

# Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the Form(s) 990 (and 990-T, if applicable), available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to the Form 990 (and 990-T if applicable) and all required schedules and attachments. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

## Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to its Form(s) 990 (and 990-T, if applicable) through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

## How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availabilityrequirements

Please contact your FORVIS advisor if you have questions about these rules.

Form	990

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

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

Department of the Treasury

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

OMB No. 1545-0047 6

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		enue Service Information		m 990 and	its instru	Ictions	is at www	.irs.gov/i	orm9	90.		Inspection	
AF	or th	e 2022 calendar year, or tax year begin	nning	07/01/	2022		and end	ing				/30/2023	
<b>B</b>		C Name of organization							D En	nployer id	entifie	cation number	
D Cr	eck if ap	MISSOURI STATE UNIVER	RSITY H	FOUNDAT	ION								
	Addre								43-1234200				
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite								E Te	lephone n	umbe	r	
	Initial	return 901 S NATIONAL								(4	17)	836-5632	
	Terminated City or town, state or province, country, and ZIP or foreign postal code										,		
	Amen		7						<b>G</b> Gr	oss receip	ots \$	196,349,741.	
		F Name and address of principal officer:		THIA SC	HIIT.T.				H(a)	s this a gro	up retu		
	] pendi	901 S. NATIONAL, SPR								ubordinates Are all subore			
1	Тах-ех	empt status: X 501(c)(3) 501(c) (		insert no.)		7(a)(1) or	. 5	27				t. (see instructions)	
		te: ► WWW.MISSOURISTATEFOUNDA	, , ,		14547					Group exem			
		of organization: X Corporation Trust	Association		r 🕨		I Vear						
	art I	Summary	ASSOCIATION					orionnati	UII. 1	901 1	State	of legal domicile: MO	
		•			···						0 T m		
	1	Briefly describe the organization's mission o	-							NIVER	SIT	Y FOUNDATION	
nce		SUPPORTS MISSOURI STATE UNI						RIBOIL	LNG				
rna	•	RESOURCES RECEIVED IN FUNDE											
Governance		Check this box ► if the organization d		•		•					1 1	0	
		Number of voting members of the governing									3	9	
es 4		Number of independent voting members of t									4	9	
Activities &		Total number of individuals employed in cale									5	104	
vcti.		Total number of volunteers (estimate if necess									6	250	
٩		Total unrelated business revenue from Part V									7a	-20,543.	
	b	Net unrelated business taxable income from	Form 990-	T, line 34				<u></u>			7b	NON	
										Year		Current Year	
P		Contributions and grants (Part VIII, line 1h)				COPY	FOR	ו	27,055,801.			30,325,529.	
ent		Program service revenue (Part VIII, line 2g)					-	.		058,1		5,511,118.	
Revenue												-20,996.	
_		Other revenue (Part VIII, column (A), lines 5,								923,1	74.	-332,136.	
		Total revenue - add lines 8 through 11 (must							43,9	988,04	48.	35,483,515.	
	13	Grants and similar amounts paid (Part IX, cold							22,	985,3	57.	32,608,852.	
	14	enefits paid to or for members (Part IX, column (A), line 4)							NONE				
es		Salaries, other compensation, employee bene							3,360,148.			4,269,417.	
ens	16a	Professional fundraising fees (Part IX, column	n (A), line 1	1e)				-		N	ONE	NON	
Expenses		Total fundraising expenses (Part IX, column (											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							5,520,368.			562,658.	
	18	Total expenses. Add lines 13-17 (must equal	Part IX, co	olumn (A), l	ine 25)				31,8	365,8'	73.	37,440,927.	
	19	Revenue less expenses. Subtract line 18 from	n line 12						12,	122,1	75.	-1,957,412.	
s or								Beginr	ning of	Current	Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)						1	81,	)48,28	36.	195,800,390.	
t As d Bä	21	Total liabilities (Part X, line 26)							2,	363,33	11.	13,517,787.	
Fun	22	Net assets or fund balances. Subtract line 21	I from line	20				. 1	78,	584,9'	75.	182,282,603.	
Ра	rt II	Signature Block											
Unc	ler per	nalties of perjury, I declare that I have examined th	is return, in	cluding acc	ompanying	schedule	es and stat	ements, a	nd to t	he best o	fmy	knowledge and belief, it is	
true	, corre	ect, and complete. Declaration of preparer (other than	1 officer) is t	based on all	normation	1 OF WHICH	1 preparer i	has any kn	owiedą	je.			
Sig		Signature of officer								Date			
Her	e	CINTHIA SCHULL			TR	EASUF	RER						
		Type or print name and title											
_		Print/Type preparer's name	Preparer's	signature			Date		С	heck	if	PTIN	
Paid		BRIAN D TODD	BRIAN	D TODD						elf-employ	I	P00422601	
•	arer	Firm's name FORVIS, LLP							Firm's	EIN 🕨		4-0160260	
Use	Only	Firm's address > 910 E ST LOUIS #200,	/PO BOX 1	190 SPRIM	FIELD. N	10 6580	6-2523		Phone			17-865-8701	
Mav	the I	RS discuss this return with the preparer show			ione)			I				. X Yes No	
		rwork Reduction Act Notice, see the separat			· • •			<u></u>				Form <b>990</b> (2022)	

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, s	see instructions.	Т	axpayer identification number (T	IN)					
print MIGGOUDT CENTER INITIADOTEN	MISSOURI STATE UNIVERSITY FOUNDATION 43-1234								
File by the Number, street, and room or suite no. If a P.			43-1234200						
e date for									
filing your       901 S NATIONAL         return. See       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         instructions.       SPRINGFIELD, MO 65897									
									Enter the Return Code for the return that this applica
Application	Return	Application		Return					
Is For	Code	Is For		Code					
Form 990 or Form 990-EZ	01	Form 1041-A		08					
Form 4720 (individual)	03	Form 4720 (other than	individual)	09					
Form 990-PF	04	Form 5227		10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990-T (trust other than above)	06	Form 8870		12					
Form 990-T (corporation)	07								
for the whole group, check this box ▶	tension is for. ne until on is for the or	05/15 , 2024 ganization's return for:	, to file the exempt organ						
2 If the tax year entered in line 1 is for less than Change in accounting period									
<b>3a</b> If this application is for Forms 990-PF, 990 nonrefundable credits. See instructions.			3a \$	NONE					
<b>b</b> If this application is for Forms 990-PF, 990 estimated tax payments made. Include any prior	r year overpayr	ment allowed as a credit.	3b \$	NONE					
c Balance due. Subtract line 3b from line 3a using EFTPS (Electronic Federal Tax Payment St	•		m, if required, by 3c \$	NONE					
Caution: If you are going to make an electronic funds with instructions.	drawal (direct de	ebit) with this Form 8868, se	<b>T</b>						
For Brivaov Act and Banorwork Poduction Act Notice	instructions		Form 9	262 (Day 1 2022					

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

Form 8868 (Rev. 1-2022)

For	m 990 (2022) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ORGANIZATION IS TO DEVELOP AN ENVIRONMENT WHICH
	PROMOTES GIVING AND THEREIN SEEK, RECEIVE, MANAGE AND DISTRIBUTE
	RESOURCES IN A MANNER APPROPRIATE TO SUPPORT PROGRAMS OF INSTRUCTION,
-	RESEARCH AND PUBLIC SERVICE OF THE UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	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 GREAT SOUTHERN BANK ARENA, AS
	WELL AS GENERAL INSTITUTIONAL SUPPORT.
	WELL AS GENERAL INSTITUTIONAL SUFFORT.
4b	(Code: ) (Expenses \$ 4,748,925. including grants of \$ 4,748,925. ) (Revenue \$ )
	MISSOURI STATE UNIVERSITY FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO
	INDIVIDUALS. DURING THE YEAR, 1,864 INDIVIDUALS RECEIVED
	SCHOLARSHIPS FROM THE FOUNDATION.
-	
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses     36,064,796.
JSA 2E1	020 1.000 Form <b>990</b> (2022

MISSOURI STATE UNIVERSITY FOUNDATION	MISSOURI	STATE	UNIVERSITY	FOUNDATION
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Form 990 (2022)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ū	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 donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	A	
••	VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	Λ	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more		Λ	
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		v
لم		11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	TTe	Λ	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
12.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			X
Iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	v	
h	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		37
40	"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> . Did the organization maintain an office, employees, or agents outside of the United States?	13		X
		14a		X
D	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	446	v	
45	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	45		37
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
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? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_	
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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<b>D</b>	Λ
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	v	
24 -	employees? <i>If "Yes," complete Schedule J</i> . Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24a	\$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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction 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 I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	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,	55	Λ	
54	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		x
	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			
	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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	L
JSA 2E1030	2.000	Form	990	(2022)

#### MISSOURI STATE UNIVERSITY FOUNDATION

Form	990 (2022)		F	Page 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 104									
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
· u	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
h	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
ou	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									
N	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									
a	and services provided to the payor?	7a	х							
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
U	required to file Form 8282?	7c		Х						
Ч	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization receive any runds, directly of indirectly, to pay premiums on a personal benefit contract?	7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the									
0		8								
0	sponsoring organization have excess business holdings at any time during the year?	-								
9	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
		9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b> 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									
b	against amounts due or received from them.)									
120	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	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which									
D	the organization is licensed to issue qualified health plans									
<u>م</u>	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
15	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
10	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								
	If "Yes." complete Form 6069.									

Form 9	90 (2022	) MISSOURI STATE UNIVERSITY FOUNDATION 43-1234	200	F	Page 6
Part	t VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A.	Governing Body and Management			
				Yes	No
1a		he number of voting members of the governing body at the end of the tax year 1a 9			
	If there	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar			
		ittee, explain on Schedule O.			
b		he number of voting members included on line 1a, above, who are independent 1b 9			
2	Did ar	y officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any otl	ner officer, director, trustee, or key employee?	2	Х	
3	Did the	e organization delegate control over management duties customarily performed by or under the direct			
	superv	ision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the	organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the	e organization have members or stockholders?	6	Х	
7a	Did the	e organization have members, stockholders, or other persons who had the power to elect or appoint			
		more members of the governing body?	7a	Х	
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members,			
		olders, or persons other than the governing body?	7b	Х	
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
		ar by the following:			
а	The go	overning body?	8a	Х	
b	Each	committee with authority to act on behalf of the governing body?	8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the org	anization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	ion B. F	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
				Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?	10a		Х
b		", did the organization have written policies and procedures governing the activities of such chapters,			
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-		conflicts?	12b	Х	
с		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•		be on Schedule O how this was done	12c	Х	
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		e process for determining compensation of the following persons include a review and approval by			
		e process for determining compensation of the rollowing persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	-	ganization's CEO, Executive Director, or top management official	15a		х
b		officers or key employees of the organization	15b		Х
D.		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
.00		taxable entity during the year?	16a		х
b		," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D.		bation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organi	zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure			
17		e states with which a copy of this Form 990 is required to be filed			
17		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		tion F	01(2)
10		ily) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec		01(0)
		Dwn website Another's website X Upon request Other (explain on Schedule O)			
40			1 int -		alia
19		be on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	i intei	est p	oucy,
<b></b>		ancial statements available to the public during the tax year.			
20		he name, address, and telephone number of the person who possesses the organization's books and record DURI STATE UNIVERSITY 901 S NATIONAL SPRINGFIELD, MO 65897	S		
		336-5632	Farr	990	(2022)
JSA				550	(2022)
2E1042	1.000				

Page **7** 

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

					C)					
(A)	(B)	(do r			sition	e than c	200	(D)	(E)	(F)
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trust		from the	from related	compensation
	(list any	9 J	Ξ	Q	2	e H	Ŀ	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	stitu	Officer	Key employee	ghe	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	lual -	tiona		nplo	yee		1099-NEC)	1099-NEC)	related organizations
	below	trust	altru		yee	mpe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						fed				
	C 00									
(1) STEPHEN A FOUCART	6.00	-		37				27 247	154 200	F2 C12
TREASURER	34.00			Х				27,247.	154,398.	53,613.
(2) W BRENT DUNN EXECUTIVE DIRECTOR	24.00			x				102 004	69 602	
(3) CINDY BUSBY	14.00			<u> </u>				102,904.	68,603.	59,235.
SECRETARY	26.00			x				25,843.	47,995.	25,344.
(4) BEVERLY KELTNER	1.00			Δ				23,043.	47,995.	23,344.
TRUSTEE BEG 1/23	NONE	x						NONE	NONE	NONE
(5) BONNALIE O CAMPBELL	1.00	- 11						NONE	INCINE	
TRUSTEE	NONE	x						NONE	NONE	NONE
(6) DIANE JENKINS	1.00							none		
TRUSTEE	NONE	x						NONE	NONE	NONE
(7) JIM WILSON	1.00									
CHAIR ELECT	NONE	x		х				NONE	NONE	NONE
(8) JOHN D FOSTER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(9) JUDY BREEDING	1.00									
TRUSTEE BEG 1/23	NONE	Х						NONE	NONE	NONE
(10) KAREN L HORNY	1.00									
TRUSTEE END 1/23	NONE	Х						NONE	NONE	NONE
(11) MARK MCQUEARY	1.00									
CHAIR	NONE	X		Х				NONE	NONE	NONE
(12) MARY H SCHRAG	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(13) ROBERT A FOSTER	1.00									
TRUSTEE END 1/23	NONE	X						NONE	NONE	NONE
(14) TIM FOOTE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

#### MISSOURI STATE UNIVERSITY FOUNDATION

-	n 990 (2022)	voto o Ka						li er	haat Commonaat					Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tr		ey Enr	nplo	-		and H	lig			yees (c	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck s pe d a d	erson lirect	e than c is both or/trust Φ Τ	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed tions	am com	(F) timated tount of other pensatio	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org and	om the anization d related anization	ł
		+	-											
	Sub-total								155,994.		,996.		138,1	
	<ul> <li>Total from continuation sheets to Part VII, S</li> <li>Total (add lines 1b and 1c)</li> </ul>	-				• •			NONE 155,994.		NONE ,996.			NONE
2	Total (add lines 1b and 1c)	limited to t						o re				-	138,3	192.
	reportable compensation from the organizatio	n 🕨					1						Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	103	X
4		sum of rep eater than	oortab \$15	ole c 50,0	om: 00?	pen If	sation "Yes	n a s,"	nd other compens	ation from <i>le J for</i>	the	4	x	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	n any	un	related organization	on or indiv		5		X
	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress							<b>(B)</b> Description of se	rvices	С	(C) ompens	sation	
								-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** NONE JSA 2E1055 1.000

#### Form 990 (2022)

## MISSOURI STATE UNIVERSITY FOUNDATION

Part VIII	Statement of	Revenue
-----------	--------------	---------

		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
î, ŝ,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰÊ	c	Fundraising events	465,451.				
rs,	d	Related organizations					
ila		Government grants (contributions)					
ijs,	e f						
r S	<ul> <li>f All other contributions, gifts, grants, and similar amounts not included above . 1f</li> </ul>		29,860,078.				
the			29,000,070.				
<u>i</u>	g	Noncash contributions included in	<b>•</b> 14 410 061				
and		lines 1a-1f		20 205 500			
<u> </u>	h	Total. Add lines 1a-1f	Business Code	30,325,529.			
Ð		DEDCOMMET DATE DV AFETITATE		2 710 400	2 710 400		
<u>vi</u> c	2a	PERSONNEL PAID BY AFFILIATE	561000	3,718,423.	3,718,423.		
Program Service Revenue	b	MISCELLANEOUS	900099	1,792,695.	1,792,695.		
e a	C						
gra Re	d						
õ	е						
<b>D</b>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,511,118.			
	3	Investment income (including dividends,					
		other similar amounts)		3,188,679.			3,188,679.
	4	Income from investment of tax-exempt bond	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 662,806					
	b	Less: rental expenses 6b 1,446,254					
	c	Rental income or (loss) 6c -783,448	NONE				
	d	Net rental income or (loss)		-783,448.			-783,448.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 156,011,926.					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 159,221,601.					
Sev	с	Gain or (loss) 7c -3,209,675					
erF	d	Net gain or (loss)		-3,209,675.			-3,209,675.
Othe	8a	Gross income from fundraising					
0		events (not including \$465,451.					
		of contributions reported on line					
		1c). See Part IV, line 18	232,056.				
	b	Less: direct expenses	198,371.				
	c	Net income or (loss) from fundraising events		33,685.			33,685.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances •••••• 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
eol Ue	11a	INCOME IN MONTAUK TF	900099	109,821.		-20,618.	130,439.
lan ent	b	INCOME IN STRATEGIC INVESTORS FUND	900099	155,172.		75.	155,097.
se Vev	с	INCOME IN NB CROSSROADS	900099	152,634.			152,634.
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		417,627.			
	12	Total revenue. See instructions		35,483,515.	5,511,118.	-20,543.	-332,589.

#### MISSOURI STATE UNIVERSITY FOUNDATION

Form 990 (2022) MISSOURI S Part IX Statement of Functional Expenses	STATE UNIVERSITY S	FOUNDATION	43-12	34200 Page <b>10</b>
Section 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colur	mn (A).
Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	27,859,927.	27,859,927.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	4,748,925.	4,748,925.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	208,449.	138,445.	70,004.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,060,968.	3,289,468.	220,506.	550,994
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
<b>11</b> Fees for services (nonemployees):	NONT			
a Management	NONE			
b Legal	6,302.		6,302.	
c Accounting	64,733.		64,733.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE		324,740.	
f Investment management fees	324,740.		524,740.	
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	4,063.			4,063
(A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion	11,945.			11,945
	60,107.			60,107
13         Office expenses           14         Information technology	NONE			00,107
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	62,737.			62,737
18 Payments of travel or entertainment expenses	0277071			027707
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a UNCOLLECTIBLE PLEDGES REC	28,031.	28,031.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,440,927.	36,064,796.	686,285.	689,846
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				
following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Page	1	1
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		Check if Schedule O contains a response or note to any line in this Pa	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	NONE	1	NONI
	2	Savings and temporary cash investments	4,131,293.	2	20,248,290.
	3	Pledges and grants receivable, net	27,018,420.	3	22,985,270
	4	Accounts receivable, net	74,008.	4	12,730
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
ts	7	Notes and loans receivable, net	NONE	7	NON
Assets	8	Inventories for sale or use	NONE	8	NON
Ä	9	Prepaid expenses and deferred charges	1,323,213.	9	2,102,579
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,972,268.			
	b	Less: accumulated depreciation	1,927,730.	10c	3,501,416
	11	Investments - publicly traded securities	128,772,594.	11	127,643,451
	12	Investments - other securities. See Part IV, line 11	15,517,171.	12	16,776,946
	13	Investments - program-related. See Part IV, line 11	NONE	13	NON
	14	Intangible assets	NONE	14	NON
	15	Other assets. See Part IV, line 11	2,283,857.	15	2,529,708
	16	Total assets. Add lines 1 through 15 (must equal line 33)	181,048,286.	16	195,800,390
	17	Accounts payable and accrued expenses	187,827.	17	120,274
	18	Grants payable	NONE	18	NON
	19	Deferred revenue	620,392.	19	1,379,177
	20	Tax-exempt bond liabilities	NONE	20	NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
SS	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NON
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,555,092.	25	12,018,336
	26	Total liabilities. Add lines 17 through 25	2,363,311.	26	13,517,787
nces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	10,846,892.	27	11,575,197
A B	28	Net assets with donor restrictions.	167,838,083.	28	170,707,406
or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4 SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	178,684,975.	32	182,282,603
Z	33	Total liabilities and net assets/fund balances	181,048,286.	33	195,800,390.

	MISSOURI STATE UNIVERSITY FOUNDATION 43	-1234	4200			
Form 99	00 (2022)				Pa	age <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					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	-	1	35,4	483,	515
2	Total expenses (must equal Part IX, column (A), line 25)		2	37,4	440,	927
3	Revenue less expenses. Subtract line 2 from line 1		3	-1,9	957,	412
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-	4	178,0	584,	975
5	Net unrealized gains (losses) on investments	-	5	9,5	588,	190
6	Donated services and use of facilities	-	6			
7	Investment expenses	-	7			
8	Prior period adjustments	-	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	_	9	-4,0	)33,	150
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, li					
	32, column (B))	. /	0	182,2	282,	603
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					
					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 "Othe	r," expl	ain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accounta	nt?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	X	
N	If "Yes," check a box below to indicate whether the financial statements for the year were					
	separate basis, consolidated basis, or both:	addito				
	Separate basis X Consolidated basis Both consolidated and separate basis	:				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		ight of			
U.	the audit, review, or compilation of its financial statements and selection of an independent acc		•		X	
	If the organization changed either its oversight process or selection process during the tax ye			•		
	Schedule O.	ai, exp				
3 -	As a result of a federal award, was the organization required to undergo an audit or audits as s	ot forth	in the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did no			•		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo su		•			
	required addit of addite, explain why on conclude o and describe any steps taken to drideryo st	auu			n <b>990</b>	(2022)
						()

SCHE	DULI	ΞA
(Form	990)	

# 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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	rtment of the Treasury nal Revenue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Open to Public Inspection
Nam	e of the organization						Employer identif	ication number
MIS	SSOURI STATE U	UNIVERSIT	Y FOUNDATION				43-1	234200
Pa	rt Reason fo	or Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	าร.
The	<u> </u>			is: (For lines 1 through	-	-		
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3			-	rganization described				
4		-		conjunction with a hose	spital de	scribed ir	n section 170(b)(1)(A	)(iii). Enter the
	hospital's nam	-						
5		-	for the benefit of Complete Part II.)	a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
6			• •	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		-	-			-		om the general public
-			(1)(A)(vi). (Compl	-				g p
8				<b>b)(1)(A)(vi).</b> (Complete	e Part II.)			
9				ed in section 170(b)(1	-	operated	I in coniunction with a	land-grant college
			-	griculture (see instruct		-		
	university:				,			Ū
10	An organization receipts from support from g	activities rela gross investm	ited to its exempt f nent income and u	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
11	An organizatio	on organized a	and operated excl	usively to test for publi	ic safety.	See sec	tion 509(a)(4).	
12	An organizatio	on organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to car	rry out the purposes of
	-		-					ction 509(a)(3). Check
	the box on line	es 12a throug	h 12d that describ	es the type of suppor	rting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		-		regularly appoint or e		ajority of	the directors or truste	es of the
				e Part IV, Sections A				
b				ed or controlled in co				
		-		organization vested in	the sam	e persor	ns that control or mar	hage the supported
			-	, Sections A and C.				
С		-		ng organization opera				lly integrated with,
		•		ns). You must comple				
d	••			porting organization of				• • • • •
		-		nization generally mus	-		-	d an attentiveness
		-	-	omplete Part IV, Sect				. <del>.</del>
е		-		a written determinatio				II, Type III
f	•	•	••	ionally integrated sup		•	ion.	
t a			-	orted organization(s).				•••••
g	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(I) Name of supported to	Jiganization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	docur Yes	ment?	instructions)	instructions)
					163	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2022

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,563,231.	35,839,979.	24,163,090.	27,055,801.	26,292,379.	130,914,480.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	17,563,231.	35,839,979.	24,163,090.	27,055,801.	26,292,379.	130,914,480.
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						
6	shown on line 11, column (f).						16,757,688.
<u>6</u> Soc	tion B. Total Support						114,156,792.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	17,563,231.	35,839,979.	24,163,090.	27,055,801.	26,292,379.	130,914,480.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,717,135.	3,357,371.	2,758,860.	3,187,372.	4,289,655.	17,310,393.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			36,847.	26,302.	33,685.	96,834.
11	Total support. Add lines 7 through 10						148,321,707.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	26,202,562.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2022 (lin					14	76.97 <b>%</b>
15	Public support percentage from 2021 \$						79.50 <b>%</b>
16a	331/3% support test - 2022. If the org						
_	box and <b>stop here.</b> The organization qu			•			
b	331/3% support test - 2021. If the org						
4 -	this box and <b>stop here</b> . The organizatio	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						-
	Part VI how the organization meets t			•	•		
h	organization						
D		-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	-
	organization			-	-		
18	Private foundation. If the organization						
	instructions						
							<u>· · · · · · · · · · · · · · · · · · · </u>

Schedule A (Form 990) 2022

Page 3

Schedule	٨	(Eorm	000	1 2022
Scheudle	A		330	) 2022

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 .	1					
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	L					
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.)						
	tion B. Total Support						(n <b>-</b> ) )
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	the organizati	n'a firat accor	d third fourth	or fifth tox yo		E01(a)(2)
14	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup					<u></u>	
15	Public support percentage for 2022 (line 8			ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen			<u>_</u>		· · · ·	
17	Investment income percentage for 2022 (li			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the org	-	-			•••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b	, check this box	k and see instru	uctions
JSA 2E122	1 1.000					Schedule	A (Form 990) 2022
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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Page 5

Yes No

1

2

		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
A family member of a person described on line 11a above?	11b		
A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
provide detail in <b>Part VI.</b>	11c		
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?11aA family member of a person described on line 11a above?11bA 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?11aA family member of a person described on line 11a above?11bA 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruc	tions	;).
•	A		Y	′es	No
2	ACti	vities Test. Answer lines 2a and 2b below.			

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

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Schedule A (	Form 990	) 2022 (
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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
_		-		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Pad	e

	MISSOURI STATE UNIVE	RSITY FOUNDATION		43-	-1234200
	Ile A (Form 990) 2022				Page
Part		Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022.				

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

## Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200					
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation			
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion			
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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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#### Name of organization Employer identification number MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Х 1 N/A Person Payroll \$ 1,158,857. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х N/A Person Payroll 1,000,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 N/A Person Х Payroll 748,505. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 N/A Person Payroll 1,711,000. \$ Noncash Х (Complete Part II for noncash contributions.) (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 5 N/A Person Payroll 1,151,<u>470.</u> Х \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х 6 N/A Person Payroll \$ 1,109,870. Х Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

Schedule B (Form 990) (2022)

Page 2

#### Name of organization Employer identification number MISSOURI STATE UNIVERSITY FOUNDATION 43-1234200 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 N/A Person Payroll Х \$ 797,508. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 N/A Person Payroll 8,400,000. Х \$ 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.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Page **2** 

Name of or	ganization MISSOURI STATE UNIVERSITY FOUNDATION		entification number 1234200
Part II	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SOFTWARE		
<u> </u>		\$1,711,000.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SOFTWARE		
		\$1,151,470.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCKS/SECURITIES		
		\$999,370.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	BUSINESS OWNERSHIP/PROPERTY		
1		\$797,508	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	RESIDENCE HALL		
		\$	07/01/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2022)

Schedule B	(Form 990) (2022)			Page 4		
Name of o	rganization			Employer identification number		
	MISSOURI STATE UNIVER			43-1234200		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any o ions completing Part e year. (Enter this inf	one contributor. C III, enter the total c formation once. Se	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a		-	hip of transferor to transferee		

Schedule B (Form 990) (2022)

SCHEDULI	ΞD
(Form 990	)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

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OMB No. 1545-0047

Internal Revenue Service	
Name of the organization	

Department of the Treasury

Nam	e of the organization		Employer identification number
MIS	SOURI STATE UNIVERSITY FOUNDATION		43-1234200
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
<del>4</del> 5	Did the organization inform all donors and donor		in donor advised
J	funds are the organization's property, subject to the	-	
c	Did the organization inform all grantees, donors, a		
6	only for charitable purposes and not for the bene		
De	conferring impermissible private benefit? rt II Conservation Easements.		
Pa	Complete if the organization answered	Was" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
1			of a bistorically important land area
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat		of a certified historic structure
~	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	leid a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
	a historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	inated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		-
	violations, and enforcement of the conservation ea	asements it holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing c	conservation easements during the year
_			
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the tex	5	nancial statements that describes the
De	organization's accounting for conservation easement III Organizations Maintaining Collections		r Similar Acceta
Γc	Complete if the organization answered		i Sililiai Assels.
	·		
1a	If the organization elected, as permitted under Fa of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its revenues held for public exhibition, education.	or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under F		
	art, historical treasures, or other similar assets he		search in furtherance of public service,
	provide the following amounts relating to these ite		•
	(i) Revenue included on Form 990, Part VIII, line	1	· · · · · · · · · \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		assets for financial gain, provide the
	following amounts required to be reported under F		•
a ⊾	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		· · · · · · · · · \$
b	ASSELS INCIUDED IN FORM 990, Part A		

Schedule D (Form 990) 2022

Part III       Organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assesse to be allor taise funct and the rangements.       No         5       During the year, dit the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization asserts to be maintained as part for contributions or other assets not include on form 990, Part X, line 21.       Yes       No         1a       Is the organization asserts of the organization and explain the organization and any tother method by the explain the arrangement in Part Xill and complete the following table:       Image: Image and the organization and the organization and the explanation has been provided on Part Xill         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image and the organization and the organization and the explanation has been provided on Part Xill         2a bid the organization answered "Yes" on Form 990, Part IV, line 10.       Image and the organization answered "Yes" on Form 990, Part IV, line 10.	Schee				NIVERSIT							234200		
collection term schedule at hat apply:       d       Loan or exchange program         a       Proble exhibition       d       Data         b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part X       Exercom and Custodial Arrangements.       Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Provide the explanation include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         Both to organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         Both the organization answered 'Yes' on Form 990, Part X, line 21, for secrow or custodial account liability?	Ра	rt III Organizations Maintaini	ng Colle	ections of	f Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (d	continue	d)	
a       Public schlohion       d       Construction         b       Construction       Construction       Construction         c       Display research       e       Construction         d       Provide a description of ruture generations       Construction       Construction         d       Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII.         d       During the year. did the organization asserted 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       No         l       Is the organization an assert of Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         d       Additions during the year.       Inf       Inf       Yes' explain the arrangement in Part XIII and complete the following table:       Yes'       No         d       Detributions during the year.       Inf	3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, chec	k any c	of the	e follow	ring that r	nake sigr	nificant u	se of its	
b       Scholarly reservation for future generations         e       Other         1       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         2       During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       \vec{Ves} \vec{Ne}         2       During the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       \vec{Ves} \vec{Ne}       No         2       Both or form 990, Part X, line 21.       Amount       \vec{Ves} \vec{Ne}       No         2       Didditions during the year.       10       \vec{Ves} \vec{Ne}       No         2       Did to organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did to organization include an amount on Form 990, Part X, line 10.       Ves_Ves_Ves_Ves_Ves_Ves_Ves_Ves_Ves_Ves_		collection items (check all that app	ly):		_	_								
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection?       Yes       No         Fart/W       Escrew and Custodial Arrangements.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, ine 21.       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2,	а	Public exhibition			d	Loan	or exch	ange	progra	n				
<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	b	Scholarly research			e	Other								
XIII.       Surg the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gene	rations											
5       During the year, did the organization solicit or receive donatons of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII.       No         b       If 'yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       (0) Three years back (0) Four years back (0) Four years back (0) Four years back (0) Three years back (0) Four years back (0) Three years back (0) Four years back (0) Three years back	4	Provide a description of the organ	nization's	collection	is and expla	ain how t	they fu	rther	the org	ganization	s exemp	t purpos	e in Part	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part VI       Escrow and Custodial Arrangements. Complete If the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete If the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Complete III       Image: Complete IIII       Image: Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		XIII.												
Part V       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part X/.       Ives not         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part X, line 21.       Ives not         1d       Ives, "explain the arrangement in Part XIII. And complete the following table: Additions during the year.       Ives not         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Not         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Not         2       Did the organization include an amount on Form 990, Part X, line 21, line 10.       Ives in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ives in Part VE         2       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Ives in Part VE       Ives in Part VE         1a       Beginning of year balance       Ives in Part VIII. Check here if the explanation has been provided on Part XIII.       Ives in Part XIII. Check here if the organization has the light here here here here here here her	5	During the year, did the organization	on solicit	or receive	donations c	of art, hist	orical tr	easu	res, or o	other simil	ar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete in Part XIII and complete the following table:         c       Beginning balance		assets to be sold to raise funds rath	ner than t	o be main	tained as pa	art of the	organiz	ation	's colleo	ction?		Yes	No	
990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:         c       Beginning balance .         d       Additions during the year.         1d       1d         2       Distributions during the year .         1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (0) Ture years back (0) Fore years bach (0) Fore years back (0) Fore years back (0) Fore yea	Ра													
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, where the following table:       Image: Contributions of the arrangement in Part XIII and complete the following table:         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Contributions during the year, include an amount on Form 990, Part X, fine 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, fine 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       1017/92.138.       114.1256.493.       87.643.305.       89.101.218.       60.739.668.         b       Ontributions       4.264.974.       7.088.572.       6.246.444.       4.277.819.       2.472.465.         c       Not investment amings, gains, and losses       9.417.650.       -9.617.222.       23.648.788.       -1.266.616.       4.389.493.         g       End of year balance       13.245.302.       5.031.633.       5.384.944.       4.989.403.       89.101.928.         g       Provide the estinated percentage of the current year end balance			ation ans	wered "Y	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on Fo	rm	
Included on Form 990, Part X?         Yes         No           b         If 'Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           f         Ending balance         1d           2         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         No           Part V         Endowment Funds.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         86,010,1318.         86,033,063.           b         Contributions         4,268,974.         7,089,570.         8,248,344.         4,797,815.         2,472,405.           c         Net investment earnings, gains, and programs         9,417,650.         -9,517,222.         23,648,788.         -1,266,616.         4,389,493.           d         Grants or scholarships         113,245,510.         105,795,158.         114,156,463.         47,643,265.         89,101,918.           g         End of year balance         113,245,510.<														
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1         d       Additions during the year.       1         d       Additions during the year.       1         d       Ending balance       1         d       Distributions during the year.       1         d       Ending balance       1         d       Distributions during the year.       No         D       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Distributions during the year.       (a) Current year       (b) Prior year back.       (d) Three yeans back.         a Contributions	1a					-					ets not		_	
C         Beginning balance         Amount           d         Additions during the year.         1d           e         Distributions during the year.         1d           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           PartV         Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (d) Three yean back (e) Four years back in the strip state st		included on Form 990, Part X?									L	Yes	No	
c       Beginning balance       1c         d       Additions during the year       1d         2a       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       105, 795, 188.       114, 156, 493.       87, 443, 305.       89, 101, 918.       2, 472, 405.         c       Net investment earnings, gains, and losses       9, 417, 550.       -9, 617, 222.       23, 648, 783.       -1, 268, 616.       4, 389, 493.         d       Grants or scholarships       113, 245, 510.       105, 795, 188.       114, 156, 493.       87, 643, 305.       89, 101, 918.         g       End of year balance.       113, 245, 510.       105, 795, 188.       114, 156, 493.       87, 643, 305.       89, 101, 918.         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or gani	b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ole:							
d Additions during the year,											Amount			
e       Distributions during the year,	С							1c						
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       105,795,188.       114,156,493.       97,643,305.       99,101,918.       56,939,068.         b       Contributions       42.268,974.       7,089,570.       8,249,344.       4,797,819.       2,472,405.         c       Net investment earnings, gains, and losses .       9,417,650.       -9,617,222.       23,648,788.       -1,266,616.       4,389,493.         d       Grants or scholarships .       6,236,302.       5,833,653.       5,384,944.       4,989,816.       4,699,048.         f       Administrative expenditures for facilities and programs .       6,236,302.       5,833,653.       5,384,944.       4,989,816.       4,699,048.         g       End of year balance       113,245,510.       105,795,188.       114,156,493.       e7,643,305.       89,101,918.         2       Provide the estimated percentage of the current year end balance (line 1g, colu	d							1d						
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds.       (a) Currert year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance        (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions        4.268.974.       7.089.570.       8.249.344.       4.797.819.       2.472.405.         c       Not estimated prior year       6.236.022.       5.833.653.       5.384.944.       4.989.816.       4.699.048.         and losses          113.245.510.       105.795.188.       114.156.493.       87.643.305.       89.101.918.         c       Other expenditures for facilities and programs         113.245.510.       105.795.188.       114.156.493.       87.643.305.       89.101.918.         c       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a board designated or quasi-endowment       2.8200 %       87.643.305. <t< th=""><th>е</th><th></th><th></th><th></th><th></th><th></th><th></th><th>1e</th><th></th><th></th><th></th><th></th><th></th></t<>	е							1e						
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         1b       Contributions         1c       105.795.188.         114.156.493.       87.643.305.       89.103.918.         1c       Ar268.974.       7.089.970.       8.249.344.         4.797.819.       2.472.405.         c       Net investment earnings, gains, and losses       9.417.650.       -9.617.222.       23.648.788.       -1.266.616.       4.389.493.         c       Other expenditures for facilities and programs       9.417.650.       5.833.653.       5.384.944.       4.989.816.       4.699.048.         113.245.510.       105.795.188.       114.156.493.       87.643.305.       89.101.918.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       2.8200 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations.       3b       3a(i)       x	f													
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           (a) Current year         (b) Prior year         (c) Three years back         (d) Four years back         (d) Fouriest colspan="2">(f) Four years back         (f) Four years back         (f) Four years back         (f) Four years back <th colspan:="" part="" th="" years<=""><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th><th>No</th></th>	<th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>-</th> <th></th> <th>No</th>		-									-		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 11a. See Form 990, Part X, line 11a. See Form 990, Part X, line 107, 500.           Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 107, 500.           Complete if the organization answered "Yes" on Form 990, Part X, column (B), line 10c.),			n Part XI	II. Check h	here if the e	xplanatior	has be	en pr	ovided	on Part XII	l		<u> </u>	
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         105,795,188.         114,156,493.         87,643,305.         89,101,918.         86,939,068.           b         Contributions         4,268,974.         7,089,570.         8,249,344.         4,797,819.         2,472,405.           c         Net investment earnings, gains, and losses         9,417,650.         -9,617,222.         23,648,788.         -1,266,616.         4,389,493.           d         Grants or scholarships          6,236,302.         5,833,653.         5,384,944.         4,989,816.         4,699,048.           f         Administrative expenses          113,245,510.         105,795,188.         114,156,493.         87,643,305.         89,101,918.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a         Board designated or quasi-endowment         2.8200 %           b         Permanent endowment         74.7000 %         Term endowment         74.7000 %         3a(i)         x           (i) Related organizations	Ра							lin e	10					
1a       Beginning of year balance		Complete if the organiza					1							
Loginimity of your buildings, and losses						-								
a both investment earnings, gains, and losses	1a	Beginning of year balance												
and losses       9,417,650.       -9,617,222.       23,648,788.       -1,266,616.       4,389,493.         d Grants or scholarships			4,3	268,974.	7,0	89,570.	8,	249,3	44.	4,79	97,819.	2,4	72,405.	
d Grants or scholarships	С													
e         Other expenditures for facilities and programs			9,4	417,650.	-9,6	17,222.	23,	648,7	88.	-1,2	56,616.	4,3	89,493.	
and programs       6,236,302.       5,833,653.       5,384,944.       4,989,816.       4,699,048.         f       Administrative expenses       113,245,510.       105,795,188.       114,156,493.       87,643,305.       89,101,918.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80,603.       89,101,918.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80,603.       89,101,918.         2       Permanent endowment       74.7000 %       2.8200 %       Yes       Yes         6       Term endowment       22.4800 %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations by:       Yes No         (i)       Unrelated organizations       3a(i)       x         3b       J       J       J         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Section of propenty       Section of propenty       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated depreciation       (d) Book value         1       Land, Buildings,		-												
f Administrative expenses       113,245,510.       105,795,188.       114,156,493.       87,643,305.       89,101,918.         g End of year balance       113,245,510.       105,795,188.       114,156,493.       87,643,305.       89,101,918.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment       2.8200 %         b Permanent endowment       74.7000 %       Term endowment       22.4800 %         T are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(i) x         (i) Unrelated organizations	е	-												
g End of year balance       113,245,510.       105,795,188.       114,156,493.       87,643,305.       89,101,918.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment			6,2	236,302.	5,8	33,653.	5,	384,9	44.	4,98	39,816.	4,6	99,048.	
g       End of yeld balance (time 1 g, column (a)) held as:         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment2.8200 %         b       Permanent endowment74.7000 %         c       Term endowment2.4800 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations.         (i)       Retated organizations.         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated depreciation depreciation depreciation         1a       Land.       120,000.       120,000.       120,000.         b       Buildings       5,691,968       2,788,254       2,903,714.         c       Leasehold improvements.       107,500.       107,500.         Cotter       107,500.       107,500.       3,501,416.	f	Administrative expenses												
a Board designated or quasi-endowment2.8200 %         b Permanent endowment74.7000 %         c Term endowment2.4800 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>	g	-									43,305.	89,1	.01,918.	
b       Permanent endowment						e (line 1g,	columr	ו (a))	held as	:				
c       Term endowment <u>22.4800</u> , The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations .</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (ob Cost or other basis (ot Accumulated depreciation (other)</li> <li>120,000.</li> <li>107,500.</li> <li>107,500.</li> <li>107,500.</li> <li>107,500.</li> <li>107,500.</li> <li>107,500.</li> <li>107,500.&lt;</li></ul>		<b>c</b> .		2.8200	%									
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li><b>3a(ii)</b></li> <li><b>x</b></li> <li><b>3a(ii)</b></li> <li><b>x</b></li> <li><b>3a(iii)</b></li> <li><b>x</b></li> <li><b>3b</b></li> <li><b>3c</b></li> <li><b>3c</b></li> <li><b>3c</b></li> <li><b>3d</b></li> <li><b>3d</b></li></ul>			00 %											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI         Land, Buildings, and Equipment.         (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation         (d) Book value           1a Land.         120,000.         107,500.         107,500.         107,500.         107,500.         107,500.	C		and Do oh		1000/									
organization by:       Yes       No         (i) Unrelated organizations.       3a(i)       x         (ii) Related organizations.       3a(ii)       x         (ii) Related organizations.       3a(ii)       x         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         I       Land       120,000.       120,000.       120,000.         b       Buildings       5,691,968.       2,788,254.       2,903,714.         c       Leasehold improvements.       83,695.       83,695.       NONE         d       Equipment.       969,105.       598,903.       370,202.         e       Other       107,500.       107,500.       107,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       3,501,416.	20					tion that	ara hal	dan	d admir	victored for	the			
(i) Unrelated organizations.       3a(i)       x         (ii) Related organizations.       3a(ii)       x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       0         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land.       120,000.       120,000.       120,000.         b Buildings       5,691,968.       2,788,254.       2,903,714.         c Leasehold improvements.       83,695.       83,695.       NONE         d Equipment.       107,500.       107,500.       107,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).       3,501,416.	Ja		the poss	6331011 01	ine organiza	ation that	are ner	u an	aunni		uie		es No	
(ii) Related organizations .       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land       120,000.       120,000.       120,000.         b Buildings       5,691,968.       2,788,254.       2,903,714.         c Leasehold improvements.       83,695.       83,695.       NONE         d Equipment.       107,500.       107,500.       107,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).       3,501,416.														
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?														
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       120,000.       120,000.       120,000.         b       Buildings       5,691,968.       2,788,254.       2,903,714.         c       Leasehold improvements.       83,695.       83,695.       NONE         d       Equipment.       969,105.       598,903.       370,202.         e       Other       107,500.       107,500.       107,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).       3,501,416.	h	· · ·											A	
Part VILand, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand120,000.120,000.120,000.bBuildings5,691,968.2,788,254.2,903,714.cLeasehold improvements83,695.83,695.NONEdEquipment969,105.598,903.370,202.eOther107,500.107,500.107,500.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)3,501,416.			0		•									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land120,000.120,000.120,000.b Buildings5,691,968.2,788,254.2,903,714.c Leasehold improvements83,695.83,695.NONEd Equipment969,105.598,903.370,202.e Other107,500.107,500.107,500.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)3,501,416.	-					WITCHLIG	103.							
Image: Constraint of the	1 0	Complete if the organization	ation and	swered "\		1		<u>.</u>						
1a       Land       120,000.       120,000.         b       Buildings       5,691,968.       2,788,254.       2,903,714.         c       Leasehold improvements.       83,695.       83,695.       NONE         d       Equipment.       969,105.       598,903.       370,202.         e       Other       107,500.       107,500.       107,500.		Description of property						asis			(d	) Book val	he	
b         Buildings         5,691,968.         2,788,254.         2,903,714.           c         Leasehold improvements         83,695.         83,695.         NONE           d         Equipment         969,105.         598,903.         370,202.           e         Other         107,500.         107,500.         107,500.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         3,501,416.	1a	Land		(			,	00	Gobi	- 5.00001		12	0.000	
c         Leasehold improvements         NONE           d         Equipment         969,105         598,903         370,202           e         Other         107,500         107,500         107,500           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         3,501,416							-		2.7	88,254				
d Equipment         969,105.         598,903.         370,202.           e Other         107,500.         107,500.         107,500.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         3,501,416.												_,>0.		
e Other         107,500.         107,500.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         3,501,416.							-					37		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)3,501,416.					107.500		/-			-,200.			-	
						X, colum	n (B), lir	ne 10	c.)					
					,	,	. ,,		/		Sched	•		

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#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	6,229,857.	FMV
(B) PRIVATE EQUITY	10,547,089.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	16,776,946.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	<b>(b)</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" on 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" on 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	6,199,762.
(3)ANNUITY OBLIGATIONS	198,651.
(4)DUE TO RELATED PARTIES	5,619,923.
(5)	
(6)	
(7)	
(8)	
(9)	
Tetel (Column (h) must equal Form 000, Port V, and (D) line 25)	10,010,020

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 12,018,336.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022 MISSOURI STATE UNIVERSITY FOUNDATION 43-1234				
	n.			
Total revenue, gains, and other support per audited financial statements	1	42,472,130.		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments				
Donated services and use of facilities				
Recoveries of prior year grants				
Other (Describe in Part XIII.)				
Add lines 2a through 2d	2e	5,668,730.		
Subtract line 2e from line 1	3	36,803,400.		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b				
	4c	-1,319,885.		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,483,515.		
	ırn.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total expenses and losses per audited financial statements	1	38,874,502.		
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities				
Other losses				
	2e	1,758,315.		
Add lines <b>2a</b> through <b>2d</b>	2e 3	1,758,315.		
Add lines 2a through 2d         Subtract line 2e from line 1				
Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)				
Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	3	37,116,187.		
	XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements	XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       9,588,190.         Net unrealized gains (losses) on investments       2b       113,690.         Donated services and use of facilities       2d       -4,033,150.         Other (Describe in Part XIII.)       2d       -4,033,150.         Add lines 2a through 2d       3         Subtract line 2e from line 1       4a       324,740.         Investment expenses not included on Form 990, Part VIII, line 7b       4b       -1,644,625.         Add lines 4a and 4b       5       5         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part II, line 12.</i> )       5       5         XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         Total expenses and losses per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       113,690.         Donated services and use of facilities       2a       113,690.       2b		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

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 XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: \$ (4,033,150) PLEDGE DISCOUNT

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 Schedule D (Form 990) 2022
 MISSOURI STATE UNIVERSITY FOUNDATION

 Part XIII
 Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

\$ (1,466,254) RENTAL EXPENSES

(198,371) SPECIAL EVENT EXPENSES

-----

\$ (1,644,625)

SCHEDULE D, PART XIII, LINE 2D

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

\$ 1,466,254 RENTAL EXPENSES

198,371 SPECIAL EVENT EXPENSES

\_\_\_\_\_

\$ 1,644,625

SCHEDULE F (Form 990)	Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service				
Name of the organization		Employer ide	ntification number	
MISSOURI STATE U	INIVERSITY FOUNDATION	43-123	34200	
	<b>formation on Activities Outside the United States.</b> Complete if the Part IV, line 14b.	organizati	on answered "Yes" on	
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	0		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS	INVESTMENTS	10,008,990.
_(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
_ (8)					
_ (9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(17)</u>					
<ul> <li>3a Subtotal</li> <li>b Total from continuation sheets to Part I</li> </ul>	NONE	NONE			10,008,990.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	NONE	NONE		Schedul	10,008,990. e F (Form 990) 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000

G11257 K929 05/02/2024 09:03:54 V22-7.11 0093397

## Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

		Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2022

Page 2

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Schedule F (Form 990) 2022

Part II

43-1234200

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	MISSOURI	STATE	UNIVERSITY	FOUNDATION
Part IV Foreign Fo	orms			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2022

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047
(Form 990)		he organization answei organization entered r				9, or if the	2022
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service Name of the organization	Go	to www.irs.gov/Form9	90 for instru	ictions and t	he latest information.	Employer identificati	Inspection
Ū							
MISSOURI STATE Part I Fundraisin	g Activities. Comp		ization ar	swarad "	Ves" on Form 90	43-123420	
	EZ filers are not re	•					1.
	the organization rais				activities Check	all that apply	
a Mail solicita	-	e		-	non-government g		
	email solicitations	f			government grant		
c Phone solic		g			ising events	-	
d 🗌 In-person so	olicitations	5			5		
	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
	10 highest paid indi least \$5,000 by the		(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be
(i) Name and add or entity (fu		<b>(ii)</b> Activity	custody o	ndraiser have or control of outions?	<b>(iv)</b> Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<ol> <li>List all states in registration or lic</li> </ol>	which the organiza ensing.	tion is registered c	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ATHLETICS AUCTI	AG ALUMNI EVENT	15	(aḋd col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
/eu	1	Gross receipts	99,893.	98,809.	498,805.	697,507.
Revenue						
	2	Less: Contributions	87,904.	94,453.	283,094.	465,451.
	3	Gross income (line 1 minus			· · · · · · · · · · · · · · · · · · ·	
		line 2)	11,989.	4,356.	215,711.	232,056.
	4	Cash prizes			6,985.	6,985.
	5	Noncash prizes			39,731.	39,731.
S						
se	6	Rent/facility costs	6,790.		72,387.	79,177.
Der						
Ă	7	Food and beverages	2,050.	6,371.	33,888.	42,309.
g						
<b>Direct Expenses</b>	8	Entertainment	3,797.		907.	4,704.
	9	Other direct expenses	2,220.	3,360.	19,885.	25,465.
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		198,371.
	11	Net income summary. Subtract I	line 10 from line 3, col	lumn (d)		33,685.
Pa	rt III	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progressive bingo	(-,	col. (a) through col. (c))
ě						
<u>~</u>	1	Gross revenue				
xpenses	2	Cash prizes				
SUe						
žp	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

Yes

No

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

%

Yes

No

Yes

No

%

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Schedule G (Form 990) 2022

Direct Ex<sub>1</sub>

Sched	lule G (Form 990 or 990-EZ) 2022 MISSOURI STATE UNIVERSITY FOUNDATION 4	3-1234200	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
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:	ł	
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin	ng	
	revenue?	Yes	No
b		the	
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$		
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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	tions	
	or spent in the organization's own exempt activities during the tax year <b>s</b>		
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).		

SCHEDULE I (Form 990)	orm 990) partment of the Treasury Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.							
Internal Revenue Service Name of the organization		Goto	5 www.irs.gov/i	-oringgo for the la	test information.		Employer identifie	Inspection
Ũ		ON						
	UNIVERSITY FOUNDATI		<u> </u>				43-123420	J0
	zation maintain records to su			arante or accieta	non the grantage	l oligibility for the grapt	or accistance or	d.
the selection crit	eria used to award the grants IV the organization's proced	s or assistanc	e?					
Part II Grants ar	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
	ne 21, for any recipient th		-					
<b>1 (a)</b> Name and	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MISSOURI STATE UN	IVERSITY							
901 S. NATIONAL SPRING		44-6000308	GOVT	27,859,927.				SUPPORT
(2)								
_(3)		_						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)								
(9)								
(10)								
(11)		-						
(12)		-						
	per of section 501(c)(3) and goes of other organizations list	-	-					

Schedule I (Form 990) 2022

#### MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
1 SCHOLARSHIPS	1,864	4,748,925.						
2								
3								
4								
5								
6								
7								
art IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional								

information.

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 ON MISSOURI STATE

UNIVERSITY'S CRITERIA OF NEED AND EDUCATIONAL ACHIEVEMENTS. THIS CRITERIA

ENFORCES A NON-DISCRIMINATORY POLICY.

Schedule I (Form 990) (2022)

Page 2

SCHEDULE J (Form 990)			Isation Information Actors, Trustees, Key Employees, and Highest	0	MB No. 1 എത	1545-0	047
-	-		mpensated Employees		20	ZZ	
Departm	nent of the Treasury		n answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.	3. C	pen to	o Puk	olic
Internal	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.		Inspe		n
Name	of the organization			Employer identification	n numbe	r	
		E UNIVERSITY FOUNDATION		43-123420	0		
Part	Questio	ns Regarding Compensation					
10	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form		Yes	No
Ia			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
				· · ·			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b	x	
2	Did the ora:	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all		А	
-	•		D/Executive Director, regarding the items	•			
		· · · · · · · · · · · · · · · · · · ·			2	x	
3			on used to establish the compensation of	the			
·	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ods used by a			
	Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		Х
b			tal nonqualified retirement plan?		4b		Х
С			sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5	-		on A, line 1a, did the organization pa	y or accrue any			
-		n contingent on the revenues of:			E e		v
					5a		X
b		e 5a or 5b, describe in Part III.			5b		X
6			on A, line 1a, did the organization pa	IV Or accrue any			
5		n contingent on the net earnings of:	ion ri, into ra, ala trio organization pe	, of accide any			
а					6a		х
b					6b		Х
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		-		
0			escribe in Part III		7		
8			paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? If				
		•	Regulations section 53.4958-4(a)(3)?		8		x
9			low the rebuttable presumption proced		0		
5					9		
							L

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

43-1234200

## 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 on 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 aren't 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.

		(B) Breakdown of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STEPHEN A FOUCART	(i)	26,810.	150.	287.	6,730.	1,312.	35,289.	NONE
1 TREASURER	(ii)	151,922.	850.	1,626.	38,137.	7,434.	199,969.	NONE
W BRENT DUNN	(i)		600.	587.	26,074.	9,467.	138,445.	NONE
2 EXECUTIVE DIRECTOR	(ii)		400.	391.	17,382.	6,312.	92,297.	NONE
	(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)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Page **2** 

Schedule J (Form 990) 2022

43-1234200

#### Part III Supplemental Information

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 J, PART I, LINE 1A

TRAVEL FOR COMPANIONS:

THIS WAS RECEIVED BY BRENT DUNN AS NON-TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 3

EXECUTIVE COMPENSATION:

MISSOURI STATE UNIVERSITY, A RELATED ORGANIZATION, USES APPROVAL BY THE

BOARD TO DETERMINE THE COMPENSATION OF EXECUTIVE DIRECTOR, BRENT DUNN.

Page 3

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

22 2 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

#### MISSOURI STATE UNIVERSITY FOUNDATION

Employer identification number 43-1234200

Par	t Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			<i>,</i>
1	Art - Works of art	X	20	5,675.	APPRAISAL,	/FMV		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		6,407.	FMV			
5	Clothing and household							
	goods	x		150,174.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		3	3,497,470.	FMV			
9	Securities - Publicly traded		19	1,563,136.	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		3	8,590,000.	APPRAISAL			
18	Collectibles							
19	Food inventory		5	30,429.	FMV			
20	Drugs and medical supplies		4	87,774.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( <u>SEE SUPP PAGE</u> )		1,235.	479,895.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			33
					г		Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least t	-			-			
	to be used for exempt purposes for		olding period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a			-				
	contributions?					31	Х	
32a	Does the organization hire or use	-	-	-				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	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	ructions for For	rm 990.		Schedule	M (Fo	rm 990	) 2022

2E1298 1.000 G11257 K929 05/02/2024 09:03:54 V22-7.11 0093397 **Part II** Supplemental Information. 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, 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. Part II Supplemental Information. 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 1	I - OTHER NO	S		
		(B) NUMBER OF	(C) REVENUES	(=)
DESCRIPTION	(A) CHECK	CONTRIBUTIONS	REPORTED	(D) METHOD OF DETERMINING
HORSE	X	2	4,500.	APPRAISAL
EQUIPMENT & SUP	Х	57	336,348.	FMV
AUCTION ITEMS	Х	1,174	136,896.	FMV
OTHERS	Х	2	2,151.	FMV
TOTALS		1,235.	479,895.	
	==			

## 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	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization		Employer identification number
MISSOURI STATE UNI	VERSITY FOUNDATION	43-1234200

#### FORM 990, PT V, LINE 2A; PT VII, SECTION A; & PT IX, LINES 5 & 7

COMMON PAYMASTER ARRANGEMENT AND SALARIES:

A RELATED ORGANIZATION, MISSOURI STATE UNIVERSITY (MSU), FILES ALL W-2 FORMS AND PAYS ALL PAYROLL TAXES AND BENEFITS ON BEHALF OF THE FOUNDATION. THE AMOUNT REPORTED ON PART V, LINE 2A, IS THE NUMBER OF W-2 FORMS FILED FOR THOSE WHO WORK PRIMARILY FOR THE FOUNDATION.

THE AMOUNTS LISTED IN COLUMN D OF PART VII, SECTION A, WERE PAID THROUGH MSU AND ARE FOR THE EXECUTIVE DIRECTOR, WHO IS ESTIMATED TO WORK APPROXIMATELY 60% FOR THE FOUNDATION; THE TREASURER, WHO IS ESTIMATED TO WORK APPROXIMATELY 15% FOR THE FOUNDATION; AND, THE SECRETARY, WHO IS ESTIMATED TO WORK APPROXIMATELY 35% FOR THE FOUNDATION.

OTHER SALARIES AND WAGES ON PART IX, LINE 7, IS THE AMOUNT OF SALARIES ALLOCATED FOR DUTIES PERFORMED FOR THE ORGANIZATION AS CONTRIBUTED PERSONNEL SERVICES, REDUCED BY THE AMOUNT REPORTED ON PART IX, LINE 5, FOR THE EXECUTIVE DIRECTOR, TREASURER AND SECRETARY.

#### FORM 990, PART VI, LINE 1A

GOVERNING BODY AND MANAGEMENT:

THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MET MULTIPLE TIMES DURING THE YEAR, WHEREAS THE FULL GOVERNING BODY MET BIANNUALLY. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE WERE RATIFIED BY THE GOVERNING BODY AT A BIANNUAL MEETING.

#### FORM 990, PART VI, SECTION A, LINE 2

BOARD RELATIONSHIP:

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

Department of the Treasury

#### 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. OMB No. 1545-0047

Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				
Name of the organization		Employer identi	fication number			
MISSOURI STATE UNI	VERSITY FOUNDATION	43-123	4200			

JOHN FOSTER AND ROBERT FOSTER HAVE A FAMILY RELATIONSHIP.

#### FORM 990, PART VI, SECTION A, LINE 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 990 WILL INITIALLY BE INTERNALLY REVIEWED. AFTER THIS REVIEW, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 WILL BE PRESENTED TO THE GOVERNING BODY. THIS WILL ALLOW 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 TRUSTEES REQUIRING ACKNOWLEDGEMENT THAT EACH TRUSTEE 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 TRUSTEE IS THEN REQUIRED TO NOTIFY THE CHAIR AND EXECUTIVE DIRECTOR IN WRITING. ADDITIONALLY, THE ORGANIZATION SENT OUT A QUESTIONNAIRE PROVIDED BY THE INDEPENDENT ACCOUNTANT TO COMPLY WITH THE 990 REPORTING REQUIREMENTS.

## 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
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspectio Inspectio

 Name of the organization
 Employer identification number

 MISSOURI STATE UNIVERSITY FOUNDATION
 43-1234200

WHEN IT IS PROPOSED THAT THE FOUNDATION ENGAGE IN A BUSINESS TRANSACTION, INCLUDING ACCEPTANCE OF ANY GIFT FROM A THIRD PARTY, ANY TRUSTEE 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 TRUSTEES 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 ARE AVAILABLE UPON REQUEST ON SITE, BY MAIL, BY FAX, OR BY E-MAIL. THE FINANCIAL STATEMENTS ARE PUBLISHED IN THE AUDITED FINANCIAL REPORT, WHICH IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

#### FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$ (4,033,150) PLEDGE DISCOUNTS

#### 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

MISSOURI STATE UNIVERSITY FOUNDATION

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

Name, address, and EIN	(a) (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling
			or foreign country)			entity
(1) 521 PROPERTIES, LLC	43-1234200					
901 S NATIONAL AVE	SPRINGFIELD, MO 65897	REALTY RENT	MO	12,790.	1,775,713.	MSU FDN
(2)						
(3)						
(4)						
(5)						
(6)						

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.

Name, address, an	<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	(g Section 5 contr enti	12(b)(13) olled	
							Yes	No
(1) MISSOURI STATE UNIVERSITY	44-6000308							
901 S NATIONAL	SPRINGFIELD, MO 65804	UNIVERSITY	МО			NONE		х
(2)								
_(3)								
_(4)								
(5)								
(6)								
(7)								
		7						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2

Employer identification number

43-1234200

Open to Public

Inspection

22

Schedule R (Form 990) 2022

MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

Page **2** 

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

	indie related dry	anizatior	is liealeu as a p	arthership during th	le lax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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	(h) Disproportiona allocations?	amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana partr	eral or aging ner?	<b>(k)</b> Percentage ownership
							Yes No		Yes	No	
(1)	_										
(2)	_										
(3)	_										
(4)	_										
(5)	_										
(6)											
(7)											
	1										

## 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. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) 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> Percentage ownership	controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022

2E1309 1.000

## Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	-	X			
	Gift, grant, or capital contribution to related organization(s)	1b	X	<u> </u>			
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X			
е	Loans or loan guarantees by related organization(s)	1e		X			
	Dividends from related organization(s)	1f		X			
	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h	-	X			
i	Exchange of assets with related organization(s).	<u>1i</u>	-	X			
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j	X				
				x			
k	k Lease of facilities, equipment, or other assets from related organization(s) 1k						
I	Performance of services or membership or fundraising solicitations for related organization(s)		-	X X			
	m Performance of services or membership or fundraising solicitations by related organization(s).						
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
ο	Sharing of paid employees with related organization(s)	10	X				
	p Reimbursement paid to related organization(s) for expenses						
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r	-	X			
S	Other transfer of cash or property from related organization(s).	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thr		ds.				
	(a) (b) (c) Name of related organization Transaction Amount involved Method	<b>(d)</b> d of de	termin	ina			
		ount in					
(1)							
$\langle \mathbf{o} \rangle$							
(2)							
(0)							
(3)							
(4)							
(5)							
(5)							
(6)							
(6)	Schedule R	/For~	000	2022			
JSA	Schedule R	(rorm	1 990)	2022			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	i ordaniz	ations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(j) eral or aging mer?	ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)													
(2)													
(3)													1
(4)													
(5)													+
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													+
15)													
16)													

Schedule R (Form 990) 2022

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-T		OMB No. 1545-0047					
1 011		(and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning $07/01$ , 2022, and ending $06/30$ , 202	3	2022				
Dena	tment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection				
	al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	for 501(c)(3)					
A	Check box if	Name of organization (         Check box if name changed and see instructions.)         D	Emp	loyer identification number				
	address changed.	MISSOURI STATE UNIVERSITY FOUNDATION	43-	1234200				
BEx	empt under section			up exemption number instructions)				
Χ	501(C)(3)	or Type 901 S NATIONAL	(300					
	408(e) 220(e)							
	408A 530(a)			Check box if an amended return.				
	529(a) 529A							
_	heck organization t			State college/university				
	heck if filing only to							
		organization filing a consolidated return with a 501(c)(2) titleholding corporation						
		attached Schedules A (Form 990-T)						
	• •	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	• •	Yes X No				
		me and identifying number of the parent corporation	0.2.0					
L 1	The books are in care of MISSOURI STATE UNIVERSITY Telephone number 417-836-5632							
	901 S NATIONAL							
		SPRINGFIELD, MO 65897						
Ра	t Total Upro	lated Business Taxable Income						
1		ed business taxable income computed from all unrelated trades or businesses (see	1					
•			1	NONE				
2	,		2					
3			3					
4		utions (see instructions for limitation rules)						
5		usiness taxable income before net operating losses. Subtract line 4 from line 3						
6		operating loss. See instructions.						
7		ed business taxable income before specific deduction and section 199A deduction.						
		m line 5	7	NONE				
8		n (generally \$1,000, but see instructions for exceptions)						
9	Trusts. Section 19	09A deduction. See instructions.	9					
10	Total deductions.	Add lines 8 and 9	10	)				
11	Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
	enter zero		11	NONE				
Ра	rt II Tax Comp	outation						
1	Organizations tax	xable as corporations.         Multiply Part I, line 11 by 21% (0.21)	1	NONE				
2	Trusts taxable	at trust rates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2							
3	Proxy tax. See instructions							
4	Other tax amounts. See instructions							
5	Alternative minimum tax (trusts only)							
6	Tax on noncompliant facility income. See instructions							
7		through 6 to line 1 or 2, whichever applies	7					
For	Paperwork Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)				

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer,	see instructions.	Т	axpayer identification numb	per (TIN)				
print			43-1234200					
	MISSOURI STATE UNIVERSITY FOUNDATION         43-123           Number, street, and room or suite no. If a P.O. box, see instructions.         43-123							
due date for	.0. 50, 500 11510							
filing your return. See City, town or post office, state, and ZIP cod	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.								
Enter the Return Code for the return that this applic	ation is for (file	a separate application for	each return)	0 7				
Application	Return	Application		Return				
Is For	Code	Is For		Code				
Form 990 or Form 990-EZ	01	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720 (other than	individual)	09				
Form 990-PF	04	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T (trust other than above)	06	Form 8870		12				
Form 990-T (corporation)	07							
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.</li> <li>I request an automatic 6-month extension of time until 05/15 , 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</li> <li>►</li></ul>								
2 If the tax year entered in line 1 is for less than Change in accounting period				_				
3a If this application is for Forms 990-PF, 99	90-T, 4720, or	6069, enter the tenta	tive tax, less any					
nonrefundable credits. See instructions.				a \$ NONE				
b If this application is for Forms 990-PF, 99		•	dable credits and					
estimated tax payments made. Include any price	, , ,			<b>) \$</b> NONE				
c Balance due. Subtract line 3b from line 3 using EFTPS (Electronic Federal Tax Payment S	-			s NONE				
<b>Caution:</b> If you are going to make an electronic funds wit instructions.	hdrawal (direct de	ebit) with this Form 8868, se	e Form 8453-TE and Form	8879-TE for paymer				
For Privacy Act and Panerwork Reduction Act Notice se	e instructions		Fo	rm 8868 (Pey 1-202				

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

Form 8868 (Rev. 1-2022)

Form	990-T (2022)		43-123420	) Page <b>2</b>					
Par	Tax and Payments								
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a							
b	Other credits (see instructions)	1b							
С	General business credit. Attach Form 3800 (see instructions)	1c							
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	1d							
е	Total credits. Add lines 1a through 1d.		1e						
2	Subtract line 1e from Part II, line 7								
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697	Form 8866							
	Other (attach statement)		3						
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously of	deferred under							
	section 1294. Enter tax amount here		4	NONE					
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5						
6a	Payments: A 2021 overpayment credited to 2022	6a							
b	2022 estimated tax payments. Check if section 643(g) election applies	6b							
С	Tax deposited with Form 8868	6c							
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d							
е	Backup withholding (see instructions)	6e							
f	f Credit for small employer health insurance premiums (attach Form 8941) 6f								
g									
	Form 4136         Other         Total         6g								
7									
8	8 Estimated tax penalty (see instructions). Check if Form 2220 is attached								
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed									
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid									
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refunded	11						
Par	IV Statements Regarding Certain Activities and Other Info	ormation (see instruction	าร)						
1	At any time during the 2022 calendar year, did the organization have an ir	nterest in or a signature o	r other authority	Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If	f "Yes," the organization m	nay have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	," enter the name of the	foreign country						
	here			X					
2	During the tax year, did the organization receive a distribution from, or was it th	e grantor of, or transferor to	, a foreign trust?	X					
	If "Yes," see instructions for other forms the organization may have to file.								
3	Enter the amount of tax-exempt interest received or accrued during the tax year								
4	Enter available pre-2018 NOL carryovers here \$ Do not incl	lude any post-2017 NOL carry	over						
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	own here by any deduct	ion reported on						
	Part I, line 6.								
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available	post-2017 NOL carryover	s. Don't reduce						
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t	he tax year. See instructions.							
	Business Activity Code	Available post-2017	NOL carryover						
		\$							
		\$							
		\$							
		\$							
6a	6a Did the organization change its method of accounting? (see instructions)								
b	b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"								
	explain in Part V								
Par				<u> </u>					
Provi	le the explanation required by Part IV, line 6b. Also, provide any other additional inform	ation. See instructions.							

Cian			rjury, I declare that I have exa t, and complete. Declaration of						
Sign Here					TRE	ASURER	with the pro	6 discuss this return eparer shown below	
	Sign	ature of officer			Title		(see instructions)	)? X Yes No	
Daid		Print/Type prepa	arer's name	Preparer's signature		Date	Check if	PTIN	
Paid		BRIAN D	TODD				self-employed	P00422601	
Prepar Use Or		Firm's name FORVIS, LLP					Firm's EIN 44-0160260		
056 01	пу	Firm's address	910 E ST LOUIS	#200/PO BOX 119	), SPRINC	GFIELD, MO 6	Phone no. 417-865-8701		
JSA 2X2741 1.	000							Form <b>990-T</b> (2022)	

SCHE	DULE A
(Form	990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

**2** *L* 

Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).			Open to Public Inspection fo 501(c)(3) Organizations Onl			
A Name of the organiz	zation	B Employer id	lentificati	on nun	nber		
MISSOURI STATE	UNIVERSITY FOUNDATION	43-123420	0				
<b>C</b> Unrelated business	activity code (see instructions) 900099	D Sequence:	1	of	1		

E Describe the unrelated trade or business UNRELATED BUSINESS INCOME FROM A PASS-THROUGH ENTI

Ра	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	-20,543.			-20,543.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-20,543.			-20,543.
Pa	rt II Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		nitations on deduct	ions. Deducti	ons n	nust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5 6	Interest (attach statement). See instructions				5 6	
0 7	Depreciation (attach Form 4562). See instructions				0	
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion.				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
	column (C)				16	-20,543.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 1				18	-20,543.
For P	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2022

					Page 2
Par	t III Cost of Goods Sold	Enter method of inventor	y valuation	, <u>,</u>	
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statemen	t)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, line 2	2		
9	Do the rules of section 263A (with respect	to property produced or act	quired for resale) apply	to the organization?	? Yes No
Part					
1	Description of property (property street address	, city, state, ZIP code). Check i	if a dual-use. See instructi	ons.	
	A				
	В				
	c				
	D	11		1	
		A	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D $\hfill D$				
				$a \in column (A)$	
3	Total rents received or accrued. Add line 2c	columns A through D. Enter	nere and on Part I, line		
3	Total rents received or accrued. Add line 2c	columns A through D. Enter	nere and on Part I, line		
3 4	Deductions directly connected with the income		nere and on Part I, line		
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	Deductions directly connected with the income				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through	n D. Enter here and on Part I, I			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income	n D. Enter here and on Part I, I	ine 6, column (B)	· · · · · · · · · · · ·	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income Description of debt-financed property (street ad	n D. Enter here and on Part I, I	ine 6, column (B)	· · · · · · · · · · · ·	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income	n D. Enter here and on Part I, I	ine 6, column (B)	· · · · · · · · · · · ·	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	n D. Enter here and on Part I, I	ine 6, column (B)	· · · · · · · · · · · ·	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	n D. Enter here and on Part I, I	ine 6, column (B)	· · · · · · · · · · · ·	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	b D. Enter here and on Part I, I     c (see instructions)	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income Description of debt-financed property (street ad A	b. Enter here and on Part I, I     c (see instructions)     ldress, city, state, ZIP code). Cl	ine 6, column (B)	· · · · · · · · · · · ·	D
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A B C D D D D D D D D D D D D D D D D D D	A	heck if a dual-use. See ins	structions.	
4 5 <b>Par</b> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income Description of debt-financed property (street ad A B C D C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C C D C	A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A B C D D D D D D D D D D D D D D D D D D	A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income Description of debt-financed property (street ad A B C D C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C C D C	A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B B	c	D
4 5 Par 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street ad A	A A A A A A A A A A	heck if a dual-use. See ins	structions.	
4 5 Par 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through <b>V</b> Unrelated Debt-Financed Income Description of debt-financed property (street ad A	A A A A A A A A A A	B	C %	D
4 5 Par 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street ad A	A A A A A A A A A A	B	C %	D
4 5 Par 1 2 3 a b c 4 5 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street ad A B C D D D D D D D D D D D D D D D D D D	A A A A A A A A A A	B	C %	D
4 5 Par 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through <b>V</b> Unrelated Debt-Financed Income Description of debt-financed property (street ad <b>A</b> <b>B</b> <b>C</b> <b>D</b> Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through C) Allocable deductions. Multiply line 3c by line 6	A     A	B B rt I, line 7, column (A).	C	D
4 5 Par 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street ad A B C D D D D D D D D D D D D D D D D D D	A      A	B B Trt I, line 7, column (A).	C C % 7, column (B)	D

Sched	ule A (Form 990-T) 2022						Page 3
Par	t VI Interest, Ann	nuities, Royal	ties, and Rents			nizations (see instructions)	
		Exempt Controlled Organizations					
	1. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexe	empt Controlled O	rganizatio	ons	
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of spe payments m		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
	s VII Investment I	<u></u>	Soction 501(a)	(7) (0) or (17)	Organiza	ation (see instructions)	
rai	1. Description of income		ount of income	(7), (9), OF (17) 3. Deductio		4. Set-asides	5. Total deductions
				directly conne (attach staten		(attach statement)	and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)		Enter h	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	s						
Part	VIII Exploited Ex	cempt Activit	y Income, Othe	er Than Advertis	sing Inco	me (see instructions)	
1	Description of exploit	ed activity:					
2	Gross unrelated busi	iness income fr	om trade or bus	iness. Enter here a	and on P	art I, line 10, column (A)	2
3	Expenses directly co	onnected with	production of ur	nrelated business i	ncome. E	inter here and on Part I,	
	line 10, column (B) .						3
4	( )			s. Subtract line 3	from lin	ne 2. If a gain, complete	
	lines 5 through 7.						4
5	Gross income from a	ctivity that is not	unrelated business	sincome			5
6	Expenses attributable						6
7	· · ·			-		than the amount on line	
	4. Enter here and on F	Part II, line 12		<u></u>	<u></u>		7

Schedule A (Form 990-T) 2022

JSA

Pa	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	orting two or more periodicals	s on a consolidated ba	sis	
'		borting two of more periodical	s on a consolidated ba		
	A B				
	в с				
	D				
tei	amounts for each periodical listed above ir	the corresponding column.			
		A	В	С	D
2	Gross advertising income				
a					
a	Add columns A through D. Enter here and				•••
;	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and		1	1	I
a	Add columns A through D. Enter here and	I ON Fait I, IIIIE I I, COIUIIIII (D)			••
	Advertising gain (loss). Subtract line 3 from	mline			
	2. For any column in line 4 showing a				
	complete lines 5 through 8. For any colu	•			
	line 4 showing a loss or zero, do not con				
	lines 5 through 7, and enter zero on line 8				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is less				
	line 5, subtract line 6 from line 5. If line 5				
	than line 6, enter zero				
	Excess readership costs allowed a				
	deduction. For each column showing a ga				
	line 4, enter the lesser of line 4 or line 7.				
a	· · · · · · · · · · · · · · · · · · ·		ine 8a columns tr	otal or zero here and	on
a	Part II, line 13	6	,		VII
					· · ·
а	rt X Compensation of Officers, I	Directors, and Trustees	(see instructions)	T	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business

(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total. Enter here and on Part II, line 1	 	

Part XI Supplemental Information (see instructions)

#### MISSOURI STATE UNIVERSITY FOUNDATION

43-1234200

SCHEDULE A: PASS-THROUGH ACTIVITY

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	=======================================	=======================================	============
	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
LOSS FROM NB CROSSROADS	-20,618.		-20,618.
INCOME FROM STRATEGIC INV FUND VIII	75.		75.

\_\_\_\_\_

-20,543.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

=================

## MISSOURI STATE UNIVERSITY FOUNDATION EIN: 43-1234200 NOL CARRYOVER SCHEDULE 6/30/2023

Net Operating Loss created 6/30/17 Net Operating Loss used 6/30/17	3,415 -
Net Operating Loss carryover to 6/30/18	3,415
Net Operating Loss created 6/30/18 Net Operating Loss used 6/30/18	7,018 -
Net Operating Loss carryover to 6/30/19	10,433
Net Operating Loss created 6/30/19 Net Operating Loss used 6/30/19	2,801 -
Net Operating Loss carryover to 6/30/20	13,234
Net Operating Loss created 6/30/20 Net Operating Loss used 6/30/20	5,590 -
Net Operating Loss carryover to 6/30/21	18,824
Net Operating Loss created 6/30/21 Net Operating Loss used 6/30/21	7,386
Net Operating Loss carryover to 6/30/22	26,210
Net Operating Loss created 6/30/22 Net Operating Loss used 6/30/22	7,794
Net Operating Loss carryover to 6/30/23	34,004
Net Operating Loss created 6/30/23 Net Operating Loss used 6/30/23	20,543
Net Operating Loss carryover to 6/30/24	54,547