Form	990	
Departm	ent of the Treasur	y

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

20**13** 

OMB No. 1545-0047

Open to Fublic
Increation

		e 201	3 calendar year, or tax year begin	ning 07/01		, and end	<u> </u>		06/	30, <b>20</b> <sub>14</sub>			
			C Name of organization	0				D Employer ide					
<b>B</b> c	heck if ap	plicable:	MISSOURI STATE UNIVERS	SITY FOUNDATION									
	Addre		Doing Business As					43-1234	1200				
	-	change	Number and street (or P.O. box if mail is r	not delivered to street address)		Room/suite	9	E Telephone number					
	Initial	return	901 S NATIONAL		(417) 83	6-56	532						
	Termi	nated	City or town, state or province, country, a										
	Amen	ded	SPRINGFIELD, MO 65897		G Gross receip	ts \$	54,314,192.						
	Applic pendi	ation	F Name and address of principal officer:	STEPHEN FOUCART				H(a) Is this a grou					
	_ pendi	ng	901 S. NATIONAL SPRING	GFIELD, MO 65897				subordinates H(b) Are all subord		uded? Yes No			
I	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	)    (insert no.)    494	47(a)(1)	or 5	527			(see instructions)			
J	Websi	te: 🕨	WWW.MISSOURISTATEFOUNDAT	, , , ,	(-)(-)			H(c) Group exem	ption nur	mber 🕨			
ĸ	Form	of organ	nization: X Corporation Trust /	Association Other		L Year	r of format	ion: 1981 <b>M</b>	State o	f legal domicile: MO			
	art I		mmary										
			/ describe the organization's mission or	most significant activities T	HE MI	ISSOURI	STAT	E UNIVERS	ITY	FOUNDATION			
e	-		PORTS MISSOURI STATE UNI										
anc			OURCES RECEIVED IN FUNDR										
ern	2		this box ▶ □ if the organization di     i					of its net asset					
Governance			er of voting members of the governing	•	•				3	9.			
	4		er of independent voting members of the						4	9.			
Activities &	-		number of individuals employed in cale						5	42.			
i <u><i< u=""></i<></u>	6		number of volunteers (estimate if necess	`					6	225.			
Act	-		,	<i>,,</i> , , , , , , , , , , , , , , , , , ,					0 7a	886.			
			unrelated business revenue from Part VI						7a 7b				
	d	Net ui	nrelated business taxable income from F	-orm 990-1, line 34			<u></u>	Prior Year	01	Current Year			
		<b>•</b> • •					_						
ne	8	Contri	ibutions and grants (Part VIII, line 1h)		COP	Y FOR		15,617,18		17,073,787.			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	PU		SPECTION	<b>√</b>	211,59		192,046.			
Re	10	mvesi	iment income (Part VIII, column (A), line				┛┝───	973,54		225,781.			
	11		revenue (Part VIII, column (A), lines 5,					330,51		113,288.			
	12		revenue - add lines 8 through 11 (must	• • • • • •	,		-	17,132,83		17,604,902.			
	13		s and similar amounts paid (Part IX, colu				•	13,919,13		16,529,895.			
	14		its paid to or for members (Part IX, colur				0		(				
ses	15		es, other compensation, employee bene					243,28		270,870.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			•		0	0			
Т Ц	b		fundraising expenses (Part IX, column (D	// //	0,088		-						
_	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)			-	414,161		568,459.			
	18		expenses. Add lines 13-17 (must equal				•	14,576,57		17,369,224.			
	19	Rever	nue less expenses. Subtract line 18 from	line 12				2,556,26		235,678.			
Net Assets or Fund Balances								ning of Current \		End of Year			
sset	20		assets (Part X, line 16)				. 1	.28,346,43		138,431,951.			
d B R	21	Total	liabilities (Part X, line 26)					1,890,13		1,909,907.			
		Net as	ssets or fund balances. Subtract line 21	from line 20			. 1	26,456,30	1.	136,522,044.			
Pa	rt II	Si	gnature Block										
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than						my kr	owledge and belief, it is			
	5, 00110		complete. Declaration of preparet (other than										
<b>c</b> :-													
Sig			Signature of officer					Date					
He	re												
			Type or print name and title										
	J	Print/	Type preparer's name	Preparer's signature		Date		Check	if P1	ĨN			
Paio Pro		GAR	Y V GARWITZ					self-employ	ed E	00423582			
	parer Only	Firm's	sname 🕨 BKD, LLP					Firm's EIN 🕨	44-0	160260			
USE	Only	Firm's	address 🕨 910 E ST LOUIS #200/PO E	BOX 1190 SPRINGFIELD, MO (	65806-2	2523		Phone no.	417	865-8701			
Мау	the I		cuss this return with the preparer shown							X Yes No			
For	Pape	work	Reduction Act Notice, see the separate	e instructions.						Form <b>990</b> (2013)			
			·····	-									

	III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III         III
	Briefly describe the organization's mission:
	THE MISSION OF THE ORGANIZATION IS TO DEVELOP AN ENVIRONMENT WHICH
	PROMOTES GIVING AND THEREIN SEEK, RECEIVE, MANAGE AND DISTRIBUTE
	RESOURCES IN A MANNER APPROPRIATE TO SUPPORT PROGRAMS OF INSTRUCTION,
	RESEARCH AND PUBLIC SERVICE OF THE UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
5	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
ŀ	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$14,714,696) (Revenue \$) MISSOURI STATE UNIVERSITY FOUNDATION'S PRIMARY PURPOSE IS TO
	SUPPORT MISSOURI STATE UNIVERSITY (MSU) BY HOLDING FUNDRAISING
	CAMPAIGNS AND SPECIAL EVENTS. THE ORGANIZATION PROVIDES SUPPORT
	FOR INSTRUCTION AND ACADEMIC PROGRAMS, STUDENT SERVICES, BROADCAST
	SERVICES, CAPITAL PROJECTS, AND THE JQH ARENA, AS WELL AS GENERAL
	INSTITUTIONAL SUPPORT.
	(Code:) (Expenses \$
	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,301 INDIVIDUALS RECEIVED
:	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,301 INDIVIDUALS RECEIVED
:	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,301 INDIVIDUALS RECEIVED SCHOLARSHIPS FROM THE FOUNDATION.
	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,301 INDIVIDUALS RECEIVED SCHOLARSHIPS FROM THE FOUNDATION.
c	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1, 301 INDIVIDUALS RECEIVED SCHOLARSHIPS FROM THE FOUNDATION.
c	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS. DURING THE YEAR, 1,301 INDIVIDUALS RECEIVED SCHOLARSHIPS FROM THE FOUNDATION.

Form 9	90 (2013)			Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

JSA

Form 9	90 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
21 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
h		24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	244		
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a		0.5		37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		x	
		1.00	1 42	

Page 5

Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		res	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country:  CAYMAN ISLANDS			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
D D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
~	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JOA		Form	990	(2012)

Form 9	00 (2013) MISSOURI STATE UNIVERSITY FOUNDATION 43-1234	200		Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.6		v
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<b>Soot</b>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MISSOURI STATE UNIVERSITY 901 S NATIONAL SPRINGFIELD, MO 65897 417-836-5632	ie		
JSA	- Jan Marian P HISSONT SIMIS ONT SIMIS ON SUBSTITION STATISMEN SERIES MO 0303/ 41/-030-2032	Form	990	(2013)
				/

43-1234200

Page 7

Section A.								
	Check if Schedule O contains a response or note to any line in this Part VII							
	Independent Contractors							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B)     Position       Average     (do not check more than one box, unless person is both an officer and a director/trustee)       hours for related organizations below dotted line)     or director			an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
					ed				
CHAIR ENDING 10/13	1.00	x		х			0	0	0
(2)MICHAEL H INGRAM DIRECTOR/VICE CHAIR BEG. 10/13	1.00	x		Х			0	0	0
(3)PAT L SECHLER	1.00			Λ			0	0	0
DIRECTOR		x					0	0	0
(4)ETHEL CURBOW	1.00								
DIRECTOR ENDING 10/13	+	x					0	0	0
(5)MARY MCQUEARY	1.00								
SECRETARY		x		Х			0	0	0
	1.00	x					0	0	0
(7)TIMOTHY B O'REILLY	1.00								
DIRECTOR		Х					0	0	0
(8)GORDON KINNE	1.00								
DIRECTOR		Х					0	0	0
(9)RICHARD F YOUNG	1.00								
VICE CHAIR/CHAIR BEG. 10/13		Х		Х			0	0	0
(10)ROBERT A FOSTER DIRECTOR BEG. 10/13	1.00	x					0	0	0
(11)KAREN L HORNY	1.00							0	0
DIRECTOR BEG. 10/13	+	x					0	0	0
(12)BRENT DUNN	24.00								
EXECUTIVE DIRECTOR	16.00	1		Х			77,528.	51,685.	27,271.
(13)STEVE FOUCART	1.00								
TREASURER	39.00			Х			0	126,217.	25,979.
(14)									
									000

JSA 3E1041 1.000

	0 (2013)										,			Page <b>8</b>
Part	· · · ·		ey En	nplo			and H	lig	1		yees (co	ontinue		
(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson lirect	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	am com fro orga and	(F) timated ount co other consation the anization trelate nization	of ion e on ed
			stee	rustee		œ	oensated							
			-											
			-											
			-											
			-											
			-											
			-											
		+												
	ub-total otal from continuation sheets to Part VII, S	ection A	• • •		•••	•••			77,528.		,902. 0		53,2	250. C
	otal (add lines 1b and 1c)	-	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u></u>		77,528.	177	,902.		53,2	250.
	otal number of individuals (including but not portable compensation from the organizatio			liste )	d al	bove	e) who	o re	eceived more than	\$100,000	of			
													Yes	No
	d the organization list any <b>former</b> offic nployee on line 1a? If "Yes," complete Scheo											3		X
4 Fo	or any individual listed on line 1a, is the ganization and related organizations gr	sum of rep	oortab	ole c	com	pen	isatio	n ai	nd other compension	sation from	the			
	dividual											4	Х	
	d any person listed on line 1a receive or r services rendered to the organization? <i>If "</i> Y											5		x
	on B. Independent Contractors	es, comple	10 301	leuu		101	Such	per	30//	<u></u>		J		- 21
CC	omplete this table for your five highest com ompensation from the organization. Report o ear.													
	(A) Name and business ad	dress							<b>(B)</b> Description of se	ervices	Co	(C) ompens	ation	
								+						
	otal number of independent contractors (i ore than \$100,000 in compensation from the				nite		thos 0	se li	isted above) who	received				

Form 990 (20	13	•
Part VIII		

Par	t VII	Statement of Rever Check if Schedule O co		oso or noto to a	ny line in this Part \	/111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues	1b           1c           1d           itions)         1e           its,         1f	313,943. 16,759,844. 3,867,545.				
	g h 2a	Noncash contributions included i <b>Total.</b> Add lines 1a-1f MISCELLANEOUS			17,073,787.	192,046.		
Program Service Revenue	b c d e					172,0101		
Progra	f g	All other program service rev Total. Add lines 2a-2f		<b>&gt;</b>	192,046.			
	3 4 5	Investment income (includin other similar amounts) Income from investment of t Royalties	ax-exempt bond p	vroceeds	144,697. 0 0			144,697.
	6a b c d	Gross rents	645,250. 634,127. 11,123.		11,123.			11,123.
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 35,945,577. 35,838,192. 107,385.	(ii) Other 78,699. 105,000. -26,301.				
r Revenue	d 8a	Net gain or (loss) Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	aising 313,943. line 1c).		81,084.			81,084.
Other	b c 9a b c	Less: direct expenses Net income or (loss) from fur Gross income from gaming a See Part IV, line 19 Less: direct expenses Net income or (loss) from ga	ndraising events . activities. a b	· · · · · · · · •	-38,232.			-38,232.
	10a b	Gross sales of inventor returns and allowances Less: cost of goods sold	ory, less <b>a</b>					
	C	Net income or (loss) from sa Miscellaneous Reven	les of inventory	► Business Code	0			
	11a b c	INCOME FROM INVESTMENT IN INCOME FROM INV IN BRANDY		900099 900099	42,477. 97,920.		886.	41,591. 97,920.
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instruction			140,397. 17,604,902.	192,046.	886.	338,183.

JSA 3E1051 1.000

Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Х (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and 14,714,696. 14,714,696. organizations in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals in 1,815,199 1,815,199 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 C 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 77,528. 77,528. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Ω 7 Other salaries and wages 193,342. 193,342. 8 Pension plan accruals and contributions (include section 0 401(k) and 403(b) employer contributions) 0 9 Other employee benefits . . . . . . . . . . . . 0 Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying Λ e Professional fundraising services. See Part IV, line 17 115,516. 115,516 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,650 1,650. (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 468 468. 124,912. 124,912. 13 Office expenses Ω 14 Information technology 0 Royalties 15 Ω Occupancy 16 2,188. 2,188. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 0 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aUNCOLLECTIBLE PLEDGES REC 323,725. 323,725 b С \_\_\_\_\_ d \_\_\_\_\_ e All other expenses \_\_\_\_\_ 17,369,224 115,516 400,088. 16,853,620 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA 3E1052 1.000

following SOP 98-2 (ASC 958-720)

#### MISSOURI STATE UNIVERSITY FOUNDATION

Page	1	1
------	---	---

_	rt X	Balance Sheet			Page 11
Гa		Check if Schedule O contains a response or note to any line in this Pa	rt V		
		Check in Schedule O contains a response of hote to any line in this Pa			(B)
			(A) Beginning of year		( <b>b)</b> End of year
	1	Cash - non-interest-bearing	0	1	
	2	Savings and temporary cash investments	22,204,054.	2	23,949,440.
	3	Pledges and grants receivable, net	36,744,082.	3	35,594,267.
	4	Accounts receivable, net	7,782.	4	6,801.
	5	Loans and other receivables from current and former officers, directors,	.,		-,
		trustees, key employees, and highest compensated employees.			
		Complete Dart II of Cohedula I	0	5	(
	6	Loans and other receivables from other disqualified persons (as defined under section	-		·
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	(
Assets	7	Notes and loans receivable, net	0	7	(
SS	8	Inventories for sale or use	0	8	(
٩	9	Prepaid expenses and deferred charges	4,500.	9	2,600.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 3,898,502.			
	b	Less: accumulated depreciation 10b 2,338,701.	1,670,072.	10c	1,559,801.
	11	Investments - publicly traded securities	61,144,032.	11	61,138,572.
	12	Investments - other securities. See Part IV, line 11	5,283,582.	12	14,859,046.
	13	Investments - program-related. See Part IV, line 11	0	13	C
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,288,334.	15	1,321,424.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	128,346,438.	16	138,431,951.
	17	Accounts payable and accrued expenses	72,256.	17	161,707.
	18	Grants payable	340,535.	18	251,035.
	19	Deferred revenue	0	10	(
	20	Tax-exempt bond liabilities	0	20	0
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	(
Liabilities	22	Loans and other payables to current and former officers, directors,			
-iat		trustees, key employees, highest compensated employees, and			
-		disqualified persons. Complete Part II of Schedule L	0		
	23	Secured mortgages and notes payable to unrelated third parties	0	20	(
	24	Unsecured notes and loans payable to unrelated third parties	0	24	l
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			1,477,346.	25	1,497,165.
	26	of Schedule D Total liabilities. Add lines 17 through 25	1,890,137.	25	1,909,907.
	20	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and	1,000,107.	20	1,505,507.
ŝ		complete lines 27 through 29, and lines 33 and 34.			
Ince	27	Unrestricted net assets	8,712,869.	27	9,688,435.
sala	28	Temporarily restricted net assets	72,194,370.	28	79,088,244.
Ы	29	Permanently restricted net assets	45,549,062.	29	47,745,365.
<b>Assets or Fund Balances</b>		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts c	30	Capital stack or trust principal, or current funds		30	
sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	126,456,301.	33	136,522,044.
_	34	Total liabilities and net assets/fund balances	128,346,438.	34	138,431,951.

93397

MISSOURI	STATE	UNIVERSITY	FOUNDATION

Form 99	90 (2013)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			69,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			35,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	26,4	56,3	801.
5	Net unrealized gains (losses) on investments	5		9,8	30,0	65.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	33, column (B))	10	13	36,5	22,0	)44.
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				•••	X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	-		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, e		in			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-I

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasur Internal Revenue Service	′ ►Inf	formation about Sch	Attach to Form 990 edule A (Form 990 or 990-E	or Forr EZ) and	n 990-E its inst	EZ. ructions	is at wv	vw.irs.go	ov/form9	90.	Open to Inspec	
Name of the organizat	on							Emplo	yer iden	tificati	on num	oer
MISSOURI STATE	UNIV	ERSITY FOUNDA	TION						43-	-123	4200	
Part I Reason	or Pub	lic Charity Statu	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instru	uctions			
			cause it is: (For lines 1 th									
1 A church,	conventi	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)				
			(1)(A)(ii). (Attach Schedul									
			ervice organization descr		sectio	n 170(b	)(1)(A)	(iii).				
			erated in conjunction wi			-			n 170(b	)(1)(	A)(iii).	Enter the
		ty, and state:								·//·//	-,(,	
			nefit of a college or univ	ersity	owned	or one	erated k		vernme	ntal i	init des	scribed in
	-	A)(iv). (Complete F	-	0.0.0		0. op		, a ge				
			or governmental unit des	cribed	in sect	ion 170	)(b)(1)(	۵)(v)				
		-	es a substantial part of it						nit or fro	om th	e dene	ral nublic
		-	(Complete Part II.)	o oupp		in a ge	vonnin			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e gene	
			on 170(b)(1)(A)(vi). (Com	nlata E	Part II )							
	-		es: (1) more than 331/3%	-	-	rt from	contrib	utions	memb	arshir	fees :	and aross
•		•	exempt functions - subj									•
			ome and unrelated busi			-						
	-		ie 30, 1975. See section				-		11 511	ianj		u311163363
		-	ted exclusively to test for			-		-	`			
		•	rated exclusively to test for	•	•					ort		v out the
		-	pported organizations de			-					-	-
			es the type of supporting					'		• • •	• •	5 Section
	pe I	<b>b</b> Type II	<b>c</b> Type III-Function	-						-		tegrated
			e organization is not con	-	-							0
	-	-	other than one or more			-	-	-			-	-
or section		-		publici	y supp	Unteu U	iyaniza	tions u	lescribe	uma	ection	509(a)(1)
			n determination from th		that it	ie o Tr			or Type	ء اللـ م	support	ina
		k this box		6 11/3	inat it	15 a 1	уре і, і	уре п,	U Type	5 111 3	support	
<u> </u>			nization accepted any gift	t or co	otributi	on from		the				🗆
		-	nization accepted any gin		illibuli			uie				
following p			the controls of the clone	or tog	othor y	with no	reane d	acariba	d in (ii)	and		Yes No
			tly controls, either alone	-							11g(i)	
			the supported organizationscribed in (i) above?	•	• • •						11g(ii)	<u> </u>
	-		on described in (i) or (ii) a	hov/o2	• • •						11g(iii)	
					• • •						119(11)	
			ut the supported organization				ou notify	6.81	la 4h a	(,)		
(i) Name of suppo organization	neu	(ii) EIN	(iii) Type of organization (described on lines 1-9	organia	ls the zation in		anization		ls the zation in	(VII)	suppo	of monetary
			above or IRC section (see instructions))	your go	listed in overning		) of your oort?		rganized U.S.?			
				Yes	ment? No	Yes	No	Yes	No			
				103		103		103	110			
(A)												
(B)												
(0)												
(C)												
(D)												
(E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

2013 Open to Public

) or 990-EZ)	

#### Schedule A (Form 990 or 990-EZ) 2013

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,203,999.	14,192,838.	22,588,411.	15,617,187.	17,073,787.	85,676,222.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	16,203,999.	14,192,838.	22,588,411.	15,617,187.	17,073,787.	85,676,222.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f)						15,008,509.
<u>6</u> Sec	Public support. Subtract line 5 from line 4. tion B. Total Support						70,667,713.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	16,203,999.	14,192,838.	22,588,411.	15,617,187.	17,073,787.	85,676,222.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,373,068.	1,353,521.	1,003,589.	1,030,220.	929,458.	5,689,856.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			513.	152.	886.	1,551.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						91,367,629.
12	Gross receipts from related activities, etc. (s	see instructions) .			l	12	736,671.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2013 (li		•		ſ	14	77.34%
15	Public support percentage from 2012					15	75.83%
16a	331/3% support test - 2013. If the c	-					
	this box and stop here. The organizati						
	331/3% support test - 2012. If the c check this box and stop here. The org	anization qualifi	es as a publicly	supported orga	nization		▶□
	<ul> <li>10%-facts-and-circumstances test - 2</li> <li>10% or more, and if the organization</li> <li>Part IV how the organization meets to organization</li> <li>10%-facts-and-circumstances test - 2</li> <li>15 is 10% or more, and if the organization</li> <li>Explain in Part IV how the organization</li> </ul>	the "facts-and-or the "facts-and-or 2012. If the org anization meets on meets the "	cts-and-circumst ircumstances" to ganization did n the "facts-and facts-and-circun	ances" test, ch est. The organiz ot check a box I-circumstances' nstances" test.	eck this box ar zation qualifies on line 13, 16a ' test, check th The organizatio	nd <b>stop here.</b> E as a publicly si a, 16b, or 17a, nis box and <b>st</b> o n qualifies as a	xplain in upported → □ and line pp here. publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	

Schedule A (Form 990 or 990-EZ) 2013

#### Schedule A (Form 990 or 990-EZ) 2013

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2	013	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	<b>(e)</b> 2	013	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
h	sources Unrelated business taxable income (less							
b	section 511 taxes) from businesses							
	,							
	acquired after June 30, 1975							<u>`</u>
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
_	loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a secti	ion 501(c	)(3)
	organization, check this box and stop here							<u></u> ►
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15		%
16	Public support percentage from 2012 Sche	edule A, Part III, lir	ne 15			16		%
Sec	tion D. Computation of Investmer	nt Income Per	centage					
17	Investment income percentage for 2013 (li	ne 10c, column (	f) divided by line	13, column (f))		17		%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18		%
19 a	331/3% support tests - 2013. If the or					e than 3	31/3 %, ar	nd line
	17 is not more than 331/3%, check th	is box and <b>sto</b> j	<b>o here.</b> The org	anization qualifie	s as a publicly	supported	d organiza	ation 🕨 🔄
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more th	an 331/39	%, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supporte	d organiza	ation 🕨 📃
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	x and s	ee instru	ctions 🕨 📃
JSA 3E122	1 1.000				S	chedule /	A (Form 99	0 or 990-EZ) 2013
		:44:15 PM	V 13-7.15	9	3397			PAGE 1

Page 4

Schedule A (Form 990 or 990-EZ) 2013

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

### Schedule B

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

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Employer identification number

Organization type (check one):

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

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

#### **General Rule**

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

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number 43-1234200

a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$ 3,035,968.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$995,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		**************************************	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		\$7,284.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$1,064,297.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 6		\$ <u>956,624.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

JSA

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number 43-1234200

a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 7		\$ 501,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 8		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$460,177.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

43-1234200

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SOFTWARE		00/00/0014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCKS & SECURITIES	-	
		\$1,511,250.	_04/17/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	LAND	\$460,177.	_11/15/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	

3E1254 1.000

vame of or	ganization MISSOURI STATE UNIVERS	ITY FOUNDATION		Employer identification number
				43-1234200
	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the y	ear. Complete column	s (a) through (e) a	nd the following line entry.
	For organizations completing Part III, e contributions of <b>\$1,000 or less</b> for the Use duplicate copies of Part III if addition	e year. (Enter this infor	<i>ively</i> religious, cha mation once. See ir	ritable, etc., hstructions.) ► \$
(a) No. from	(b) Purpose of gift	(a) Use of a	if4	(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of g	m	(d) Description of how gift is held
		(e) Transfer o	 f gift	
	Transferee's name, address, an	d ZIP + 4	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, and	d ZIP + 4	Relationshij	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	fgift	
	Transferee's name, address, an	d ZIP + 4	Relationshi	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
·				
		(e) Transfer o	f gift	
	Transferee's name, address, an	d ZIP + 4	Relationshi	o of transferor to transferee
A			 Sc	hedule B (Form 990, 990-EZ, or 990-PF) (20

3E1255 1.000 G11257 K929 1/28/2015 2:44:15 PM V 13-7.15

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

93397

Page **4** 

SCHEE	DULE	D
(Form	990)	

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

(Form 990)		► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				2013
	artment of the Treasury nal Revenue Service	► Information about Schedul	Attach to Form 990.			Open to Public Inspection
Nam	e of the organization				Employer identific	ation number
		INIVERSITY FOUNDATION			43-12342	00
Pa		ons Maintaining Donor Advis f the organization answered "			counts.	
	· ·		(a) Donor advised f	unds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4	Aggregate value a	it end of year				
5	Did the organizati	on inform all donors and donor	advisors in writing that the	assets held in de	onor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive le	egal control?		Yes No
6		on inform all grantees, donors, a				
	-	purposes and not for the benef		-		
		issible private benefit?				
Pa		on Easements. Complete if t			990, Part IV,	ine 7.
1		servation easements held by the				
		of land for public use (e.g., recr	eation or education)	Preservation of a	-	nportant land area
		f natural habitat		Preservation of a	a certified histor	ic structure
2		of open space through 2d if the organization h	old a qualified concervation	a contribution in th	o form of a cor	convotion
2		ast day of the tax year.	eiu a quaimed conservation			ISEIVALION
					Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a	
b		tricted by conservation easement			2b	
с		vation easements on a certified			2c	
d		vation easements included in (c				
	historic structure I	isted in the National Register			2d	
3	Number of conser	vation easements modified, trar	nsferred, released, extingui	shed, or terminate	ed by the organi	zation during the
	tax year ►					
4		where property subject to conse				
5		tion have a written policy regard			-	
_		orcement of the conservation ea				🗀 Yes 📖 No
6	Staff and voluntee	r hours devoted to monitoring, in	nspecting, and enforcing co	onservation easer	nents during the	year
7	Amount of expens	es incurred in monitoring, inspec	cting, and enforcing conser	vation easements	during the year	
	▶\$					
8		vation easement reported on lin	•	•		
-	(i) and section 170	0(h)(4)(B)(ii)?				└── Yes └── No
9		be how the organization reports			•	•
		d include, if applicable, the text of ounting for conservation easements		ization's financial	statements that	describes the
Pa		tions Maintaining Collections		ures, or Other S	Similar Assets	
		if the organization answered				-
1a	If the organization works of art, hist public service. pro	n elected, as permitted under S orical treasures, or other similar vide, in Part XIII, the text of the f	FAS 116 (ASC 958), not t ar assets held for public ootnote to its financial state	o report in its re exhibition, educa ements that descr	venue statemer tion, or resear ibes these items	nt and balance sheet ch in furtherance of
b	If the organization works of art, hist	n elected, as permitted under orical treasures, or other simil vide the following amounts relat	SFAS 116 (ASC 958), to ar assets held for public	report in its rev	enue statemen	t and balance sheet
		uded in Form 990, Part VIII, line	•		▶ 9	
		d in Form 990, Part X				
2		n received or held works of a				
	-	required to be reported under S				- · ·
а	Revenues include	d in Form 990, Part VIII, line 1 🔒			► \$	

а	Revenues included in Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		\$			
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
JSA						

OMB No. 1545-0047

\_ \_

		SOURI STA	TE UNI	VERSIT	Y FOUN	IDATIO	N			43-12	34200	- 0
Schee	t III Organizations Maintaini	ng Collectio	ns of A	rt, Hist	orical T	reasur	es, (	or Oth	ner Simil	ar Asse	ts (cont	Page <b>2</b>
3	Using the organization's acquisitic collection items (check all that app	on, accession										/
а	Public exhibition	- /		d	Loan	or excha	anae	program	ns			
b	Scholarly research			e	Other		-					
С	Preservation for future gene	rations										
4	Provide a description of the organ		ections a	nd expla	in how	thev fur	ther	the or	anization	's exemp	t purpose	e in Part
	XIII.								<b>J</b>			
5	During the year, did the organization	on solicit or re	ceive dor	ations of	f art. hist	orical tre	easu	res. or o	other simi	lar		
-	assets to be sold to raise funds rath									-	Yes	No
Par	t IV Escrow and Custodial Ar											
	or reported an amount or				e e gan						o, i alti	,,
			,	-								
1a	Is the organization an agent, truste	e, custodian c	or other in	termedia	ary for co	ontributio	ons c	or other	· assets no	ot		
	included on Form 990, Part X?				•					_	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and	complete	the follo	owing tab	ole:						
						[			A	mount		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year					•	1e					
f	Ending balance						1f					
2a	Did the organization include an am				040	L L					Yes	No
b	If "Yes," explain the arrangement in											
Par												
		(a) Current y		(b) Prior		(c) Two			(d) Three		(e) Four y	ears back
1a	Beginning of year balance	68,998,		62,262	-			069.		4,099.		11,343.
	Contributions	2,083,			1,986.			087.		6,971.		62,595.
с	Net investment earnings, gains,									-	-	
	and losses	10,183,	887.	6,536	5,927.	2,7	779,	546.	10,58	9,771.	4,5	58,106.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	3,889,	315.	3,615	5,668.	3,2	246,	185.	3,08	2,772.	1,9	27,945.
f	Administrative expenses											
g	End of year balance	77,376,	982.	68,998	3,762.	62,2	262,	517.	61,22	8,069.	51,3	04,099.
2	Provide the estimated percentage											
а	Board designated or quasi-endown	nent 🕨 4	.2100 %	D			. ,,					
b	Permanent endowment  60.8	3700 🖗 = = = = =										
С	Temporarily restricted endowment	▶ 34.920	)0 %									
	The percentages in lines 2a, 2b, ar	nd 2c should e	qual 100	%.								
3a	Are there endowment funds not in	the possession	on of the	organiza	tion that	are held	d and	d admir	nistered for	the		
	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	X
	(ii) related organizations										3a(ii)	X
b	If "Yes" to 3a(ii), are the related org										3b	
4	Describe in Part XIII the intended u	-	anization	's endow	ment fu	nds.						
Par	t VI Land, Buildings, and Equ	ipment.	! "\/"	to Γο		a mt 1\ / 1		1 - 0			tV line (	10
	Complete if the organiza Description of property		Cost or oth			or other ba			cumulated		d) Book valu	
	Description of property	(a)	(investme			other)	515		eciation		<b>u)</b> BOOK valu	e
1a	Land	••••	196	5,382.	1	L20,00	0.				31	6,382.
b	Buildings				2,9	948,71	7.	1,8	29,806.		1,11	8,911.
С	Leasehold improvements					83,69			83,695.			
d	Equipment		107	7,500.	4	442,20	8.	4	25,200.		12	4,508.
	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must equ	al Form 9	90, Part 2	X, columi	n (B), lin	e 10(	(c).).	🕨		1,55	9,801.
										Sched	lule D (Forn	n 990) 2013

#### MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Schedule D (Form 990) 2013 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A)HEDGE FUNDS 7,561,713. FMV (B) PRIVATE EQUITY 1,249,028 FMV (C)REAL ESTATE FUNDS/REIT 1,242,260 FMV (D) PRIVATE MUTUAL FUNDS 4,806,045. FMV (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 14,859,046 Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2)(3) (4)(5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(4)(5)(6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FUNDS MANAGED FOR MO STATE UNI 199,762 (3) ANNUITY OBLIGATIONS 240,029 1,057,374 (4) DUE TO RELATED PARTIES (5)(6)(7)(8) (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ▶ 1,497,165.

 2. Lickility for uncertain tay positions.
 ■ Datt XIII, provide the tayt of the forteste to the context.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII
JSA
3E1270 1.000
Schedule D (Form 99

-	(Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	28,452,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	20,152,557.
a	Net unrealized gains on investments 9,830,065.		
b	Donated services and use of facilities 2b 367,408.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -115,516.		
е	Add lines 2a through 2d	2e	10,081,957.
3	Subtract line 2e from line 1	3	18,371,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -766,098.		
С	Add lines 4a and 4b	4c	-766,098.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,604,902.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	18,387,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 367,408.		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 766,098.		
е	Add lines 2a through 2d	2e	1,133,506.
3	Subtract line 2e from line 1	3	17,253,708.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 115, 516.		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	115,516.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII       Supplemental Information.	5	17,369,224.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
E	PAGE 5		
164		Coh.	edule D (Form 990) 2013
JSA		Sche	aule D (FUIII 390) 2013

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS:

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

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

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

SCHEDULE D, PART XI, LINE 2D AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: \$(115,516) INVESTMENT EXPENSES

SCHEDULE D, PART XI, LINE 4B AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: \$(634,127) RENTAL EXPENSES

(131,971) SPECIAL EVENT EXPENSES

\$(766,098) TOTAL

Schedule D (Form 990) 2013

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25:

\$ 634,127 RENTAL EXPENSES

131,971 SPECIAL EVENT EXPENSES

\$ 766,098 TOTAL

Schedule D (Form 990) 2013

	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	he organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.				19, or if the	2013	
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Revenue Service							Inspection
Name of the organization						Employer identificati	
MISSOURI STATE U	ng Activities. Com		vization a	neworod	"Voc" to Form 0	43-123420	-
Dart	)-EZ filers are not i	• •			Tes to Form 9	90, Fait IV, line	17.
	the organization rais				activities Check a	all that apply	
a Mail solicitat	•	e e		•	non-government g		
	email solicitations	f			government grants		
c Phone solici		g			ising events	-	
d In-person so	licitations	5			5		
2a Did the organizat	tion have a written o	r oral agreement w	ith any ind	dividual (ir	cluding officers, d	irectors, trustees	
	s listed in Form 990,						Yes No
	en highest paid indi		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at	east \$5,000 by the o	organization.					
<b>(i)</b> Name and addr or entity (fu		<b>(ii)</b> Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	<b>(v)</b> Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
						col. (i)	organization
1			Yes	No			
I							
2							
-							
3							
4							
5							
6							
7							
,							
8							
9							
10							
Total	which the organizat	ion is registered a	r licensee			has been notified	Lit is event from

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

 JSA

 3E1281 1.000

 G11257 K929 1/28/2015 2:44:15 PM V 13-7.15

Schedule G (Form 990 or 990-EZ) 2013

#### Schedule G (Form 990 or 990-EZ) 2013

Part II

JSA

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		g. eee reeerpto groater than oojo						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			SPORTS AUCTION	MBB GOLF TOURN	<u> </u>	(add col. <b>(a)</b> through col. <b>(c)</b> )		
Ø			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	120,936.	63,171.	223,575.	407,682.		
R		Less: Contributions	91,872.	48,105.	173,966.	313,943.		
	3	Gross income (line 1 minus line 2)	29,064.	15,066.	49,609.	93,739.		
	4	Cash prizes						
	5	Noncash prizes		11,981.	12,418.	24,399.		
səsu	6	Rent/facility costs	27,810.	20,280.	32,699.	80,789.		
Direct Expenses	7	Food and beverages			9,476.	9,476.		
Dire	8	Entertainment						
	9	Other direct expenses	6,483.	3,819.	7,005.	17,307.		
		Direct expense summary. Add lines 4				131,971.		
		Net income summary. Subtract line 1				-38,232.		
Pa	rt I			'es" to Form 990, Par	t IV, line 19, or repo	rted more		
		than \$15,000 on Form 990-E	z, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Expen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
-	5	Other direct expenses						
		Volunteer labor	Yes%	9Yes% No	Yes%			
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)				
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)				
		'ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe		ng the tax year?	_ Yes No		
					Schedule G	6 (Form 990 or 990-EZ) 2013		

3E1282 1.000 G11257 K929 1/28/2015 2:44:15 PM V 13-7.15

MISSOURI	STATE	UNIVERSITY	FOUNDATION

Sched	lule G (Form 990 or 990-EZ) 2013	Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility 13a	%
b	An outside facility 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
	amount of gaming revenue retained by the third party  \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
	· · · ·	

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		омв No. 1545-0047 20 <b>13</b>			
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection			
Name of the organization		Employer ident	ification number			
MISSOURI STATE	MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200					
Part I General Information on Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and						

the selection criteria used to award the grants or assistance? **X** Yes **No 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MISSOURI STATE UNIVERSITY							
901 S. NATIONAL SPRINGFIELD, MO 65897	44-6000308	MO STATE UNIV	14,714,696.				SUPPORT
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and ge	overnment o	rganizations liste	ed in the line 1 tabl	e		· · · · · · · · · · · · · · · · · · ·	1.
3 Enter total number of other organizations liste	d in the line	1 table	<u></u>	<u></u>	<u> </u>	<u> </u>	
For Paperwork Reduction Act Notice, see the Ins							ile I (Form 990) (2013)
JSA							

3E1288 1.000

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1,301.	1,815,199.			
2					
3					
4					
5					
3					
7					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

SCHEDULE I, PART I, LINE 2

GRANTEE SELECTION:

THE ORGANIZATION PROVIDES SUPPORT FOR MISSOURI STATE UNIVERSITY, ITS

RELATED ORGANIZATION. NO OTHER ORGANIZATIONS RECEIVE GRANTS OR

ASSISTANCE FROM THE ORGANIZATION.

THE FOUNDATION BASES ITS SCHOLARSHIP RECIPIENTS BASED ON MISSOURI STATE

UNIVERSITY'S CRITERIA OF NEED AND EDUCATIONAL ACHIEVEMENTS. THIS

CRITERIA ENFORCES A NON-DISCRIMINATORY POLICY.

Page 2

<b>(Fori</b>	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organization ► Attach to Form	Compensation Information       ○M         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       ○         Complete if the organization answered "Yes" to Form 990, Part IV, line 23.       ○         Attach to Form 990.       See separate instructions.       ○         Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.       ○					
	of the organization			Employer identificatio	Inspe n numbe		-	
	5	E UNIVERSITY FOUNDATION		43-123420		-		
Part		ns Regarding Compensation		10 10 10	0			
r are	Question	is negation good periodicity				Yes	No	
1a	990, Part VII, First-cla		ovided any of the following to or for a pers p provide any relevant information regardin Housing allowance or residence for Payments for business use of perso	g these items. personal use				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees				
	Discretio	onary spending account	Personal services (e.g., maid, chauff	eur, chef)				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	ne organization follow a written policy represented above? If "No," com	egarding payment plete Part III to	1b			
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all				
		stees, and officers, including the CEC	D/Executive Director, regarding the item	s checked in line	2			
3	organization's related organ Comper Indepen	s CEO/Executive Director. Check all that	hization used to establish the compensation at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation	ods used by a art III.				
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-				
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X	
b							X	
c			ased compensation arrangement? rovide the applicable amounts for each it		4c		X	
	Only section	501(c)(3) and 501(c)(4) organizations	must complete lines 5-9.					
5	For persons I	isted in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	any				
	compensation	n contingent on the revenues of:						
а	The organizat	ion?			5a		Х	
b	Any related o	rganization?			5b		Х	
	If "Yes" to line	e 5a or 5b, describe in Part III.						
6		isted in Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	any				
а	The organizat	ion?			6a		Х	
b	Any related o	rganization?			6b		Х	
	If "Yes" to line	e 6a or 6b, describe in Part III.						
7	For persons	listed in Form 990, Part VII, Section	n A, line 1a, did the organization provi escribe in Part III		7		x	
8	Were any am to the initial	nounts reported in Form 990, Part VII, I contract exception described in I	, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? I	that was subject f "Yes," describe	8		x	
9	If "Yes" to li	ine 8, did the organization also foll	low the rebuttable presumption proced	lure described in	9			
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2013	

Page 2

Schedule J (Form 990) 2013

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
BRENT DUNN	(i)	77,528.	0		12,581.	3,782.	93,891.		
1 EXECUTIVE DIRECTOR	(ii)	51,685.	Q		8,387.	2,521.	62,593.	[	
STEVE FOUCART	(i)	0	O		0 0	0	C		
2 TREASURER	(ii)	126,217.	Q		19,845.	6,134.	152,196.	[	
	(i)								
3	(ii)							[	
	(i)								
4	(ii)							[	
	(i)								
5	(ii)							[	
	(i)								
6	(ii)							[	
	(i)								
7	(ii)								
	(i)								
8	(ii)							[	
	(i)								
9	(ii)							[	
	(i)								
10	(ii)							[	
	(i)								
11	(ii)							[	
	(i)								
12	(ii)							[	
	(i)								
13	(ii)				1				
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)				t·				

Schedule J (Form 990) 2013

JSA 3E1291 1.000 Schedule J (Form 990) 2013

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

#### MISSOURI STATE UNIVERSITY FOUNDATION

Lirs.gov/form990. Inspection Employer identification number 43-1234200

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art	X	8.	91,425.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		18,430.	FMV			
5	Clothing and household							
	goods	x		20,411.	FMV			
6	Cars and other vehicles					-		
7	Boats and planes	Х	1.	8,025.	FMV	-		
8	Intellectual property	Х	2.	1,195,000.	FMV	-		
9	Securities - Publicly traded	Х	32.	1,865,269.	FMV	-		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential					-		
16	Real estate - Commercial							
17	Real estate - Other	Х	2.	460,177.	APPRAISAI			
18	Collectibles	Х	25.	2,258.	FMV	-		
19	Food inventory	Х	174.	42,474.	FMV	-		
20	Drugs and medical supplies	Х	3.	881.	FMV	-		
21	Taxidermy					-		
22	Historical artifacts					-		
23	Scientific specimens					-		
24	Archeological artifacts					-		
25	Other ►( SEE PART II)	Х	19.	163,195.	FMV	-		
26	Other ►()					-		
27	Other ►()					-		
28	Other ►()					-		
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for				
	which the organization completed I	• •	•		29		1	.49.
	с .						Yes	No
30 a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1-28, that			
	it must hold for at least three year							
	used for exempt purposes for the e	ntire holding	) period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a	gift accept	tance policy that require	s the review of any r	non-standard			
	contributions?					31	Х	
32 a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an	n amount in	column (c) for a type of pro	perty for which column (a)	) is checked,			
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Inst				Schedule	M (Forr	n 990)	(2013



**Open To Public** 

Schedule M (Form 990) (2013)

Page 2

**Part II** Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I

OTHER NONCASH CONTRIBUTIONS:

LIVESTOCK/ANIMALS	Х	4	43,064.	FMV
FIREARMS	Х	2	75.	FMV
EQUIPMENT	х	13	120,056.	FMV

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTORS:

THE NUMBER OF CONTRIBUTIONS PROVIDED IS BASED UPON THE NUMBER OF

CONTRIBUTORS.

#### SCHEDULE M, PART I, LINE 32B

THIRD PARTIES USED TO SOLICIT, PROCESS OR SELL NONCASH CONTRIBUTIONS: THE ORGANIZATION USES THIRD PARTY REALTORS TO ASSIST IN SELLING NONCASH GIFTS OF REAL ESTATE.

PAGE 39

Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number

FORM 990, PART V, LINE 2A, PART VII, SECTION A, & PART IX, LINES 5 & 7 COMMON PAYMASTER ARRANGEMENT & SALARIES:

A RELATED ORGANIZATION, MISSOURI STATE UNIVERSITY (MSU), FILES ALL W-2'S AND PAYS ALL PAYROLL TAXES AND BENEFITS ON BEHALF OF THE ORGANIZATION. THE AMOUNT OF W-2 FILED FOR THE YEAR ON PART V, LINE 2A, IS THE AMOUNT OF W-2'S FILED ON BEHALF OF THE FOUNDATION FOR THOSE THAT WORK PRIMARILY FOR THE FOUNDATION. THE AMOUNT LISTED IN COLUMN D OF PART VII, SECTION A, AS PAID BY THE ORGANIZATION WAS PAID THROUGH A W-2 FILED BY MSU, BUT HAS BEEN SHOWN IN COLUMN D FOR THE EXECUTIVE DIRECTOR, WHO WORKS APPROXIMATELY 60% FOR THE FOUNDATION. OTHER SALARIES AND WAGES ON PART IX, LINE 7, IS THE AMOUNT OF SALARIES ALLOCATED TO THE ORGANIZATION FOR DUTIES PERFORMED FOR THE ORGANIZATION.

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

THE ORGANIZATION ALLOWS FOR UP TO 250 TRUSTEES. AMONG THE TRUSTEES' RESPONSIBILITIES ARE THE ELECTION OF MEMBERS OF THE EXECUTIVE COMMITTEE AND AMENDMENT OF THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B FORM 990 REVIEW PROCESS: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE PUBLIC DISCLOSURE COPY OF THE FORM

Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200

990 WILL INITIALLY BE INTERNALLY REVIEWED. AFTER THIS REVIEW, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 WILL BE PRESENTED TO THE EXECUTIVE COMMITTEE AT THEIR COMMITTEE MEETING. THIS WILL ALLOW FOR THE OPPORTUNITY FOR MEMBERS TO ASK QUESTIONS, MAKE COMMENTS, OR REQUEST CHANGES BEFORE THE FILING OF THE FINAL FORM 990.

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

CONFLICT OF INTEREST POLICY COMPLIANCE:

ANNUAL STATEMENTS ARE GIVEN TO THE BOARD OF DIRECTORS REQUIRING ACKNOWLEDGEMENT THAT EACH DIRECTOR HAS READ THE CONFLICT OF INTEREST POLICY AND AGREES TO COMPLY WITH THE POLICY. IF, AT ANY TIME SUBSEQUENT TO THE STATEMENT, A CONFLICT WERE TO ARISE, THE DIRECTOR IS THEN REQUIRED TO NOTIFY THE PRESIDENT AND EXECUTIVE DIRECTOR IN WRITING. ADDITIONALLY, THE ORGANIZATION SENT OUT A QUESTIONNAIRE PROVIDED BY THE INDEPENDENT ACCOUNTANT TO COMPLY WITH THE 990 REPORTING REQUIREMENTS.

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

FORM 990, PART VI, SECTION C, LINE 19 DOCUMENT AVAILABILITY: THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY

JSA

Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
MISSOURI STATE UNIVERSITY FOUNDATION	43-1234200

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

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE:

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

#### SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

MISSOURI STATE UNIVERSITY FOUNDATION

#### Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

# Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organiza	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
							Yes	No
(1) MISSOURI STATE UNIVERSITY	44-6000308							
901 S NATIONAL SPRINGF:	IELD, MO 65804	UNIVERSITY	MO			N/A		Х
_(2)		_						
_(3)		_						
_(4)		_						
_(5)		_						
_(6)		-						
_(7)		_						

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

JSA 3E1307 1.000 Schedule R (Form 990) 2013

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

43-1234200

3

Schedule R (Form 990) 2013

# Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

because it had one of more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	() Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percen- tage ownership	512(I cont	(i) ction b)(13) trolled tity?
								Yes	No
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

JSA 3E1308 1.000 Schedule R (Form 990) 2013

	MISSOURI	STATE	UNIVERSITY	FOUNDATION
--	----------	-------	------------	------------

Schedule R (Form 990) 2013

Pa	rt V	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e. Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1		g the tax year, did the organization engage in any of the following transactions with one or more re						
а	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			[	1a		Х
b	Gift, g	grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, g	grant, or capital contribution from related organization(s)				1c		Х
d	Loans	s or loan guarantees to or for related organization(s)			[	1d		Х
е	Loans	s or loan guarantees by related organization(s)				1e		Х
f	Divide	ends from related organization(s)				1f		Х
g	Sale of	of assets to related organization(s)				1g		Х
h	Purch	ase of assets from related organization(s)				1h		Х
i	Excha	ange of assets with related organization(s)				1i		Х
j	Lease	e of facilities, equipment, or other assets to related organization(s)				1j	Х	
-								
k	Lease	e of facilities, equipment, or other assets from related organization(s)				1k		Х
Т	Perfo	rmance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharii	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharii	ng of paid employees with related organization(s)				10	х	
p	Reiml	oursement paid to related organization(s) for expenses				1p	х	
q	Reim	bursement paid by related organization(s) for expenses				1q		Х
•								
r	Other	transfer of cash or property to related organization(s)				1r		Х
s	Other	transfer of cash or property from related organization(s)				1s		X
2		answer to any of the above is "Yes," see the instructions for information on who must complete the				holds		
		(a)	(b)	(c)		(d)	-	
		Name of related organization	Transaction	Amount involved	Method c amour			ıg
			type (a-s)		amoui	nt invo	lived	
(1)								
<u>.,</u>								
(2)								
<u>.,</u>								
(3)								
<u>.,</u>								
(4)								
<u></u>								
(5)								
<u>\</u>								
(6)								
JSA			1	I	Schedule R	(Form	990)	2013
3E1309	9 1.000					•	,	

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

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

(a) Name, address, and EIN of entity			(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		tionate Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	( <b>j)</b> eral or aging tner?	(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 6111 1666)	Yes	No		
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

JSA 3E1310 1.000 Schedule R (Form 990) 2013

Page 4

Page 5

Schedule R (F	Form 990) 2013
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

Form <b>990-T</b>		kempt Organiza (and pro	oxy tax	k un	der sectio	n 6033(	e))	•••	ОМ	IB No. 1545-0687
	For cale	ndar year 2013 or other tax y	vear begini	nina		3. and endi	ng 06/30 ,	2014.		2013
Department of the Treasury Internal Revenue Service		onformation about Form 99 not enter SSN numbers on	90-T and	its ins	tructions is ava	ilable at W			Open to	o Public Inspection for (3) Organizations Only
A Check box if		Name of organization (			ne changed and se			D Emple	oyer ident	tification number
address change	d							(Emplo	oyees' trust,	, see instructions.)
B Exempt under section	Drint	MISSOURI STATE								
X 501(C)(3)	Print or	Number, street, and room of	r suite no. Il	faP.O.	box, see instructio	ons.			23420 ated busi	0 iness activity codes
408(e) 220(	Type	901 S NATIONAL							structions.)	
408A 530( 529(a)	a)	City or town, state or provir		v. and Z	IP or foreign posta	l code		-		
C Book value of all assets	3	SPRINGFIELD, M			or releign poord			9000	99	
at end of year	F Gro	up exemption number (Se			•					
138,431,951.		eck organization type		,		501(c	) trust	401(a)	trust	Other trust
H Describe the orgar	nization's p	primary unrelated business	activity.	•	AT	TACHM	ENT 1			
During the tax year	r, was the	corporation a subsidiary i	n an affili	iated g	roup or a parent-	subsidiary	controlled group?		►	Yes X No
		identifying number of the	•							
		MISSOURI STATE	UNIVEF	RSIT			ne number 🕨 4		5-5632	
		or Business Income		1	(A) Inco	me	(B) Exper	ises		(C) Net
1a Gross receipts o	-		Balance 🕨	4.						
<ul><li>b Less returns and allo</li><li>2 Cost of goods s</li></ul>		lule A, line 7)		1c 2						
		2 from line 1c		2						
		attach Form 8949 and Sch		4a						
		Part II, line 17) (attach Form	,	4b						
c Capital loss dec	duction for t	trusts		4c						
5 Income (loss) from	m partnershi	ps and S corporations (attach	statement)	5		886.	ATCH 2	2		886
6 Rent income (Se	chedule C)			6						
7 Unrelated debt-	financed in	ncome (Schedule E)		7						
		nts from controlled organizations (		8						
		11(c)(7), (9), or (17) organization (5		9						
		ncome (Schedule I)		10 11						
		dule J) ctions; attach schedule.)		12						
		ough 12		13		886.				886
				-	ns for limitat		leductions.) (	Except	or con	
		Taken Elsewhere (S					, ,			,
		t be directly connecte	d with t	he ur	related busir	ness inco	ome.)			
deductio	ons must	•						14		
deductic	ons must	t be directly connecte	hedule K)							
deductic 14 Compensation of 15 Salaries and wa 16 Repairs and ma	ons must of officers, ges intenance	t be directly connected directors, and trustees (Sc	chedule K)	· · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	<u>15</u> <u>16</u>		
deduction 14 Compensation of 15 Salaries and wa 16 Repairs and ma 17 Bad debts	ons must of officers, ges intenance	t be directly connected directors, and trustees (Sc	chedule K)	· · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u>		
deduction 14 Compensation of 15 Salaries and wa 16 Repairs and ma 17 Bad debts 18 Interest (attach	ons must of officers, ges iintenance schedule)	t be directly connected directors, and trustees (Sc	chedule K)	· · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u>		
deduction deduction	ons must of officers, ges iintenance schedule) ses	t be directly connected directors, and trustees (Sc	chedule K)	· · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control	ons must of officers, ges iintenance schedule) ses ributions (\$	t be directly connected directors, and trustees (Sc	hedule K)	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control21Depreciation (attach	ons must of officers, ges iintenance schedule) ses ributions ({ ttach Form	t be directly connected directors, and trustees (Sc see instructions for limitation 4562)	hedule K)	· · · · · · · · · · · · · · · ·		21	· · · · · · · · · · · · · · · · · · ·	15            16            17            18            19            20		
deductic14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control21Depreciation (at a control22Less depreciation	ons must of officers, ges intenance schedule) ses ributions ( ttach Form on claimed	t be directly connected directors, and trustees (Sc See instructions for limitation (4562)	hedule K) on rules.)			21   22a		15            16            17            18            19            20		
deductio14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control21Depreciation (attach22Less depreciation23Depletion	ons must of officers, ges intenance schedule) ses ributions (\$ ttach Form on claimed	t be directly connected directors, and trustees (Sc see instructions for limitation 4562)	hedule K) on rules.) here on re	    		21 22a		15            16            17            18            19            20            22b            23		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control21Depreciation (at22Less depreciation23Depletion24Contributions to	ons must of officers, ges iintenance schedule) ses ributions (\$ ttach Form on claimed	t be directly connected directors, and trustees (Sc See instructions for limitation 4562).	hedule K) on rules.)			21 22a		15          16          17          18          19          20          22b          23          24		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable control21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene	ons must of officers, ges iintenance schedule) ses ributions (\$ ttach Form on claimed o deferred fit program	t be directly connected directors, and trustees (Sc directors, and trustees (Sc see instructions for limitation 4562). d on Schedule A and elsew compensation plans	hedule K) on rules.)			21 22a		15          16          17          18          19          20          20          23          24          25		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contri21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh	ons must of officers, ges intenance schedule) ses ributions ( ttach Form on claimed offit programs expenses ( hip costs (S	t be directly connected directors, and trustees (Sc directors, and trustees (Sc See instructions for limitation (4562) on Schedule A and elsew compensation plans s Schedule I) Schedule J)	hedule K) on rules.)			21 22a		15         16         17         18         19         20         21         22b         23         24         25         26         27		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contribution (at21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh28Other deduction	ons must of officers, ges intenance schedule) ses ributions (S ttach Form on claimed offit programs expenses (S nip costs (S ns (attach s	t be directly connected directors, and trustees (Sc directors, and trustees (Sc See instructions for limitation (4562) d on Schedule A and elsew compensation plans s Schedule I) Schedule J) schedule J)	hedule K) on rules.)			21   22a		15         16         17         18         19         20         22b         23         24         25         26         27         28		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contribution21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh28Other deduction29Total deduction	ons must of officers, ges intenance schedule) ses ributions (S ttach Form on claimed offit program expenses (S hip costs (S ns (attach s s. Add line	t be directly connected directors, and trustees (Sc see instructions for limitation (4562) d on Schedule A and elsew compensation plans s Schedule I) schedule J) schedule J) schedule J) schedule J schedule J schedule J schedule J schedule J	hedule K) on rules.)			21 22a		15         16         17         18         19         20         22b         23         24         25         26         27         28         29		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contribution21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh28Other deduction30Unrelated busin	ons must of officers, ges intenance schedule) ses ributions (\$ ttach Form on claimed offit program expenses (\$ nip costs (S ns (attach s s. Add line ness taxab	t be directly connected directors, and trustees (Sc see instructions for limitation 4562)	hedule K) on rules.) here on re	eturn	deduction. Sub	21 22a	29 from line	15         16         17         18         19         20         22b         23         24         25         26         27         28         29         13		886
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contribution (attach21Depreciation (attach22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh28Other deduction30Unrelated busin31Net operating loc	ons must of officers, ges intenance schedule) ses ributions (\$ ttach Form on claimed fit program expenses (\$ nip costs (\$ nip costs (\$ nis (attach s nis Add line ness taxab oss deducti	t be directly connected directors, and trustees (Sc See instructions for limitation 4562) d on Schedule A and elsew compensation plans s Schedule J) Schedule J) Schedule J) Schedule J Schedule J Schedule B Schedule J Schedule J Schedule C Schedule C Sch	hedule K) on rules.) here on re operating	eturn loss	deduction. Sub	21 22a	29 from line	15          16          17          18          19          20          20          21          23          24          25          26          27          28          29         13       30          31		
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contributions21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess exempt27Excess readersh28Other deduction29Total deduction30Unrelated busin31Net operating lo32Unrelated busin	ons must of officers, ges intenance schedule) ses ributions (S ttach Form on claimed offit program expenses (S nip costs (S ns (attach s ness taxab poss deductions taxab	t be directly connected directors, and trustees (Sc directors, and trustees (Sc See instructions for limitation (4562) d on Schedule A and elsew compensation plans s Schedule J) schedule J) schedule J) schedule J) schedule J schedule J schedu	chedule K) on rules.) where on re operating con line 30 deduction	eturn loss )	deduction. Sub	21 22a 	29 from line	15         16         17         18         19         20         22b         22b         22b         22b         22b         22b         22b         22b         23         24         25         26         27         28         29         13         30         31         32		886
deduction14Compensation of15Salaries and wa16Repairs and ma17Bad debts18Interest (attach19Taxes and licens20Charitable contributions21Depreciation (at22Less depreciation23Depletion24Contributions to25Employee bene26Excess readersh27Excess readersh28Other deduction30Unrelated busin31Net operating lo32Unrelated busin33Specific deduct	ons must of officers, ges inintenance schedule) ses ributions (S ttach Form on claimed offit program expenses (S nip costs (S ns (attach s ns (attach s ns taxab oss deduction ness taxabl ion (Gener	t be directly connected directors, and trustees (Sc See instructions for limitation 4562) d on Schedule A and elsew compensation plans s Schedule J) Schedule J) Schedule J) Schedule J Schedule J Schedule B Schedule J Schedule J Schedule C Schedule C Sch	chedule K) on rules.) where on re opperating on line 30 deduction 33 instruct	loss b) c. Subt	deduction. Sub ract line 31 from or exceptions.)	21   22a   	29 from line	15         16         17         18         19         20         22b         23         24         25         26         27         28         29         13         30         31         32         33		

G11257 K929 1/28/2015 2:44:15 PM V 13-7.15

Form	990-T (2	013) MISSOURI STA	TE UNIVE	RSI	TY FOUNDA	ATIO	N		43-12	234200	F	Page <b>2</b>
Par	t III	Tax Computation										
35	Organ	izations Taxable as Corporations. Se	<u>e</u> instructio	ns f	or tax comp	outation	n. Controlled g	roup				
	membe	ers (sections 1561 and 1563) check here	See inst	ructi	ons and:							
а	Enter	your share of the \$50,000, \$25,000, and \$	9,925,000 t	axabl	le income bra	ackets	(in that order):					
	(1) \$				3) \$							
b	Enter of	organization's share of: <b>(1)</b> Additional 5% tax (no	t more than \$	511,7	50)	\$						
	(2) Add	litional 3% tax (not more than \$100,000)				\$						
С	Income	e tax on the amount on line 34							35c			
36	Trusts						Income tax					
		ount on line 34 from: Tax rate schedule o							36			
37		tax. See instructions							37			
38	Alterna	ative minimum tax						• • •  -	38			
39		Add lines 37 and 38 to line 35c or 36, whicheve	er applies						39			
		Tax and Payments										
	•	n tax credit (corporations attach Form 1118; tru			· · · · · -	40a						
		credits (see instructions)				40b						
		al business credit. Attach Form 3800 (see instruct				40c 40d						
		for prior year minimum tax (attach Form 8801 o						_				
е 41		redits. Add lines 40a through 40d							40e			
41		ct line 40e from line 39 axes. Check if from: Form 4255 Form 8611							41			
42 43		<b>ax.</b> Add lines 41 and 42						F	42 43			0
43 44 a		nts: A 2012 overpayment credited to 2013			1	1		••••	43			
		estimated tax payments			Г							
c		posited with Form 8868.			Г							
u d		n organizations: Tax paid or withheld at source (										
e	•	o withholding (see instructions)		'	Г							
f		for small employer health insurance premiums (			Г	44f						
g			439									
	E I	Form 4136 Other _				44g						
45		payments. Add lines 44a through 44g							45			
46	Estima	ted tax penalty (see instructions). Check if Form	2220 is attac	hed.					46			
47	Tax du	e. If line 45 is less than the total of lines 43 and	d 46, enter an	nount	owed			>	47			
48	-	ayment. If line 45 is larger than the total of line		enter	amount overpa	aid 🚬		►	48			
49		ne amount of line 48 you want: Credited to 2014 estim					Refunde		49			
Par		Statements Regarding Certain A							,	T	1	
1		time during the 2013 calendar year, did the or								-	Yes	No
		t (bank, securities, or other) in a foreign country	-	0				·22.1, R	eport of	Foreign	37	
~		nd Financial Accounts. If YES, enter the name of	-		·						X	X
2		the tax year, did the organization receive a dist see instructions for other forms the organization			vas it the gran	nor or,	or transferor to,	a toreig	n trust?	••••		
2		he amount of tax-exempt interest received or a	-		vvvoor 🕨 \$							
$\frac{3}{\text{Sch}}$		A - Cost of Goods Sold. Enter meth										
1		pry at beginning of year 1		6		end of	year		6			
2	Purcha			7			sold. Subtract					
3		f labor 3		-	-		Enter here and					
		nal section 263A costs							7			
	(attach	schedule) 4a		8			f section 263		h resp	pect to	Yes	No
b		costs (attach schedule) 4b					d or acquired					
5	Total.	Add lines 1 through 4b 5			to the organiz	zation?	· · · · · · · · · · · · · · · · · · ·					
		er penalties of perjury, I declare that I have examined this			mpanying schedule	es and s	statements, and to the	e best of	my know	ledge and b	elief, it	is true,
Sigr	1	ct, and complete. Declaration of preparer (other than taxpayer)	s based on all inf	ormatio	on or which prepare	er nas ar	iy knowledge.	Max	/ the IC	RS discuss	this r	eturn
Her	e   🚩				/					preparer sh		
	Sig	nature of officer	Date		Title			(see	instruction		s	No
Paid		Print/Type preparer's name	Preparer's sig	gnatur	e	Da	ate	Check	if	PTIN		
Prep		GARY V GARWITZ						-	nployed	P0042		
-	Only	Firm's name BKD, LLP						Firm's		44-0160		
	, <b>,</b>	Firm's address ▶ 910 E ST LOUIS #2			190			Phone	no. '	417 865		
		SPRINGFIELD, MO	5806-25	23						Form <b>99</b>	90-I (	(2013)

Form	990-T	(2013)
------	-------	--------

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property

(1)		
(2)		
(3)		
(4)		

2. Rent recei	ved or accrued	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2( here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

### Schedule E - Unrelated Debt-Financed Income (see instructions)

4. Description of dat	h t for an an all a man and a	2. Gross income from		<b>3.</b> Dec	ductions directly co debt-finan		
1. Description of del	bt-financed property	allocable to debt-finan property	ced		ine depreciation schedule)		Other deductions attach schedule)
(1)							
(2)							
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	<ol> <li>Average adjusted basis of or allocable to debt-financed property (attach schedule)</li> </ol>	<b>6.</b> Column 4 divided by column 5			come reportable ? x column 6)		Ilocable deductions in 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
Totals				Enter here a Part I, line	and on page 1, 7, column (A).		here and on page 1, line 7, column (B).
Totals <u>Total dividends-received deduct</u>	tions included in column 8						
Schedule F - Interest, An	nuities Rovalties and	Rents From Contro	llod	Organizati	ons (see instru	(ctions)	
		Exempt Controlled Or		-			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	<b>4.</b> T	otal of specified ayments made	5. Part of columr included in the c organization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organ	nizations				1		
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specif payments made		include	t of column 9 that is ed in the controlling ation's gross income	coi	1. Deductions directly nnected with income in column 10
(1)				Ť	_		
(2)							
(3)							
(4)							
				Enterh	columns 5 and 10. here and on page 1, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
Totals	<u></u>	<u></u>					Form <b>990-T</b> (2013)
JSA							Form <b>330-1</b> (2013)

Form 990-T (2013)				RSITY FOUNDA					34200 Page <b>4</b>
Schedule G - Investment In	come of a Sec	ction 501(c)	)(7),		nizat	<b>ion</b> (see inst	ructi	ions)	
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule)		<b>4.</b> Sei (attach			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, c								Enter here and on page 1, Part I, line 9, column (B).
Totals									
Schedule I - Exploited Exe	mpt Activity In	come. Othe	r Th	an Advertising In	com	e (see instru	ctior	is)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	s vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. ( fror is i	Gross income n activity that not unrelated siness income		5. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
<u>(1)</u>									
(2)									
(3)									
(4)									
Tatala	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	tI,						Enter here and on page 1, Part II, line 26.
Totals Schedule J - Advertising In	come (see instr	uctions)							
Part I Income From Peri			neoli	idated Basis					
rart income riom ren			11501						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	<ol> <li>Advertising gain or (loss) (col.</li> <li>2 minus col. 3). If a gain, compute cols. 5 through 7.</li> </ol>	5.	Circulation income	6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))									
Part II Income From Per 2 through 7 on a li			бера	rate Basis (For e	each	periodical I	iste	d in Part I	I, fill in columns
1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
<u>(1)</u>									
(2)									
(3)									
(4)									
Totals from Part I				_					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Pai line 11, col.	τI						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ► Schedule K - Compensatio	n of Officere D	liroctoro c			Intica	2)			
1. Name	n of Officers, E			2. Title		<ol> <li>Percent of time devoted to business</li> </ol>			nsation attributable to lated business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, P	art II, line 14			<u> </u>					
JSA									Form <b>990-T</b> (2013)

ATTACHMENT 1

## ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME FROM A PASS-THROUGH ENTITY.

ATTACHMENT 2

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

INCOME FROM NEWBURY EQUITY	PARTNERS	886.
INCOME (LOSS) FROM PAR	TNERSHIPS	886.

Form	. 8886   Re	eportable	Transact	ion Disc	losure Sta	tement		Ом	B No. 1545-1800
(Rev	v. March 2011)		Attach	to your tax r	eturn.				
	artment of the Treasury nal Revenue Service			parate instru				Atta Seq	achment Juence No. <b>137</b>
Nam	ne(s) shown on return (individuals enter last na	me, first name, m	niddle initial)				Identifying	number	
ΜI	SSOURI STATE UNIVERS	SITY FOU	JNDATIO	N			43-1	2342	200
Num	nber, street, and room or suite no.		City or	town				State	ZIP code
Α	If you are filing more than one Form 88	386 with your 1	tax return, seq	uentially numb	er				
	each Form 8886 and enter the stateme	ent number for	this Form 888	6	🕨 Stater	ment number		of	
В	Enter the form number of the tax return	n to which this	form is attach	ed or related					<u>4 990-T</u>
	Enter the year of the tax return identifie	d above					🕨	<u>2014</u>	
	Is this Form 8886 being filed with an a	mended tax ret	urn?				· · · ►		Yes X No
с	Check the box(es) that apply (see instru	ctions).	Initial y	vear filer	X Protectiv	e disclosure			
1a	Name of reportable transaction								
S	SECTION 988 LOSS								
1b	Initial year participated in transaction		1c Reportab	le transactior	or tax shelter	registration numb	oer (see instr	uctions)	)
2	2009								
2	Identify the type of reportable transacti	on. Check all I	boxes that app	ly (see instruc	tions).				
а	Listed c C	ontractual pro	otection	e	Transaction of	of interest			
b	Confidential d X L	OSS			_				
3	If you checked box 2a or 2e, enter the	published guid	dance number	for the listed	transaction or tr	ansaction			
	of interest					•		N/A	
4	Enter the number of "same as or subst	antially similar	" transactions	reported on th	is form		🕨	30	
5	If you participated in this reportable to	ransaction thro	ough a partne	ership, S corp	oration, trust,	and foreign enti	ty, check th	ne appli	icable boxes and
	provide the information below for the er	ntity(s) (see ins	structions). (At	tach addition	al sheets, if nece	essary.)			
а	Type of entity	▶ X	Partnership		rust	Partne	rship		Trust
			S corporation	1   F	oreign	S corp	oration		Foreign
b	Name	🕨							
~	Employer identification number (EIN), if	BRA	ANDYWINI	E INVES	TMENT				
U	known								
_		76-	-0822143	3					
d	Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not								
	received).	·· • <u>04</u> /	/15/2014	4					
6	Enter below the name and address of	each individu	al or entity to	whom you r	aid a fee with	regard to the tr	ansaction if	that in	dividual or entity
Ŭ	promoted, solicited, or recommended								
	sheets, if necessary.)								
а	Name				Identifying	number (if know	n) Fees p	baid	
							\$		-
	Number, street, and room or suite no.			City or town				State	ZIP code
b	Name				Identifying	number (if know	n) Fees p	baid	
							\$		
	Number, street, and room or suite no.			City or town				State	ZIP code

JSA

Form 8886 (Rev. 3-2011)	Page <b>2</b>
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       Absence of adjustments to basis       T         Capital loss       Nonrecognition of gain       Deferral         X       Ordinary loss       Adjustments to basis       Other	ax Credits
<ul> <li>b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated years. Include facts of each step of the transaction that relate to the expected tax benefits including the amound include in your description your participation in the transaction and all related transactions regardless of the into. Also, include a description of any tax result protection with respect to the transaction.</li> <li>ATTACHMENT 1</li> </ul>	unt and nature of your investment.
8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Ch instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involved identify its country of incorporation or existence. For each individual or related entity, explain how the individual sheets, if necessary.	olvement. For each foreign entity,
a Type of individual or entity: Tax-exempt Foreign X Related	
Name	Identifying number
MELLON TRUST COMPANY	25-0659306
Address P.O. BOX 185 PITTSBURGH, PA 15203	
Description CUSTODIAN AND TRUSTEE	
b Type of individual or entity:	
Name	Identifying number
BRANDYWINE GLOBAL INVESTMENT MGMT LLC	51-0294065
Address 2929 ARCH ST SUITE 800 PHILADELPHIA, PA 19104	
INVESTMENT ADVISOR	

#### SECTION 988 LOSS

#### ATTACHMENT 1

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

### LINE 7: FACTS OF THE TRANSACTION

THE PARTNERSHIP 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. DOLLAR DENOMINATED ASSETS AND 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 LOSS THRESHOLD. THE LOSSES ARE CHARACTERIZED AS ORDINARY LOSSES UNDER IRC SECTION 998.

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 INTERNAL REVENUE CODE 988. THESE TRANSACTIONS ARE NOT PART OF A HEDGING STRATEGY OR STRADDLE TRANSACTIONS AND PRODUCED REAL ECONOMIC LOSSES.

THE REPORTABLE LOSS TRANSACTIONS RELATED TO CURRENCY FORWARDS ARE:

CURRENCY PAYAB CURRENCY RECEI		TRADE DATE SETTLE DATE	10/31/2012 02/02/2013	EUR USD	29,585 28,380
RECOGNIZED LOS	S			\$	- 1,205
CURRENCY PAYAB CURRENCY RECEI		TRADE DATE SETTLE DATE	02/06/2013 02/11/2013	USD AUD	251,842 250,963
RECOGNIZED LOS	S			\$	- 879
CURRENCY PAYAB CURRENCY RECEI		TRADE DATE SETTLE DATE	10/04/2012 02/11/2013	AUD USD	246,814 242,989
RECOGNIZED LOS	S			\$	- 3,825
CURRENCY PAYAB CURRENCY RECEI		TRADE DATE SETTLE DATE	12/10/2012 03/12/2013	USD GBP	121,260 112,261
RECOGNIZED LOS	S			\$	- 9,001
CURRENCY PAYAB CURRENCY RECEI		TRADE DATE SETTLE DATE	04/30/2013 05/07/2013	USD EUR	150,411 149,496

SECTION 988 LOSS

ATTACHMENT 1 (CONT'D)

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

## LINE 7: FACTS OF THE TRANSACTION

RECOGNIZED LOSS			\$	- 914
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	04/30/2013 05/10/2013	USD AUD	248,927 240,266
RECOGNIZED LOSS			\$	- 8,661
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	06/07/2013 06/12/2013	GBP USD	123,199 122,088
RECOGNIZED LOSS			\$	- 1,111
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	02/12/2013 06/14/2013	USD CLP	68,846 67,108
RECOGNIZED LOSS			\$	- 1,738
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	06/11/2013 06/14/2013	CLP USD	67,108 65,802
RECOGNIZED LOSS			\$	- 1,306
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	04/30/2013 08/07/2013	EUR USD	177,132 175,191
RECOGNIZED LOSS			\$	- 1,941
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	02/28/2013 08/23/2013	USD BRL	116,305 98,759
RECOGNIZED LOSS			\$	- 17,546
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	07/15/2013 09/16/2013	GBP USD	36,853 34,901
RECOGNIZED LOSS			\$	- 1,952
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	06/11/2013 09/20/2013	NZD USD	93,057 87,026
RECOGNIZED LOSS			\$	- 6,031
CURRENCY PAYABLE	TRADE DATE	07/09/2013	PLN	72,232

G11257 K929 1/28/2015 2:44:15 PM V 13-7.15 93397

SECTION 988 LOSS

ATTACHMENT 1 (CONT'D)

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

## LINE 7: FACTS OF THE TRANSACTION

CURRENCY RECEIVABLE	SETTLE DATE	10/10/2013	USD	66,202
RECOGNIZED LOSS			\$	- 6,030
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	07/08/2013 10/10/2013	PLN USD	22,583 20,733
RECOGNIZED LOSS			\$	- 1,849
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	06/11/2013 10/21/2013	KRW USD	105,945 99,073
RECOGNIZED LOSS			\$	- 6,872
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	11/04/2013 11/07/2013	USD EUR	163,751 162,326
RECOGNIZED LOSS			\$	- 1,426
CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	06/11/2013 11/07/2013	USD CLP	71,252 70,511
RECOGNIZED LOSS			\$	
RECOGNIZED LOSS CURRENCY PAYABLE CURRENCY RECEIVABLE	TRADE DATE SETTLE DATE	08/01/2013 11/07/2013	\$ EUR USD	- 741 161,775 159,862
CURRENCY PAYABLE			EUR	- 741 161,775
CURRENCY PAYABLE CURRENCY RECEIVABLE			EUR USD	- 741 161,775 159,862
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS CURRENCY PAYABLE	SETTLE DATE TRADE DATE	11/07/2013	EUR USD \$ USD	- 741 161,775 159,862 - 1,914 239,253
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS CURRENCY PAYABLE CURRENCY RECEIVABLE	SETTLE DATE TRADE DATE	11/07/2013	EUR USD \$ USD AUD	- 741 161,775 159,862  - 1,914 239,253 235,436
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS CURRENCY PAYABLE	SETTLE DATE TRADE DATE SETTLE DATE TRADE DATE	11/07/2013 11/07/2013 11/12/2013 08/07/2013	EUR USD \$ USD AUD \$ AUD	- 741 161,775 159,862  - 1,914 239,253 235,436  - 3,816 250,844
CURRENCY PAYABLE CURRENCY RECEIVABLE RECOGNIZED LOSS CURRENCY PAYABLE CURRENCY RECEIVABLE CURRENCY PAYABLE CURRENCY RECEIVABLE	SETTLE DATE TRADE DATE SETTLE DATE TRADE DATE	11/07/2013 11/07/2013 11/12/2013 08/07/2013 11/12/2013 11/12/2013	EUR USD \$ USD AUD \$ AUD USD	- 741 161,775 159,862 - 1,914 239,253 235,436 - 3,816 250,844 241,280

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

### SECTION 988 LOSS

## ATTACHMENT 1 (CONT'D)

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

## LINE 7: FACTS OF THE TRANSACTION

THE REPORTABLE LOSS TRANSACTIONS RELATED TO BOND TO 988 LOSS ACTIVITY ARE:	TRANSACTIONS RELATED
UNITED KINGDOM GILT 4.500% 03/07/2013	- 1,782
UNITED KINGDOM GILT 4.500% 03/07/2013	- 1,169
UNITED KINGDOM GILT 4.500% 03/07/2013	- 777
UNITED KINGDOM GILT 4.500% 03/07/2013	- 3,076
MALAYSIA GOVERNMENT BOND 3.172% 07/15/2016	- 844
SOUTH AFRICA GOVERNMENT BOND 6.750% 03/31/2021	- 639
SOUTH AFRICA GOVERNMENT BOND 6.750% 03/31/2021	- 1,199
SOUTH AFRICA GOVERNMENT BOND 6.500% 02/28/2041	- 1,686