESIDENT 2.00	NONE	NONE	NONE
MR GREGORY L CURL 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR CHRISTOPHER T FULDNER 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR JAY R PADGETT 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR RICHARD A SEAGRAVE JR MD 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR KENT KAY 901 S NATIONAL SPRINGFIELD, MO 65897	TREASURER 2.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MS NILA B HAYES 901 S NATIONAL SPRINGFIELD, MO 65897	ASSISTANT TREASURER 2.00	NONE	NONE	NONE
MRS PAT L SECHLER 901 S NATIONAL SPRINGFIELD, MO 65897	VICE PRESIDENT 2.00	NONE	NONE	NONE
MR JOSEPH W TURNER 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR LARRY D FRAZIER 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR PEGGY PEARL 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR NOEL BOYD 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MRS ETHEL CURBOW 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
MR BRUCE SWISSHELM 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MR GREGORY P ONSTOT (RETIRED DURING YEAR) 901 S NATIONAL SPRINGFIELD, MO 65897	EXECUTIVE DIRECTOR 2.00	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE
		=====	=====	=====

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

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----				
DR DON A ARIPOLI MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	118,448.	28,177.	NONE
MS CINDY R BUSBY MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	45,534.	14,519.	NONE
DR MICHAEL T NIETZEL MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	312,137.	38,391.	NONE
MR KENT KAY MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	109,887.	27,101.	NONE
MS NILA B HAYES MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	79,605.	21,219.	NONE

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

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----		-----	-----	-----
MR GREGORY P ONSTOT (RETIRED DURING YEAR) MISSOURI STATE UNIVERSITY SUPPORTED ORGANIZATION	44-6000308	108,430.	21,679.	NONE
		GRAND TOTALS	774,041.	151,086.
		-----	-----	-----
		=====	=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY, ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.
101	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY, ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.

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

=====

HAMMOND ASSOCIATES	CONSULTING	75,000.
101 S HANLEY STE 300		
ST LOUIS, MO 63105		

TOTAL COMPENSATION	-----	75,000.
	=====	

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C  
=====

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A  
=====

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

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

DESCRIPTION -----	2005 -----	2004 -----	2003 -----	2002 -----	TOTAL -----
CSV LIFE INSURANCE	17,313.	15,487.	23,508.	18,369.	74,677.
TOTALS	----- 17,313. =====	----- 15,487. =====	----- 23,508. =====	----- 18,369. =====	----- 74,677. =====

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

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

OMB No. 1545-0092

**2006**

Name of estate or trust

Employer identification number

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet					4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6	SEE STATEMENT 1			24,002,753.	24,002,313.	440.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9	Capital gain distributions					9
10	Gain from Form 4797, Part I					10
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet					11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 440.

**Part III Summary of Parts I and II**

**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)			
14	Net long-term gain or (loss):			
a	Total for year			440.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)			
c	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a			440.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation**

**16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:  
**a** The loss on line 15, column (3) **or**  
**b** \$3,000

<b>16</b>	( )
-----------	-----

If the loss on line 15, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

<b>17</b> Enter taxable income from Form 1041, line 22	<b>17</b>		
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	<b>19</b>		
<b>20</b> Add lines 18 and 19	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	<b>21</b>		
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0-	<b>22</b>		
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0-	<b>23</b>		
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,050	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23	<b>25</b>		
<b>26</b> Subtract line 25 from line 24	<b>26</b>		
<b>27</b> Multiply line 26 by 5% (.05)	<b>27</b>		
<b>28</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22	<b>28</b>		
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-)	<b>29</b>		
<b>30</b> Subtract line 29 from line 28	<b>30</b>		
<b>31</b> Multiply line 30 by 15% (.15)	<b>31</b>		
<b>32</b> Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	<b>32</b>		
<b>33</b> Add lines 27, 31, and 32	<b>33</b>		
<b>34</b> Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	<b>34</b>		
<b>35</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	<b>35</b>		



EIN: 43-1234200  
 FYE: 06/30/2007

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	120,000.	NONE	NONE	120,000.
Land Improvements	NONE			
Buildings	2,475,285.	66,408.	1,555,093.	920,191.
Leasehold Improvements	83,695.	3,000.	81,445.	2,250.
Equipment	59,960.	219.	59,825.	136.
Furniture & Fixtures				
Property, Plant & Equipment	<u>2,738,940.</u>	<u>69,627.</u>	<u>1,696,363.</u>	<u>1,042,577.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 57</b>	<u>2,738,940.</u>		<u>1,696,363.</u>	<u>1,042,577.</u>
<b>Total Depreciation Expense, line 42</b>		<u>69,627.</u> ✓		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

✓ This amount is reported as a rental expense on Statement 4, rather than as a functional expense on page 2 of the 990.