

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 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, 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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number.

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 47,064,592. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>1,601,401.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,601,401.	1,601,401.	STMT 10	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	NONE			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> STMT 11	10,582,004.	9,773,602.	213,392.	595,010.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,183,405.	11,375,003.	213,392.	595,010.

**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  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.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 12</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<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>  (Grants and allocations \$ <u>1,601,401.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	11,375,003.
<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> 3) <u>PROVIDE FLEXIBILITY IN THE HANDLING, RECEIVING, DISBURSING, AND INVESTING OF MONEY FROM PRIVATE SOURCES.</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <input type="checkbox"/>	11,375,003.

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

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .				<b>45</b>		
	<b>46</b> Savings and temporary cash investments . . . . .			12,691,526.	<b>46</b>	14,927,535.	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	19,742.				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		28,061.	<b>47c</b>	19,742.	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	41,529,269.				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	325,373.	40,064,520.	<b>48c</b>	41,203,896.	
	<b>49</b> Grants receivable . . . . .				<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .				<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>					
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>		
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .				<b>53</b>		
	<b>54a</b> Investments - publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			57,347,732.	<b>54b</b>	55,180,467.
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		STMT 13			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>				<b>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .			STMT. 14 .	487,929.	<b>56</b>	518,186.
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>	2,991,817.				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	1,765,142.	1,042,577.	<b>57c</b>	1,226,675.		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 15 )			664,619.	<b>58</b>	483,508.		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .			112,326,964.	<b>59</b>	113,560,009.		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .			165,633.	<b>60</b>	333,049.	
	<b>61</b> Grants payable . . . . .				<b>61</b>		
	<b>62</b> Deferred revenue . . . . .				<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .				<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 16 )			966,680.	<b>65</b>	831,483.	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .			1,132,313.	<b>66</b>	1,164,532.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	<b>67</b> Unrestricted . . . . .			6,229,442.	<b>67</b>	6,677,687.	
	<b>68</b> Temporarily restricted . . . . .			73,447,602.	<b>68</b>	71,900,293.	
	<b>69</b> Permanently restricted . . . . .			31,517,607.	<b>69</b>	33,817,497.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.						
	<b>70</b> Capital stock, trust principal, or current funds . . . . .				<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .				<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>72</b>		
<b>73 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) . . . . .			111,194,651.	<b>73</b>	112,395,477.		
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .			112,326,964.	<b>74</b>	113,560,009.		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	14,379,033.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	14,379,033.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): <u>SEE STATEMENT 17</u> _____	<b>d2</b>	-790,484.
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-790,484.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	13,588,549.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	13,178,207.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	204,318.
<b>4</b>	Other (specify): <u>SEE STATEMENT 18</u> _____	<b>b4</b>	790,484.
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	994,802.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	12,183,405.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	12,183,405.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 19		NONE	NONE	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: 16. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 80b: MISSOURI STATE UNIVERSITY, X. 81a: 81a. 81b: X.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational information, dues, lobbying, and state filing.

Table with columns for question number, question text, and Yes/No columns. Row 91b asks about foreign financial accounts.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 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  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	
93 Program service revenue:					
a MISCELLANEOUS					197,082.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	831,909.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	130,166.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	-3,103,161.	
100 Gain or (loss) from sales of assets other than inventory			14	-43,018.	
101 Net income or (loss) from special events					73,061.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b CSV LIFE INSURANCE			14	30,257.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-2,153,847.	270,143.
105 Total (add line 104, columns (B), (D), and (E))					-1,883,704.

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 25

**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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of 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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
BKD, LLP		44-0160260	P00423582
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

**2007**

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 1 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 26		

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) 2007

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships, fellowships, student loans, etc.?; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions under section 4966?; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds owned...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts owned...; g. Enter the aggregate value of assets held in all funds or accounts included on line 4f...

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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.)
- 11a  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.)
- 11b  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 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 8 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		12,635,033.
<b>Total</b> . . . . .					12,635,033.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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 for the organization's benefit; 21 The 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.

**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
<b>29</b>	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? . . . . .	<b>29</b>	
<b>30</b>	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? . . . . .	<b>30</b>	
<b>31</b>	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.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) NOT APPLICABLE

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.





**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

**2007**

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

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

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

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

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

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

<b>Name of organization</b> MISSOURI STATE UNIVERSITY FOUNDATION	<b>Employer identification number</b> 43-1234200
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 1,865,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 501,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 417,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 320,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 1,750.	Person <input checked="" 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 I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 416,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$	Person <input 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.)
		\$	Person <input 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.)
		\$	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
7	STOCK	\$ 416,620.	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.

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

## DESCRIPTION/COST

LAND	120,000
BUILDINGS	2,475,285
LEASEHOLD IMPRMTS	83,695
EQUIPMENT	59,961
CONSTRUCTION IN PROGRESS	252,876

TOTAL FIXED ASSETS LINE 57A	2,991,817
--------------------------------	-----------

## CURRENT DEPRECIATION EXPENSE

BUILDINGS	66,244
LEASEHOLD IMPRMTS	2,250
EQUIPMENT	285

DEPRECIATION EXPENSE STATEMENT #4	68,779
--------------------------------------	--------

## ACCUMULATED DEPRECIATION

BUILDINGS	1,621,623
LEASEHOLD IMPRMTS	83,695
EQUIPMENT	59,824

TOTAL A/D LINE 57B	1,765,142
-----------------------	-----------

# 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	690,207.	
<b>TOTAL GROSS INCOME</b>		690,207.
<b>OTHER EXPENSES:</b>		
OTHER EXPENSES	491,262.	
<b>DEPRECIATION (SHOWN BELOW)</b>	68,779.	
LESS: Beneficiary's Portion		
<b>AMORTIZATION</b>		
LESS: Beneficiary's Portion		
<b>DEPLETION</b>		
LESS: Beneficiary's Portion		
<b>TOTAL EXPENSES</b>		560,041.
<b>TOTAL RENT OR ROYALTY INCOME (LOSS)</b>		130,166.

**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>	130,166.

**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>JSA Totals</b>									68,779.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

690,207.  
-----  
690,207.  
=====

OTHER DEDUCTIONS

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



RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL	690,207.	68,779.	491,262.	130,166.
TOTALS	----- 690,207. =====	----- 68,779. =====	----- 491,262. =====	----- 130,166. =====

FORM 990, PART I - OTHER INVESTMENT INCOME  
=====

DESCRIPTION -----	AMOUNT -----
NET REALIZED AND UNREALIZED GAINS AND LOSSES	-3,103,161. -----
TOTAL	-3,103,161. =====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

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

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

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

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

DESCRIPTION -----	AMOUNT -----
LOSS ON TRUST & ANNUITY OBLIGATIONS	41,318.
DECREASE IN REAL ESTATE HELD FOR RESALE	163,000.
	-----
TOTAL	204,318.
	=====

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			1,601,401.
		TOTAL CONTRIBUTIONS PAID	1,601,401.
			=====

FORM 990, PART II - OTHER EXPENSES

=====

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

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

=====

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



## FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

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

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CSV LIFE INS POLICIES	487,929.	518,186.
TOTALS	----- 487,929. =====	----- 518,186. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROPERTY HELD FOR RESALE	664,619.	483,508.
TOTALS	----- 664,619. =====	----- 483,508. =====

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	532,647.	517,121.
PLEDGES PAYABLE	234,271.	114,600.
	-----	-----
TOTALS	966,680.	831,483.
	=====	=====

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

=====

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

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

=====

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

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

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

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

=====

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



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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MR KENT KAY 901 S NATIONAL SPRINGFIELD, MO 65897	TREASURER 2.00	NONE	NONE	NONE
MS NILA B HAYES 901 S NATIONAL SPRINGFIELD, MO 65897	ASSISTANT TREASURER 2.00	NONE	NONE	NONE
MRS PAT L SECHLER 901 S NATIONAL SPRINGFIELD, MO 65897	PRESIDENT 2.00	NONE	NONE	NONE
MR JOSEPH W TURNER 901 S NATIONAL SPRINGFIELD, MO 65897	VICE PRESIDENT 2.00	NONE	NONE	NONE
MR LARRY D FRAZIER 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE
DR PEGGY PEARL 901 S NATIONAL SPRINGFIELD, MO 65897	DIRECTOR 2.00	NONE	NONE	NONE

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

=====

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

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

=====

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

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

=====

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

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

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

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

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

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

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
HAMMOND ASSOCIATES 101 S HANLEY STE 300 ST LOUIS, MO 63104	CONSULTING	80,000.
TOTAL COMPENSATION		----- 80,000. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

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



SCHEDULE A, PART IV-A - OTHER INCOME

=====

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

**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

# 2007

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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	(            )
5 <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. . . . . ▶	<b>5</b>	

**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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. . . . .	<b>6b</b>	-43,018.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
9 Capital gain distributions . . . . .	<b>9</b>	
10 Gain from Form 4797, Part I . . . . .	<b>10</b>	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	(            )
12 <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. . . . . ▶	<b>12</b>	-43,018.

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

Schedule D (Form 1041) 2007

<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part.</b>		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		-43,018.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		-43,018.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). 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.

<b>Part IV Capital Loss Limitation</b>			
<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 15, column (3) or b \$3,000 . . . . .	<b>16</b>	( 3,000. )

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** 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.

**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<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) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<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 \$2,150 . . . . .	<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 thru 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 2007 Tax Rate Schedule on page 27 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 2007 Tax Rate Schedule on page 27 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 (or line 36 of Form 990-T) . . . . .	<b>35</b>		



**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**MISSOURI STATE UNIVERSITY FOUNDATION**

Identifying number  
**43-1234200**

Number, street, and room or suite no.  
**901 SOUTH NATIONAL AVENUE**

City or town, state, and ZIP code  
**SPRINGFIELD MO 65897**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 . . . . . ▶ Statement number \_\_\_\_\_ of \_\_\_\_\_

**B** Enter the form number of the tax return to which this form is attached or related . . . . . ▶ **FORM 990**

Enter the year of the tax return identified above . . . . . ▶ **6/30/08**

Is this Form 8886 being filed with an amended tax return?  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**SECTION 988 LOSS**

**1b** Initial year participated in transaction  
**6/30/08**

**1c** Reportable transaction or tax shelter registration number (9 digits or 11 digits)  
**N/A**

**2** Identify the type of reportable transaction. Check all the boxes that apply (see instructions).

**a**  Listed **c**  Contractual protection **e**  Brief asset holding period

**b**  Confidential **d**  Loss **f**  Transaction of interest

**3** If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest . . ▶ **N/A**

**4** Enter the number of "same as or substantially similar" transactions reported on this form . . . . . ▶ **3**

**5** If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

<b>a</b> Type of entity:	<input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Trust <input type="checkbox"/> Foreign	<input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Trust <input type="checkbox"/> Foreign
<b>b</b> Name . . . . . ▶	<b>N/A</b>	
<b>c</b> Employer identification number (EIN), if known . . . . . ▶		
<b>d</b> Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received). . . . . ▶		

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		
City or town, state, and ZIP code		
<b>b</b> Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		
City or town, state, and ZIP code		

**7 Facts**

**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions
- Exclusions from gross income
- Tax credits
- Other \_\_\_\_\_
- Capital loss
- Nonrecognition of gain
- Deferral
- Ordinary loss
- Adjustments to basis
- Absence of adjustments to basis

**b** Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 1

**8** Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

**a** Type of entity:  Tax-exempt  Foreign  Related Identifying number

Name SEE STATEMENT 2

Address

Description

**b** Type of entity:  Tax-exempt  Foreign  Related Identifying number

Name

Address

Description

## SECTION 988 LOSS

## FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

LINE 7: FACTS OF THE TRANSACTION  
-----

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

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

## THE REPORTABLE TRANSACTIONS ARE:

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

SECTION 988 LOSS

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT DETAIL

LINE 8: ENTITIES AND INDIVIDUALS INVOLVED IN THE TRANSACTIONS

-----  
 TYPE OF ENTITY:                   TAX-EXEMPT  
                                       FOREIGN  
                                       X  RELATED

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

ID #: 25-0659306  
 DESCRIPTION  
       CUSTODIAN AND TRUSTEE

TYPE OF ENTITY:                   TAX-EXEMPT  
                                       FOREIGN  
                                       X  RELATED

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

ID #: 51-0294065  
 DESCRIPTION  
       INVESTMENT ADVISOR

TYPE OF ENTITY:                   TAX-EXEMPT  
                                       FOREIGN  
                                       X  RELATED

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

ID #: 76-0822143  
 DESCRIPTION  
       INVESTING PARTNERSHIP