

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC
D Employer identification number 23-7035423
E Telephone number 816-271-5647
G Gross receipts \$ 14,956,033.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MISSOURIWESTERN.EDU/FOUNDATION
K Form of organization:
L Year of formation: 1968
M State of legal domicile: MO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: Pat Modlin, Board Chair, dated 4/2/2024. Preparer: Harold Ray, dated 04/01/24. Firm: CliftonLarsonAllen LLP, Kansas City, MO.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **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 print	Name of exempt organization or other filer, see instructions. MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Taxpayer identification number (TIN) 23-7035423
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O CLIFTONLARSONALLEN LLP - 1100 WALNUT, SUITE 2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64106	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return 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		

M. MICHELE CHAMBERS

• The books are in the care of ▶ **4525 DOWNS DRIVE, SPRATT 111 - ST JOSEPH, MO 64507**

Telephone No. ▶ **816-271-5677** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- 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.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Form 990 (2022)

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Part 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 MISSOURI WESTERN STATE UNIVERSITY FOUNDATION IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION THAT FUNCTIONS SOLELY TO SUPPORT THE MISSION OF MISSOURI WESTERN STATE UNIVERSITY, AS STATED IN THE UNIVERSITY'S MISSION STATEMENT. THE FOUNDATION RECEIVES, INVESTS, MAINTAINS AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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 \$ 5,055,743. including grants of \$ 5,055,743.) (Revenue \$ 733,187.)
CONTRIBUTIONS TO SUPPORT PROJECTS AND SCHOLARSHIPS FOR STUDENTS ATTENDING MISSOURI WESTERN STATE UNIVERSITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,055,743.

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**MISSOURI WESTERN STATE UNIVERSITY
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Part 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. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	25		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a			X
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
M. MICHELE CHAMBERS - 816-271-5677
4525 DOWNS DRIVE, SPRATT 111, ST JOSEPH, MO 64507

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNEDY, ELIZABETH UNIVERSITY PRESIDENT	1.00 40.00	X		X				0.	300,600.	29,156.
(2) ARCHAMBAULT, MARC EXECUTIVE DIRECTOR	8.00 32.00			X				0.	199,176.	81,493.
(3) GRIMWOOD, BILL IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(4) KNEIB-DIXON, JENNIFER VICE CHAIR	1.00	X		X				0.	0.	0.
(5) MODLIN, PAT CHAIR	1.00	X		X				0.	0.	0.
(6) PETTIGREW, SUSAN SECRETARY	1.00	X		X				0.	0.	0.
(7) ROSONKE, DENNIS TREASURER	1.00	X		X				0.	0.	0.
(8) WOLLENMAN, BOB BOARD OF GOVERNOR REP	1.00	X		X				0.	0.	0.
(9) ALBERS, ASHLEY BOARD MEMBER	1.00	X						0.	0.	0.
(10) BARBOSA, RON BOARD MEMBER	1.00	X						0.	0.	0.
(11) BURNHAM, MARIA BOARD MEMBER	1.00	X						0.	0.	0.
(12) CAROLUS, ALI BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHATHAM, WAYNE BOARD MEMBER	1.00	X						0.	0.	0.
(14) JONES, DARRELL BOARD MEMBER	1.00	X						0.	0.	0.
(15) JORDAN, KURT BOARD MEMBER	1.00	X						0.	0.	0.
(16) KARN, RODGER BOARD MEMBER	1.00	X						0.	0.	0.
(17) KORELL, MARK BOARD MEMBER	1.00	X						0.	0.	0.

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAWRENCE, LORNA BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MICHALSKI, TODD BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MURPHY, DEENA BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ROBB, NICHOLAS BOARD MEMBER	1.00	X					0.	0.	0.	
(22) SCHRECK, BLAKE LEFT 4/15 BOARD MEMBER	1.00	X					0.	0.	0.	
(23) SMITH, C. DANIEL BOARD MEMBER	1.00	X					0.	0.	0.	
(24) STROUD, EDWARD BOARD MEMBER	1.00	X					0.	0.	0.	
(25) TURNER, DAVIN BOARD MEMBER	1.00	X					0.	0.	0.	
(26) WILSON, JOHN BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							0.	499,776.	110,649.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	499,776.	110,649.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	24,250.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,152,080.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 14,635.				
	h Total. Add lines 1a-1f			2,176,330.			
Program Service Revenue	2 a MEMBERSHIP	Business Code					
		900099	290,567.	290,567.			
	b FEES & REIMBURSEMENTS	900099	286,018.	286,018.			
	c EXCHANGE REVENUE	900099	156,602.	156,602.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			733,187.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,484,839.		189,910.	1294929.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		13,522.			13,522.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,130,499.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	10,212,099.				
	c Gain or (loss)	7c	-81,600.				
	d Net gain or (loss)			-81,600.		-81,600.	
8 a Gross income from fundraising events (not including \$ 24,250. of contributions reported on line 1c). See Part IV, line 18	8a		60,609.				
		b Less: direct expenses	8b	199,724.			
		c Net income or (loss) from fundraising events			-139,115.	1,680.	-140,795.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		5,993.				
		b Less: cost of goods sold	10b	0.			
		c Net income or (loss) from sales of inventory			5,993.		5,993.
Miscellaneous Revenue	11 a ADVERTISING	Business Code					
		541800	351,054.		351,054.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			351,054.				
12 Total revenue. See instructions			4,544,210.	733,187.	542,644.	1092049.	

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,070,971.	4,070,971.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	984,772.	984,772.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	201,279.		134,857.	66,422.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,303.		30,782.	20,521.
9 Other employee benefits	36,519.		20,833.	15,686.
10 Payroll taxes	15,398.		10,317.	5,081.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,050.		22,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	200.			200.
f Investment management fees	133,925.		133,925.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	98,508.		95,316.	3,192.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,032.		1,032.	
23 Insurance				
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,615,957.	5,055,743.	449,112.	111,102.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	834,091.	1	1,006,215.
	2 Savings and temporary cash investments	1,477,395.	2	1,278,756.
	3 Pledges and grants receivable, net	557,920.	3	1,155,566.
	4 Accounts receivable, net	58,374.	4	76,934.
	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		5	
	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)		6	
	7 Notes and loans receivable, net	11,747.	7	3,741.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,905.	9	14,128.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	120,948.		
	b Less: accumulated depreciation	17,831.		
	11 Investments - publicly traded securities	43,027,535.	10c	103,117.
	12 Investments - other securities. See Part IV, line 11	1,169,426.	11	44,539,304.
	13 Investments - program-related. See Part IV, line 11		12	1,177,736.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,613,236.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	52,859,336.	15	5,672,605.	
		16	55,028,102.	
Liabilities	17 Accounts payable and accrued expenses	792,912.	17	1,287,871.
	18 Grants payable		18	
	19 Deferred revenue	135,259.	19	164,262.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	928,171.	26	1,452,133.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,201,880.	27	4,602,485.
	28 Net assets with donor restrictions	47,729,285.	28	48,973,484.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	51,931,165.	32	53,575,969.
	33 Total liabilities and net assets/fund balances	52,859,336.	33	55,028,102.

Form **990** (2022)

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Form 990 (2022)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	4,544,210.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,615,957.
3 Revenue less expenses. Subtract line 2 from line 1	3	-1,071,747.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,931,165.
5 Net unrealized gains (losses) on investments	5	2,817,664.
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	-101,113.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,575,969.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022)

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule A (Form 990) 2022

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3532505.	2602410.	1521795.	2169631.	2176330.	12002671.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3532505.	2602410.	1521795.	2169631.	2176330.	12002671.
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 shown on line 11, column (f)						2153447.
6 Public support. Subtract line 5 from line 4.						9849224.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3532505.	2602410.	1521795.	2169631.	2176330.	12002671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1889291.	930,206.	732,765.	838,682.	1314444.	5705388.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		144,983.	77,029.	227,001.	254,322.	703,335.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	71,585.	24,740.	112,493.	112,074.	58,929.	379,821.
11 Total support. Add lines 7 through 10						18791215.
12 Gross receipts from related activities, etc. (see instructions)					12	4,299,002.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	52.41	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	55.13	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

Schedule A (Form 990) 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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule A (Form 990) 2022

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

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	

Section 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	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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	
5	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	<input type="checkbox"/> 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

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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 Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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, <i>explain in Part VI</i> . 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:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Schedule A (Form 990) 2022

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS FUNDRAISING REVENUE

2018 AMOUNT: \$ 71,585.

2019 AMOUNT: \$ 24,740.

2020 AMOUNT: \$ 112,493.

2021 AMOUNT: \$ 112,074.

2022 AMOUNT: \$ 58,929.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Employer identification number

23-7035423

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For 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).

Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number 23-7035423
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>565,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>68,516.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>68,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number 23-7035423
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>50,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number 23-7035423
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number 23-7035423
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number 23-7035423
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, 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, 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, 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, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC Employer identification number 23-7035423

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule D (Form 990) 2022

23-7035423 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- 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 sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow 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, 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| 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 "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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,756,187.	41,437,900.	35,017,589.	36,663,818.	34,255,404.
b Contributions	172,545.	207,297.	2,472,802.	1,962,827.	947,339.
c Net investment earnings, gains, and losses	3,614,406.	-5,433,809.	8,999,741.	2,054,529.	3,591,693.
d Grants or scholarships	1,885,533.	1,455,201.	5,052,232.	5,663,585.	2,130,618.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	36,657,605.	34,756,187.	41,437,900.	35,017,589.	36,663,818.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 6.2867 %
- b** Permanent endowment 93.7133 %
- c** Term endowment _____ %
- 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:
- | | Yes | No |
|---|----------------|----|
| (i) Unrelated organizations | 3a(i) X | |
| (ii) Related organizations | | 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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		22,140.	17,831.	4,309.
e Other		98,808.		98,808.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				103,117.

Schedule D (Form 990) 2022

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule D (Form 990) 2022

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) CASH SURRENDER VALUE OF LIFE INSURANCE	567,651.
(2) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	5,104,954.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,672,605.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ...

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule D (Form 990) 2022

Part 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.

1	Total revenue, gains, and other support per audited financial statements	1	7,596,649.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,817,664.
b	Donated services and use of facilities	2b	125,310.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	243,390.
e	Add lines 2a through 2d	2e	3,186,364.
3	Subtract line 2e from line 1	3	4,410,285.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,925.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	133,925.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,544,210.

Part XII 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	5,951,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	125,310.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	344,503.
e	Add lines 2a through 2d	2e	469,813.
3	Subtract line 2e from line 1	3	5,482,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,925.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	133,925.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,615,957.

Part XIII Supplemental Information.

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.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF 204 FUNDS ESTABLISHED TO SUPPORT A VARIETY OF SCHOLARSHIPS, PROGRAMS, AND DEPARTMENTS AT MISSOURI WESTERN STATE UNIVERSITY.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. IT IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. THE FOUNDATION FOLLOWS THE STANDARD FOR EVALUATING UNCERTAIN TAX POSITIONS AND HAS DETERMINED NO LIABILITY SHOULD BE RECORDED FOR UNCERTAIN TAX POSITIONS.

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	199,724.
CHANGE IN BENEFICIAL INTEREST	43,666.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	243,390.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	199,724.
UNCOLLECTIBLE PLEDGES	144,779.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	344,503.

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule G (Form 990) 2022

23-7035423 Page 2

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	MWSU CONVOCATION (event type)	NONE (total number)	
Revenue	1	Gross receipts	39,884.	44,975.	84,859.
	2	Less: Contributions	200.	24,050.	24,250.
	3	Gross income (line 1 minus line 2)	39,684.	20,925.	60,609.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	3,377.	14,827.	18,204.
	8	Entertainment			
	9	Other direct expenses	139,713.	41,807.	181,520.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			199,724.
11	Net income summary. Subtract line 10 from line 3, column (d)			-139,115.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

**Employer identification number
23-7035423**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or 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
MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DRIVE ST. JOSEPH, MO 64507	43-0830018	GOV	4,070,971.	0.			ALLOCATIONS FOR GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule I (Form 990) 2022

23-7035423

Page 2

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	375	984,772.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE BOARD OF DIRECTORS DISCUSS AND REVIEW ALL GRANTS AND ALLOCATIONS. THE RECIPIENT OF ALL GRANTS AND ALLOCATIONS IS MISSOURI WESTERN STATE UNIVERSITY. THE UNIVERSITY WAS ORGANIZED TO PROVIDE ALL ASPECTS OF HIGHER EDUCATION. IN ALL INSTANCES THE GRANTS AND ALLOCATIONS ARE MADE WITHIN THE FRAMEWORK OF THE DONOR TO THE FOUNDATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC** Employer identification number **23-7035423**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Housing allowance or residence for personal use
- Travel for companions
- Payments for business use of personal residence
- Tax indemnification and gross-up payments
- Health or social club dues or initiation fees
- Discretionary spending account
- Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

23-7035423

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNEDY, ELIZABETH UNIVERSITY PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	275,000.	0.	25,600.	18,036.	11,120.	329,756.	0.
(2) ARCHAMBAULT, MARC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	199,176.	0.	0.	70,181.	11,312.	280,669.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Schedule J (Form 990) 2022

23-7035423

Page 3

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.

PART I, LINE 3:

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS A PAID AND APPROVED BY
MISSOURI WESTERN STATE UNIVERSITY, A RELATED PARTY. MISSOURI WESTERN STATE
UNIVERSITY BASES THE SALARY ON CURRENT MARKET CONDITIONS, AND WRITTEN
EMPLOYMENT CONTRACTS, WHICH ARE REVIEWED BY HUMAN RESOURCES AT MISSOURI
WESTERN STATE UNIVERSITY ON AN ANNUAL BASIS. THIS REVIEW INCLUDES, BUT IS
NOT LIMITED TO ESTABLISHED UNIVERSITY PAY CLASSIFICATIONS AND SALARY
RANGES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number	23-7035423
--------------------------	--	--------------------------------	------------

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADMINISTERS CONTRIBUTED RESOURCES; AND OTHERWISE ACTS TO FURTHER THE MISSION AND GOALS OF MISSOURI WESTERN STATE UNIVERSITY BY DIRECTING ACQUIRED RESOURCES TO SERVE THE UNIVERSITY AND ITS STUDENTS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE FOUNDATION'S EXECUTIVE COMMITTEE IS CHARGED WITH EXERCISING GENERAL AUTHORITY ON BEHALF OF THE BOARD AS NECESSARY AND APPROPRIATE ON MATTERS THAT CANNOT OR SHOULD NOT BE DELAYED UNTIL THE NEXT REGULARLY SCHEDULED BOARD MEETING, OR UNTIL A SPECIAL MEETING OF THE FULL BOARD SHOULD BE CALLED. THE CHAIRPERSON SHALL APPOINT ALL COMMITTEE MEMBERS, AND IS REQUIRED TO SERVE AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO DISPOSE OF REAL PROPERTY OR OTHER CAPITAL ASSETS; ELECT BOARD DIRECTORS OR OFFICERS; APPROVE AN ANNUAL OPERATING BUDGET; OR AMEND THESE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. PRIOR TO FINALIZING, THE FORM 990 IS PROVIDED TO THE FOUNDATION'S GOVERNING BODY FOR REVIEW AND COMMENT.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH BOARD MEMBERS AT THE TIME THEY ARE NOMINATED TO THE BOARD OF DIRECTORS AND THE POLICY IS REVIEWED ON AN ANNUAL BASIS FOR ANY CHANGES. MEMBERS OF THE BOARD OF DIRECTORS ARE OBLIGATED TO SELF-REPORT ANY CONFLICT OR POTENTIAL CONFLICT TO THE

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

Schedule O (Form 990) 2022

Name of the organization	MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Employer identification number	23-7035423
--------------------------	--	--------------------------------	------------

EXECUTIVE DIRECTOR, THE BOARD CHAIRPERSON AND ANY APPLICABLE COMMITTEE CHAIRPERSON. THE EXECUTIVE DIRECTOR, THE BOARD CHAIRPERSON AND ANY APPLICABLE COMMITTEE CHAIRPERSON THEN DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST THE INDIVIDUAL IN CONFLICT WILL RECUSE THEM SELF FROM ANY DISCUSSION OR VOTE ON THE MATTER IN CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR TOP MANAGEMENT AND OTHER KEY OFFICIALS OF THE FOUNDATION IS PROCESSED THROUGH THE MISSOURI WESTERN STATE UNIVERSITY PAYROLL SYSTEM. MISSOURI WESTERN STATE UNIVERSITY IS A RELATED PARTY. THE COMPENSATION IS BASED ON CURRENT MARKET CONDITIONS AND REVIEWED BY HUMAN RESOURCES AT THE UNIVERSITY ON AN ANNUAL BASIS. THIS REVIEW INCLUDES, BUT IS NOT LIMITED TO ESTABLISHED UNIVERSITY PAY CLASSIFICATIONS AND SALARY RANGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES	-144,779.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	43,666.
TOTAL TO FORM 990, PART XI, LINE 9	-101,113.

990 PART XII LINE 2B AND 2C

THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR AUDIT OVERSIGHT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS IS CONSISTENT WITH WHAT HAS BEEN IN PLACE IN PRIOR PERIODS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC** Employer identification number **23-7035423**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MISSOURI WESTERN STATE UNIVERSITY - 43-0830018, 4525 DOWNS DRIVE, ST. JOSEPH, MO 64507	HIGHER EDUCATION	MISSOURI	501(C)(3)	LINE 2	N/A		X

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC

Schedule R (Form 990) 2022

23-7035423 Page 5

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

Form **990-W**
 (Worksheet)

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1		2	
3	Alternative minimum tax for trusts		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits		5	
6	Subtract line 5 from line 4		6	
7	Other taxes		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a		
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	53,408.	
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c		ADJUSTED TO	10c 53,440.

		(a)	(b)	(c)	(d)
11	Installment due dates	11	12/15/23	03/15/24	06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	27,746.	13,530.	13,360.
13	2022 Overpayment	13	9,843.		
14	Payment due (Subtract line 13 from line 12)	14	17,903.	13,530.	13,360.

Form **990-W**

ESTIMATED TAX	53,440.
OVERPAYMENT APPLIED	9,843.
AMOUNT DUE	43,597.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
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 for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 4525 DOWNS DRIVE, SPRATT 111</p> <p>City or town, state or province, country, and ZIP or foreign postal code ST. JOSEPH, MO 64507</p> <p>C Book value of all assets at end of year 55,028,102.</p>	<p>D Employer identification number 23-7035423</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) 2</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>		<p>L The books are in care of M. MICHELE CHAMBERS Telephone number 816-271-5677</p>	

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	283,580.
2 Reserved	2	
3 Add lines 1 and 2	3	283,580.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	28,258.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	255,322.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	255,322.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	254,322.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	53,408.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	53,408.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **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 print	Name of exempt organization or other filer, see instructions. MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	Taxpayer identification number (TIN) 23-7035423
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4525 DOWNS DRIVE, SPRATT 111	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. JOSEPH, MO 64507	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return 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		

M. MICHELE CHAMBERS

• The books are in the care of ▶ **4525 DOWNS DRIVE, SPRATT 111 - ST JOSEPH, MO 64507**

Telephone No. ▶ **816-271-5677** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- 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.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	63,458.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	47,737.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	15,721.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

MISSOURI WESTERN STATE UNIVERSITY FOUNDA

23-7035423

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASS-THROUGH (EIN: 83-2298150)	N/A	46.
MISSOURI WESTERN STATE	N/A	
UNIVERSITY		4,070,971.
PASS-THROUGH (EIN: 83-4062609)	N/A	5.
TOTAL TO FORM 990-T, PART I, LINE 4		4,071,022.

MISSOURI WESTERN STATE UNIVERSITY FOUNDA

23-7035423

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2017

FOR TAX YEAR 2018

3,519,501

FOR TAX YEAR 2019

5,208,885

FOR TAX YEAR 2020

3,916,112

FOR TAX YEAR 2021

3,014,348

TOTAL CARRYOVER

15,658,846

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

4,071,022

TOTAL CONTRIBUTIONS AVAILABLE

19,729,868

TAXABLE INCOME LIMITATION AS ADJUSTED

28,258

EXCESS CONTRIBUTIONS

19,701,610

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

19,701,610

ALLOWABLE CONTRIBUTIONS DEDUCTION

28,258

TOTAL CONTRIBUTION DEDUCTION

28,258

**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
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 for
501(c)(3) Organizations Only

A Name of the organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	B Employer identification number 23-7035423
C Unrelated business activity code (see instructions) 541800	D Sequence: 1 of 2

E Describe the unrelated trade or business **ATHLETICS ADS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a 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			
4 a 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			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
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	352,734.	231,139.	121,595.
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	352,734.	231,139.	121,595.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			9,678.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			2,311.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			2,524.
11 Employee benefit programs	11			2,137.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14	SEE STATEMENT 3		902.
15 Total deductions. Add lines 1 through 14	15			17,552.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			104,043.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			104,043.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question: 'Do the rules of section 263A... apply to the organization?' with Yes/No options.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total amounts are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions (depreciation), average acquisition debt, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total amounts are shown as 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. 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)	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: <u>ATHLETICS ADS</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	352,734.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	231,139.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	121,595.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

MISSOURI WESTERN STATE UNIVERSITY FOUNDA23-7035423

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTIONAMOUNT

PROFESSIONAL FEES

902.

TOTAL TO SCHEDULE A, PART II, LINE 14

902.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH
PRODUCTION OF UNRELATED BUSINESS INCOME

STATEMENT 4

DESCRIPTIONACTIVITY
NUMBERAMOUNTTOTALATHLETICS AND ADMINISTRATIVE STAFF
CONSULTANT

116,139.

115,000.

- SUBTOTAL - 1

231,139.

TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3

231,139.

**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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 for
501(c)(3) Organizations Only

A Name of the organization MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC	B Employer identification number 23-7035423
C Unrelated business activity code (see instructions) 901101	D Sequence: 2 of 2

E Describe the unrelated trade or business **PASSTHROUGH INVESTMENT EARNINGS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a 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			
4 a 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			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	5	189,910.		189,910.
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	189,910.		189,910.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				8,775.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
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) SEE STATEMENT 6	14			1,598.
15 Total deductions. Add lines 1 through 14	15			10,373.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			179,537.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			179,537.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. 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)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

MISSOURI WESTERN STATE UNIVERSITY FOUNDA23-7035423FORM 990-T (A)INCOME (LOSS) FROM PARTNERSHIPSSTATEMENT 5

<u>DESCRIPTION</u>	<u>NET INCOME OR (LOSS)</u>
UNRELATED BUSINESS INCOME - ORDINARY BUSINESS INCOME (LOSS)	69,547.
UNRELATED BUSINESS ICNOME - NET RENTAL REAL ESTATE INCOME	109,709.
UNRELATED BUSINESS INCOME - ORDINARY BUSINESS INCOME (LOSS)	10,654.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	189,910.

FORM 990-T (A)OTHER DEDUCTIONSSTATEMENT 6

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PROFESSIONAL FEES	1,598.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,598.

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Attach to the corporation's tax return. **FORM 990-T**

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC** Employer identification number **23-7035423**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	53,408.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	53,408.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	47,670.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	47,670.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/22	12/15/22	03/15/23	06/15/23
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	11,918.	11,917.	11,918.	11,917.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	8,597.		27,220.	11,920.
Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column				64.
13	Add lines 11 and 12			27,220.	11,984.
14	Add amounts on lines 16 and 17 of the preceding column		3,321.	15,238.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	8,597.	0.	11,982.	11,984.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		3,321.	0.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	3,321.	11,917.		
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column			64.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			207.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form at bottom of page.

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2022 FTB 3539" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar year C corporations - File and Pay by April 18, 2023**
Calendar year S corporations - File and Pay by March 15, 2023
Calendar year exempt organizations - File and Pay by May 15, 2023
Employees' trust and IRA - File and Pay by April 18, 2023
Fiscal year filers - See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---
CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2022** **Payment for Automatic Extension for Corporations and Exempt Organizations** CALIFORNIA FORM **3539 (CORP)**

MISS 23-7035423 000000000000 22 FORM 2
TYB 07-01-2022 TYE 06-30-2023
MISSOURI WESTERN STATE UNIVERSITY FOUNDATION INC

4525 DOWNS DRIVE SPRATT 111
ST JOSEPH MO 64507

(816) 271-5647

Amount of Payment 4682.

TAXABLE YEAR
2022

California Exempt Organization Annual Information Return

228941 01-10-23
FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name
**MISSOURI WESTERN STATE UNIVERSITY
FOUNDATION, INC**

California corporation number
8083321

Additional information. See instructions.

FEIN
23-7035423

Street address (suite or room)
4525 DOWNS DRIVE, SPRATT 111

PMB no.

City
ST. JOSEPH

State
MO

ZIP code
64507

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	12,779,703	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,176,330	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	14,956,033	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	10,212,099	00
	7	Total costs. Add line 5 and line 6	7	10,212,099	00
	8	Total gross income. Subtract line 7 from line 4	8	4,743,934	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,068,857	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,324,923	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	DocuSigned by: Signature of officer Pat Modlin Title BOARD CHAIR Date 4/2/2024 <input checked="" type="checkbox"/> Telephone				
Paid Preparer's Use Only	Preparer's signature HAROLD RAY DE4C2BFBD6CF64B5... Date 04/01/24		Check if self-employed <input type="checkbox"/> P01248589 <input checked="" type="checkbox"/> PTIN		
	Firm's name (or yours, if self-employed) and address CLIFTONLARSONALLEN LLP		41-0746749 <input checked="" type="checkbox"/> Firm's FEIN		
	1100 WALNUT STREET, SUITE 3400		816-704-7310 <input checked="" type="checkbox"/> Telephone		
KANSAS CITY, MO 64106					
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

23-7035423

228951 01-10-23

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Table with 18 rows and 3 columns. Rows include Receipts from Other Sources (lines 1-8) and Expenses and Disbursements (lines 9-18). Line 11 shows 0 00.

Schedule L Balance Sheet. Table with 4 columns: (a) Beginning of taxable year, (b) End of taxable year, (c) End of taxable year, (d) End of taxable year. Rows include Assets (lines 1-13) and Liabilities and net worth (lines 14-22).

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

Table with 4 columns. Rows include Net income per books (line 1), Federal income tax (line 2), Excess of capital losses over capital gains (line 3), Income not recorded on books this year (line 4), Expenses recorded on books this year not deducted in this return (line 5), Total (line 6), Income recorded on books this year not included in this return (line 7), Deductions in this return not charged against book income this year (line 8), Total (line 9), Net income per return (line 10).

MISSOURI WESTERN STATE UNIVERSITY FOUNDA

23-7035423

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
GRAY, J. PETER AND STACCHYA L	5101 COOK RD SAINT JOSEPH, MO 64505-9342		565,100.
NOLD, WAYNE	3005B GARDEN GATE N SAINT JOSEPH, MO 64506-1351		100,000.
WM AND MARGARET SCHREIBER CHARITABLE TRUST	PO BOX 1517 PENNINGTON, NJ 08534-0681		75,000.
ESTATE OF OPAL KEARBY	4525 DOWNS DRIVE, SPRATT 111 SAINT JOSEPH, MO 64507		68,516.
JOHN SUBLETT LOGAN FOUNDATION	400 JULES ST. STE. 320 SAINT JOSEPH, MO 64501-1736		68,000.
ANONYMOUS FUND OF MCF	5 HAMILTON LANDING STE. 200 NOVATO, CA 94949-8263		65,000.
LIFELINE FOODS	2811 S 11TH STREET RD SAINT JOSEPH, MO 64503-3461		50,650.
LEHR CONSTRUCTION	2115 FREDERICK AVE SAINT JOSEPH, MO 64506-2657		50,000.
MIDLAND STEEL COMPANY	PO BOX 527 WATHENA, KS 66090-0527		50,000.
SHOW-ME INDUSTRIAL CONTROLS	5306 KING HILL AVE SAINT JOSEPH, MO 64504-1139		50,000.
SUMMIT TRUCK BODIES	990 VERNON RD WATHENA, KS 66090-1259		50,000.
ROBERT E AND PATRICIA SCHMIDT FOUNDATION	PO BOX 916 HAYS, KS 67601-0916		50,000.
BIOZYME INCORPORATED	PO BOX 4428 SAINT JOSEPH, MO 64504-0428		46,000.
HILLYARD INDUSTRIES	PO BOX 909 SAINT JOSEPH, MO 64502-0909		45,000.

MISSOURI WESTERN STATE UNIVERSITY FOUNDA

23-7035423

TOTAL INCLUDED ON LINE 3

1,333,266.



Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 2

CALIFORNIA FORM

100-ES

MISS 23-7035423 000000000000 23 FORM 2
 TYB 07-01-2023 TYE 06-30-2024
 MISSOURI WESTERN STATE UNIVERSITY FOUNDATION INC

4525 DOWNS DRIVE SPRATT 111
 ST JOSEPH MO 64507

EST TAX AMT 3280. QSUB TAX AMT TOTAL PAYMENT AMT 3280.



Form at bottom of page.

Installment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 4

CALIFORNIA FORM

100-ES

MISS 23-7035423 000000000000 23 FORM 2
 TYB 07-01-2023 TYE 06-30-2024
 MISSOURI WESTERN STATE UNIVERSITY FOUNDATION INC

4525 DOWNS DRIVE SPRATT 111
 ST JOSEPH MO 64507

EST TAX AMT 1410. QSUB TAX AMT TOTAL PAYMENT AMT 1410.

TAXABLE YEAR
2022

Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM
5806

For calendar year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022 and ending (mm/dd/yyyy) 06/30/2023
 Corporation name **MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC** California corporation number **8083321**

Part I Figure the Underpayment

1	Current year's tax. See instructions				1	4,682
		(a)	(b)	(c)		(d)
2	Installment due dates. See instructions	10/17/22	12/15/22	03/15/23		06/15/23
3	Percentage required. See instructions	30% (not less than min.)	70% less 1st	70% less prior		100% less prior
4	Amount due. See instructions	1,405	1,872			1,405
5 a	Amount paid or credited for each installment					
5 b	Overpayment from previous installment					
6	Add line 5a and line 5b					
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	1,405	1,872			1,405

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, do not attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?								
8 b	Exception A - Large Corporations, line 30, met?								
9	Exception B (line 42) met?								
10	Exception C (line 64) met?								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.						
12	Number of days from date shown on line 2 to date shown on line 11						
13	Number of days on line 12 before 7/01/22, or the payment date, whichever is earlier						
14	Number of days on line 12 after 6/30/22 and before 1/01/23, or the payment date, whichever is earlier						
15	Number of days on line 12 after 12/31/22 and before 7/01/23, or the payment date, whichever is earlier. Calendar yr corps. , see instr.						
16	For fiscal yr corps. only. Number of days on line 12 after 6/30/23 and before 1/01/24. See instr.						
17	For fiscal year corps. only. Number of days on line 12 after 12/31/23 and before 2/15/24						
18	Number of days on line 13 Number of days in taxable year x 3% x line 7						
19	Number of days on line 14 Number of days in taxable year x 3% x line 7						
20	Number of days on line 15 Number of days in taxable year x 5% x line 7						
21	Number of days on line 16 x % (see instr.) Number of days in taxable year x line 7						
22	Number of days on line 17 x % (see instr.) Number of days in taxable year x line 7	SEE ATTACHED WORKSHEET					
22a	Add amounts for each column from line 18 through line 22						
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27					22b	220

TAXABLE YEAR

2022

California Exempt Organization Business Income Tax Return

228961 01-12-23

FORM

109

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC California corporation number 8083321

Additional information. See instructions. FEIN 23-7035423

Street address (suite/room no.) 4525 DOWNS DRIVE, SPRATT 111 PMB no.

City (If the corporation has a foreign address, see instructions.) ST. JOSEPH State MO ZIP code 64507

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business SEE STATEMENT 2 H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code 525990 L Is this a hospital?

Table with 25 rows and 3 columns: Description, Amount, and Balance. Rows include Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, and Use Tax/Overpayment.

MISSOURI WESTERN STATE UNIVERSITY FOUNDATION, INC

23-7035423

228971 01-12-23

Table with 4 columns: Description, Amount, and Total. Rows include Refund (line 26), Penalties and interest (line 27), and Total amount due (line 29).

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

Table with 4 columns: Description, Amount, and Total. Rows include Gross receipts (line 1), Rental income (line 6), and Total unrelated trade or business income (line 13).

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, Amount, and Total. Rows include Compensation of officers (line 14), Depreciation (line 21), and Unrelated business taxable income after deductions (line 30).

Sign Here section containing signature of Pat Modlin, Title BOARD CHAIR, Date 4/2/2024, and Preparer's Use Only section with signature of Harold Ray and firm name CLIFTONLARSONALLEN LLP.

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations. Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table for Schedule B with 4 rows: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table for Schedule K with 5 rows: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 Total.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total sales. Row 2: Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows 1-5: Property factor, Payroll factor, Sales factor, Total percentage, Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 3 main columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property. Includes sub-tables for deductions and gross income.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5).

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
a ●	●	●		●	●	
b ●	●	●		●	●	
c ●	●	●		●	●	
Totals	●	●	●	●	●	●

Part II Income from Periodicals Reported on a Separate Basis

d ●	●	●	●	●	●	●
e ●	●	●	●	●	●	●
f ●	●	●	●	●	●	●

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7
●	●
●	●
●	●
Enter total here and on Side 2, Part I, line 11	●

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
●	●
●	●
●	●
Enter total here and on Side 2, Part II, line 27	●

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

MISSOURI WESTERN STATE UNIVERSITY FOUNDA

23-7035423

CA 109

NATURE OF TRADE OR BUSINESS

STATEMENT 2

PASSTHROUGH INVESTMENT

TO FORM 109, PAGE 1

TAXABLE YEAR

2022

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

**FOUNDATION, INC
MISSOURI WESTERN STATE UNIVERSITY**

California corporation number

8083321

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation

S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN

23-7035423

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0 00

2 2022 disaster loss included in line 1. Enter as a positive number

2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions

3 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 00

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions 6 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).

(g) Available balance

79,201

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2018		GEN	96,774	<input checked="" type="radio"/> 26,238	26,238	52,963	<input checked="" type="radio"/> 0
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (d) minus col. (f) See instructions.
3 2022		DIS					
4 2022							
2022							
2022							
2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction

1 Total the amounts in Part II, line 2, column (f) 1 26,238 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 0 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 3 26,238 00

Missouri Western State University Foundation, Inc.
23-7035423
FYE 6/30/2023

Attachment to California Form 109, Part I, Line 5

Missouri Western State University Foundation, Inc. has made investments in a number of limited partnerships which have disclosed unrelated business income derived from various states. The limited partnerships specifically allocate income or loss to each state.

<u>Partnership</u>	<u>EIN</u>	<u>Income/(Loss)</u>
Citadel CRG Partners	56-2298150	\$ 69,547
CRAIG REALTY GROUP- TULARE, LLC	83-4062609	<u>10,654</u>
Total Income/(Loss)		<u><u>\$ 80,201</u></u>

Form MO-1120 MISSOURI DEPARTMENT OF REVENUE 2022 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number 15160939

Missouri Corporation Income Tax Return for 2022 Beginning (MM/DD/YY) 070122 Ending (MM/DD/YY) 063023

Federal Employer I.D. Number Charter Number

Corporation Name MISSOURI WESTERN STATE UNIVERSITY FOUNDATION

Address 4525 DOWNS DRIVE, SPRATT 111

City ST. JOSEPH State MO

ZIP 64507- Barcode 2211011019

Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select applicable boxes. Failure to select the address change box may result in mailings going to the last address on file.

- Consolidated MO Return, Consolidated Federal and Separate Missouri Return, Amended Return, Name Change, Address Change, Final Return and Close Corporation Income Tax Account, Bankruptcy, 1120C, 990T, All Missouri source income is from an interest(s) in a partnership(s), Public Law 86-272

Computation of Income Tax

Table with 14 rows for tax computation. Line 1: 254,322. Line 2: 11,086. Line 4: 11,086. Line 6: 265,408. Line 7: 26,704. Line 8: 238,704. Line 9: Form MO-MS. Line 9: 160,101. Line 14: 160,101.

MISSOURI WESTERN STATE UNIVERSITY

15160939

23-7035423

Tax

15. Corporation income tax - 4% of Line 14 15 6,404 .00

16. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611
(see instructions) 16 0 .00

17. Total tax - Add Lines 15 and 16 17 6,404 .00

Credits and Payments

18. Tax credits - Attach **Form MO-TC** 18 6,404 .00

19. Estimated tax payments - Include approved overpayments applied from previous year 19 7,070 .00

20. Payments with **Form MO-7004** 20 1,199 .00

21. Amended return only - Tax paid with (or after) the filing of the original return 21 .00

22. Subtotal - Add Lines 18 through 21 22 14,673 .00

23. Amended return only - Overpayment, if any, as shown on original return or as later adjusted 23 .00

24. Total - Line 22 minus Line 23 24 14,673 .00

25. If Line 24 is more than Line 17, enter overpayment here 25 8,269 .00

26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below 26 .00

Refund or Tax Due

MO Medal of Honor Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

27. Amount of Line 25 to be applied to your 2023 estimated tax 27 8,269 .00

28. **REFUND** - Line 25 minus Lines 26 and 27 28 .00

29. If Line 24 is less than Line 17, enter underpayment here 29 .00

30. Enter the total of the below on Line 30 30 .00

Interest .00 Additions to Tax .00 MO-2220 .00

31. **AMOUNT DUE** - Add Lines 29 and 30 (U.S. funds only) 31 .00

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Department Use Only
 S E F

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of their firm, or if internally prepared, any member of the internal staff

Yes No

Signature

Signature of Officer DocuSigned by: Pat Modlin
 Telephone Number DE4C2BFBD6CF64B5...
 8 1 6 2 7 1 5 6 5 5

Printed Name Pat Modlin Date Signed 4/2/2024

Preparer's Signature (Including Internal Preparer) HAROLD RAY
 Telephone Number 8 1 6 7 0 4 7 3 1 0

Preparer's FEIN, SSN, or PTIN * * * * * Date Signed 0 3 2 7 2 4

Did you pay a tax return preparer to complete your return, but they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above.

Yes No

1019

Mailing instructions on page 4

261302 12-30-22



2

2211021019

MO-1120 Page 2

MISSOURI WESTERN STATE UNIVERSITY

15160939

23-7035423

Part 1 - Missouri Modifications - Additions

1a. State and local bond interest (except Missouri)	1a		.00		
1b. Related expenses (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1	1b		.00	1	
2. Fiduciary and partnership adjustment - Enter share of adjustment from Form MO-1041, Part 1, Line 19 or Form MO-1065, Line 11				2	
3. Net operating loss modification from Form MO-5090 (do not enter NOL carryover)				3	
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income				4	
5. Business interest expense carryforward				5	
6. Total - Add Lines 1 through 5. Enter here and on page 1, Line 3				6	

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations - Attached a detailed schedule	1a		.00		
1b. Related expenses (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1	1b		.00	1	
2. Federally taxable - Missouri exempt obligations				2	
3. Agriculture disaster relief				3	
4. Previously taxed income				4	
5. Amount of any state income tax refund included in federal taxable income				5	
6. Capital gain exclusion from the sale of low income housing project				6	
7. Fiduciary, partnership, and other adjustments - (see instructions)				7	
8. Missouri depreciation basis adjustment				8	
9. Subtraction modification offsetting previous addition modification from a net operating loss deduction from an applicable year (only enter previously disallowed NOL carryback)				9	
10. Depreciation recovery on qualified property that is sold				10	
11. Build America and recovery zone bond interest				11	
12. Missouri public-private partnerships transportation act				12	
13. Disallowed business interest expense				13	
14 Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5				14	



2211031019

3

MISSOURI WESTERN STATE UNIVERSITY

15160939

23-7035423

Consolidated federal and separate Missouri return (see instructions)

Part 3 - Federal Income Tax - Current Year

1. Federal tax from Federal Form 1120, Schedule J, Line 11	1	53,408	.00							
2. Foreign tax credit from Federal Form 1120, Schedule J, Line 5a	2		.00							
3. Federal income tax - Add Lines 1 and 2. Multiply the total by 50%; and enter here and on page 1, Line 7	3	26,704	.00							
Consolidated federal and separate Missouri returns must complete Lines 4 through 6.										
4. Numerator - Enter the amount of separate company federal taxable income	4		.00							
5. Denominator - Enter the total positive separate company federal taxable income	5		.00							
6. Divide Line 4 by Line 5. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td><td>0</td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> Multiply by Line 3. Enter here and on Page 1, Line 7. Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero	0	0	0	0	0	0	0	6		.00
0	0	0								
0	0	0	0							

Part 4 - Amended Reason

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

- A. Missouri correction only B. Federal correction C. Loss carryback (complete Part 5)
- D. Federal tax credit carryback E. IRS audit (RAR)
- F. Missouri tax credit carryback - Enter on Part 5, Line 1 the first year that the credit became available.

Department Use Only A R N Enter date of federal amended return, if filed (MM/DD/YY)

--	--	--	--	--	--

Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the federal consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the federal consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Enclose a copy of the consolidated income statement for this year and the year of the loss. If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the loss or credit first became available.

		M M D D Y Y							
1. Year of loss or credit	1	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
2. Total net capital loss carryback	2		.00						
3. Total net operating loss carryback	3		.00						
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations	4		.00						

Form MO-1120 (Revised 12-2022)

Mail To:

E-mail: corporate@dor.mo.gov

Balance Due:

Missouri Department of Revenue
PO Box 3365
Jefferson City, MO 65105-3365

Visit dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.

Phone: (573) 751-4541
Fax: (573) 522-1721

Refund or No Amount Due:

Missouri Department of Revenue
PO Box 700
Jefferson City, MO 65105-0700



22111041019

Attach to Form MO-1120 and mail to the Missouri Department of Revenue.

MISSOURI DEPARTMENT OF REVENUE

Form MO-MS

2022 Corporation Allocation and Apportionment of Income Schedule

Department Use Only (MM/DD/YY) [][] [][] [][]

Attachment Sequence No. 1120-01

Taxable Year Beginning (MM/DD/YY) [0][7] [0][1] [2][2] Ending (MM/DD/YY) [0][6] [3][0] [2][3]

Missouri Tax I.D. Number [1][5][1][6][0][9][3][9]

Do not complete this form if all income is from Missouri sources.

Federal Employer I.D. Number [*][*][*][*][*][*][*][*][*]

Charter Number [N][0][0][0][0][8][8][3][7]

Corporation Name [MISSOURI WESTERN STATE UNIVERSITY FOUNDATION]

Apportionment Election

Select a box below and enter the method and the percentage calculated on Form MO-1120 for Line 9 Method and Percent.

[X] Two A - Receipts Factor Apportionment - Section 143.455.2, RSMo - (Complete Part 1)

Special Methods - See Instructions and Attach Detailed Explanation (if directed).

[] Three - Transportation

[] Four - Railroad

[] Five - Interstate Bridge

[] Six - Telephone and Telegraph

Complete lines 4-12 if you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29a, or both. Otherwise, enter Line 3 on Form MO-1120, Line 9 Percent.

Missouri Miles [] Total Miles [] Percent [0][0][0].[0][0][0]%

[] Seven - Broadcasters or Other Approved Method - See Instructions and attach a detailed explanation (instructions).

For use with Method Two A or as directed by instructions.

Part 1

1. Amount of receipts in Missouri [352,734].00
2. Amount of receipts everywhere [352,734].00
3. Receipts Factor - Divide Line 1 by Line 2 [1][0][0].[0][0][0]%

Note: Stop here unless you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29A or both. Enter Line 3 on Form MO-1120, Line 9 Percent.

4. Taxable income - All sources (Form MO-1120, Line 8) [238,704].00
5. Net Operating Loss (from Federal Form 1120, Line 29a) [0].00
6. Taxable Income - All Sources - Add Line 4 and Line 5 [238,704].00
7. Nonapportionable Income - Everywhere - Attach a detailed Form MO-NAI to be considered [188,312].00
8. Apportioned Missouri Income - Subtract Line 7 from Line 6, then multiply by Line 3 [50,392].00
9. Nonapportionable Income - Missouri-allocated - Attach a detailed Form MO-NAI to be considered [109,709].00
10. Apportioned Net Operating Loss - See Instructions [0].00
11. Preliminary Missouri Taxable Income - Add Lines 8 and 9, then subtract Line 10 [160,101].00
12. Divide Line 11 by Line 4. Enter on Form MO-1120, Line 9 Percent [0][6][7].[0][7][1]%

Balance Due: P.O. Box 3365 Jefferson City, MO 65105-3365

Refund or No Amount Due: P.O. Box 700 Jefferson City, MO 65105-0700



Form **MO-NAI** Missouri Department of Revenue
Nonapportionable Income Schedule

Department Use Only (MM/DD/YY)

Attachment Sequence No. 1120-02

Taxable Year Beginning (MM/DD/YY) 07 01 22 Ending (MM/DD/YY) 06 30 23

Missouri Tax I.D. Number 15160939 Federal Employer I.D. Number ********

Charter Number N00008837

Corporation Name **MISSOURI WESTERN STATE UNIVERSITY FOUNDATION**

Complete this schedule only if you apportion income to Missouri and to other states (using Method Two A or, if applicable, Method Seven) and you have classified income as nonapportionable income. See Page 2 for explanations of apportionable and nonapportionable income for further explanation.

Note: All income is presumed to be apportionable income unless you can clearly show that the income is nonapportionable income. If this schedule is not attached to your Corporate Income Tax Return, your nonapportionable income will not be considered.

Business Description
 Describe in detail your regular trade or business operations including your product or service description. If you reported an NAICS Code on your federal tax return for this tax period, include that code with your written description below.
 INVESTMENT IN LIMITED PARTNERSHIPS BY 501(C)(3) CHARITY

Detailed description and explanation of why income is nonapportionable, including the characteristics that make the item outside of the realm and scope of your regular business operations.	Gross Income		Related Expenses	
	1. Everywhere	2. Missouri	3. Everywhere	4. Missouri
INVESTMENTS	189,910	109,709	1,598	0
Total each column	1. 189,910	2. 109,709	3. 1,598	4. 0

Nonapportionable income - Everywhere - Column 1 less Column 3. Enter on **Form MO-MS**, Part 1, Line 7.
 Nonapportionable income - Missouri allocated - Column 2 less Column 4. Enter on Form MO-MS, Part 1, Line 9.

Attach to **Form MO-1120** and mail to the Missouri Department of Revenue.

Form MO-NAI (Revised 12-2022)

Balance Due:
 P.O. Box 3365
 Jefferson City, MO 65105-3365

Refund or No Amount Due:
 P.O. Box 700
 Jefferson City, MO 65105-0700



Form
MO-TC

MISSOURI DEPARTMENT OF
REVENUE
2022 Miscellaneous Income Tax Credits

Department Use Only
(MM/DD/YY)

Name (Last, First)

Social Security Number

Spouse's Name (Last, First)

Spouse's Social Security Number

Corporation Name **MISSOURI WESTERN STATE UNIVERS**

Charter Number **N 0 0 0 0 8 8 3 7**

Missouri Tax I.D. Number **1 5 1 6 0 9 3 9**

Federal Employer I.D. Number *** * * * ***

- Benefit Number - The number is the last six (6) digits of the number located on your Certificate of Eligibility.
Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- Alpha code - The three (3) character code located on the back of

- this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
- If you are claiming more than 10 credits, attach additional MO-TC(s)
- The sum of the tax credits claimed in Column 1 or Column 2 cannot exceed the applicable tax liability, unless the credit is refundable.

	Benefit Number (See example above)	Alpha Code (3 characters) from back	Credit Name Each credit will apply against your tax liability in the order they appear below.	- Yourself - Corporation Income - Fiduciary		- Spouse (on a combined return)	
				Column 1	Column 2	Column 1	Column 2
1.	2022	SPA	SALT PARITY CREDIT	1.	6,404	00	00
2.				2.		00	00
3.				3.		00	00
4.				4.		00	00
5.				5.		00	00
6.				6.		00	00
7.				7.		00	00
8.				8.		00	00
9.				9.		00	00
10.				10.		00	00
11. Subtotals - add Lines 1 through 10				11.	6,404	00	00
12. Enter the amount of the tax liability from Form MO-1040, Line 35Y for yourself and Line 35S for your spouse, or Form MO-1120, Line 17, Form MO-1041, Line 15 or Form MO-PTE, Line 10				12.	6,404	00	00
13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1040, Line 42; or Form MO-1041, Line 16; or Form MO-PTE, Line 11.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable				13.	6,404	00	00

Signature

I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am aware of any applicable reporting requirements of **Section 135.805 RSMo** and the penalty provisions of **Section 135.810 RSMo**.

Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



For Privacy Notice, see instructions.

Form MO-TC (Revised 01-2023)

Form MO-7004

MISSOURI DEPARTMENT OF REVENUE Application For Extension of Time to File

Department Use Only (MM/DD/YY)

Enclosure Sequence No. 1120-06

You may not be required to file this form if you have an approved federal extension, do not expect to owe additional tax, or if you anticipate receiving a refund. Please see the instructions for more details.

Corporation Name MISSOURI WESTERN STATE UNIVERSITY FOUNDATION In Care of Name

Street Address 4525 DOWNS DRIVE, SPRATT 111 City ST. JOSEPH State MO ZIP 64507

Missouri Tax I.D. Number 1 5 1 6 0 9 3 9 Telephone Number 8 1 6 2 7 1 5 6 5 5

Charter Number N 0 0 0 0 8 8 3 7 Federal Employer I.D. Number * * * * *

Only one box may be selected below. A separate request must be made for each return or report.

Corporation

Mail to: Missouri Department of Revenue, P.O. Box 3365, Jefferson City, MO 65105-3365.

[X] Corporation Income, Tax Return, Form MO-1120

Type of Financial Institution

Mail to: Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898.

[] Bank Franchise Tax Return, Form INT-2 and INT-2-1

Pass-Through Entity

Mail to: Missouri Department of Revenue, P.O. Box 3080, Jefferson City, MO 65105-3080.

[] Pass-Through Entity Income, Tax Return, Form MO-PTE

[] Savings and Loan Tax Return, Form INT-3

[] Credit Institution Tax Return, Form 2823

[] Credit Union Tax Return, Form INT-4

Federal Form

For Federal Form 1120C or 990T filers only, select the application box below:

[] Cooperative Association, Form 1120C

[X] Exempt Organization, Form 990T

Extension

Income Tax Year: Beginning 0 7 0 1 2 2

Ending 0 6 3 0 2 3

[] Check here if you are filing a short period.

This schedule must be completed. (See line-by-line instructions.)

Tax Payment Schedule

Table with 3 columns: Line number, Description, Amount. Line 1: Tentative amount of the tax for the taxable year 8,269.00. Line 2(a): Missouri estimated income tax payment(s) 5,984.00. Line 2(b): Overpayment applied as a credit 1,086.00. Line 2(c): Tax credit(s) 0.00. Line 2(d): Total of Lines 2a through 2c 7,070.00. Line 3: Balance due (Line 1 minus Line 2d) 1,199.00.

See above for mailing instructions.

Phone: (573) 751-4541 Fax: (573) 522-1721 E-mail: corporate@dor.mo.gov

Visit dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.

Form MO-7004 (Revised 12-2022)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



Electronic Filing PDF Attachment

EAST TOWN LLC
1007 E ST. MAARTENS DRIVE
ST. JOSEPH, MO 64506
816-248-6821

March 30, 2023

MWSU FOUNDATION
C/O MICHELLE CHAMBERS
4525 DOWNS DRIVE, SPRATT 111
ST. JOSEPH, MO 64507

RE:
EAST TOWN LLC
46-1126225
Schedule K-1 from Partnership's 2022 Return of Income

Dear MWSU FOUNDATION:

Enclosed is your 2022 Schedule K-1 (Form 1065) Partner's Share of Income, Deductions, Credits, Etc. from EAST TOWN LLC. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of partnership tax items to be reported on your tax return, and may not correspond to actual distributions you have received during the year. This information is included in the Partnership's 2022 Federal Return of Partnership Income that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

EAST TOWN LLC

Enclosure(s)

RECEIVED
5-15-23

2022 Partner's Capital Account Reconciliation

Partnership Name EAST TOWN LLC	Employer I.D. number 46-1126225
Name of Partner MWSU FOUNDATION	Partner's I.D. number 23-7035423

I. SCHEDULE K-1, ITEM L:

BEGINNING CAPITAL ACCOUNT	422,659.
CAPITAL CONTRIBUTED DURING THE YEAR	
PARTNER'S SHARE OF LINES 3, 4 AND 7, FORM 1065, SCH. M-2:	
TAX NET INCOME (LOSS) (line 3)	168,783.
OTHER INCREASES (line 4)	
OTHER DECREASES (line 7)	853.
TOTAL OF LINES 3, 4, AND 7	167,930.
WITHDRAWALS AND DISTRIBUTIONS	73,698.
ENDING CAPITAL ACCOUNT	516,891.

II. ANALYSIS OF PARTNER'S TAX INCOME (LOSS) FROM SCHEDULE K-1:

INCOME	DEDUCTIONS
1. Ordinary business income or (loss)	12. Section 179 deduction
2. Net rental real estate income (loss)	13. Charitable contributions
168,783.	13. Investment interest expense
3. Other net rental income (loss)	13. Section 59(e)(2) expenditures
4. Guaranteed payments	13. Other deductions
5. Interest income	21. Total foreign taxes
6a. Dividends	Total deductions
7. Royalties	
8. Net short-term capital gain (loss)	
9a. Net long-term capital gain (loss)	
10. Net gain (loss) under section 1231	
11. Other income	
Total income	TAX NET INCOME (LOSS), Item A less Item B. . .
168,783.	168,783.

III. OTHER INCREASES (DECREASES):

OTHER INCREASES:	OTHER DECREASES:
Tax-exempt int. and tax-exempt other inc.	Non-deductible expenses
Section 743(b) negative income adjustments	853.
Gain on disposition of Section 179 assets	Guaranteed payments (other than health ins.) ..
Recapture of Section 179 deduction	Section 743(b) positive income adjustments
Other	Loss on disposition of Section 179 assets ...
Total other increases	Oil and gas depletion expense
	Other
	Total other decreases
	853.

2022 Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

Keep for Your Records

Partnership Name	Employer I.D. number
EAST TOWN LLC	46-1126225
Name of Partner	Partner's I.D. number
MWSU FOUNDATION	23-7035423

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year.....	1	1,329,221.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2	
3. Your increased share of or assumption of partnership liabilities. (Subtract your share of liabilities shown in item K of your 2021 Schedule K-1 from your share of liabilities shown in item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year (but not less than zero).)	3	
4a. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds.....	4a	168,783.
4b. Enter the amount of business interest expense included on 4a.	4b	36,819.
4c. Add lines 4a and 4b. If the result is less than zero, include this amount on line 10.	4c	205,602.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities.	5	
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion.	6	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income).	7	73,698.
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero).)	8	129,018.
9. Your share of the partnership's nondeductible expenses that are not capital expenditures (excluding business interest expense).	9	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations. Include business interest expense as a separate loss class. See first Note below	10	36,819.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property.	11	
12. Your adjusted basis in the partnership at the end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	12	1,295,288.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible. (See *Basis Limitations* for more information.) Also see *Part III. Partner's Share of Current Year Income, Deductions, Credits, and Other Items*.

Note: Include on line 10 business interest expense that was removed from the amount on line 4a. Business interest expense is considered a separate loss class under Regulations section 1.163(j)-6(h)(1). However, to the extent basis is proportionately allocated to this loss class, interest expense is absorbed by applying currently deductible business interest expense to basis first. Excess business interest expense is applied to basis second. Excess business interest expense is only applicable to partnerships subject to section 163(j). In addition, if a partnership has negative section 704(d) expense (interest expense that is limited by basis), negative section 704(d) expense becomes excess business interest expense in the year that the basis limitation no longer applies. This is effective for tax years beginning after November 12, 2020.

Note: Section 961(a) adjusted basis increases. Your adjusted basis may be increased under section 961(a) for amounts that you are required to include in income with respect to a controlled foreign corporation (CFC) under sections 951(a) (for example, subpart F income) and 951A (GILTI) because you are a U.S. shareholder of the CFC and you own (within the meaning of section 958(a)(2)) stock of the CFC through the partnership. For purposes of section 951(a), if the partnership is a domestic partnership, then you will be treated as owning (within the meaning of section 958(a)) stock of a CFC through the partnership (i) for a tax year of the foreign corporation that begins before January 25, 2022, only if the partnership applies Regulations section 1.958-1(d)(1) to treat it as not owning stock of the foreign corporation within the meaning of section 958(a) for purposes of section 951; and (ii) for any tax year of the foreign corporation that begins on or after January 25, 2022. See the instructions for Schedule K-3 for more information on section 951(a) inclusions and section 951A inclusions.

Section 961(b)(1) adjusted basis decreases. Your adjusted basis may be decreased under section 961(b)(1) by the sum of (1) the dollar basis in previously taxed earnings and profits (PTEP) in your annual PTEP accounts that you exclude from your gross income under section 959(a) by reason of a distribution made to the partnership; and (2) the dollar amount of any foreign income taxes allowed as a credit under section 960(b) with respect to such PTEP.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

651121
OMB No. 1545-0123

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc.
See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
46-1126225

B Partnership's name, address, city, state, and ZIP code
EAST TOWN LLC
1007 E ST. MAARTENS DRIVE
ST. JOSEPH, MO 64506

C IRS center where partnership filed return: **E-FILE**

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
23-7035423

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
MWSU FOUNDATION
C/O MICHELLE CHAMBERS
4525 DOWNS DRIVE, SPRATT 111
ST. JOSEPH, MO 64507

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? **EXEMPT ORG.**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here. . . .

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	7.69 %	7.69 %
Loss	7.69 %	7.69 %
Capital	7.69 %	7.69 %

Check if decrease is due to sale or exchange of partnership interest. . . .

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse \$		\$
Qualified nonrecourse financing \$	906,562.	777,544.
Recourse \$		\$

Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Beginning capital account \$	422,659.
Capital contributed during the year \$	
Current year net income (loss) \$	168,783.
Other increase (decrease) (attach explanation) . . . \$	-853.
Withdrawals and distributions \$(73,698.)
Ending capital account \$	516,891.

M Did the partner contribute property with a built-in gain (loss)?
 Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$	
Ending \$	

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
*	168,783.		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input checked="" type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
9b	Collectibles (28%) gain (loss)	A	73,698.
9c	Unrecaptured section 1250 gain	20	Other information
10	Net section 1231 gain (loss)	N*	STMT
11	Other income (loss)	Z*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 More than one activity for at-risk purposes*

23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

EAST TOWN LLC 46-1126225

SCHEDULE K-1 (FORM 1065) 2022

SUPPLEMENTAL INFORMATION

PAGE 2

**ITEM L
PARTNER'S CAPITAL ACCOUNT ANALYSIS
OTHER INCREASE (DECREASE)**

OTHER DECREASE

NON-DEDUCTIBLE EXPENSES	\$	853.
TOTAL	\$	<u>853.</u>

**BOX 2
RENTAL REAL ESTATE ACTIVITIES**

<u>PROPERTY TYPE AND ADDRESS</u>	<u>GROSS INCOME</u>	<u>NET EXPENSES</u>	<u>NET INCOME</u>	<u>PASSIVE NONPASS</u>	<u>SEC. 1231 TOTAL</u>
TYPE: 4 - COMMERCIAL					
5701 PROVIDENCE HILL DR ST. JOSEPH, MO 64507	266,651.	97,867.	\$ 168,784.	PASSIVE	
ROUNDING OR SPECIALLY ALLOCATED NET INCOME (LOSS) ADJUSTMENT					-1.
			TOTAL \$		<u>168,783.</u>

**BOX 20, CODE N
BUSINESS INTEREST EXPENSE
INCLUDED AS A DEDUCTION ON THE FOLLOWING LINE(S)**

BELOW IS DEDUCTIBLE BUSINESS INTEREST EXPENSE FOR INCLUSION IN THE SEPARATE LOSS CLASS FOR COMPUTING ANY BASIS LIMITATION (DEFINED IN SECTION 704(D), REGULATION SECTION 1.163(J)-6(H)).

SCHEDULE K-1, LINE 2.....	\$	36,819.
---------------------------	----	---------

SUPPLEMENTAL INFORMATION

YOUR SHARE OF THE MO TAXES PAID ON YOUR BEHALF IS \$7,156 THRU MO-PTE. CLAIM YOUR CREDIT BY ATTACHING YOUR K-1 TO FORM MO-TC.

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: EAST TOWN LLC		Partnership's EIN: 46-1126225	
Partner's name: MWSU FOUNDATION		Partner's identifying number: 23-7035423	
Partner's share of:	EAST TOWN LLC		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss).....	168,783.	
	Royalty income (loss).....		
	Section 1231 gain (loss).....		
	Other income (loss).....		
	Section 179 deduction.....		
	Other deductions.....		
	W-2 wages.....		
	UBIA of qualified property.....	2,325,429.	
	Qualified REIT dividends		
Partner's share of:	EAST TOWN LLC		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss).....		
	Royalty income (loss).....		
	Section 1231 gain (loss).....		
	Other income (loss).....		
	Section 179 deduction.....		
	Other deductions.....		
	W-2 wages.....		
	UBIA of qualified property.....		

Final K-3

Amended K-3

**Schedule K-3
(Form 1065)**

**Partner's Share of Income, Deductions,
Credits, etc. – International**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year beginning _____, ending _____
See separate instructions.

2022

Information About the Partnership		Information About the Partner	
A Partnership's employer identification number (EIN) 46-1126225		C Partner's SSN or Taxpayer Identification Number (TIN) (Do not use TIN of a disregarded entity. See instructions.) 23-7035423	
B Partnership's name, address, city, state, and ZIP code EAST TOWN LLC 1007 E ST. MAARTENS DRIVE ST. JOSEPH, MO 64506		D Name, address, city, state, and ZIP code for partner entered in C. See instructions. MWSU FOUNDATION C/O MICHELLE CHAMBERS 4525 DOWNS DRIVE, SPRATT 111 ST. JOSEPH, MO 64507	

E Check to indicate the parts of Schedule K-3 that apply.

- 1 Does Part I apply? If "Yes," complete and attach Part I.....
- 2 Does Part II apply? If "Yes," complete and attach Part II.....
- 3 Does Part III apply? If "Yes," complete and attach Part III.....
- 4 Does Part IV apply? If "Yes," complete and attach Part IV.....
- 5 Does Part V apply? If "Yes," complete and attach Part V.....
- 6 Does Part VI apply? If "Yes," complete and attach Part VI.....
- 7 Does Part VII apply? If "Yes," complete and attach Part VII.....
- 8 Does Part VIII apply? If "Yes," complete and attach Part VIII.....
- 9 Does Part IX apply? If "Yes," complete and attach Part IX.....
- 10 Does Part X apply? If "Yes," complete and attach Part X.....
- 11 Does Part XI apply? If "Yes," complete and attach Part XI.....
- 12 Reserved for future use.....
- 13 Does Part XIII apply? If "Yes," complete and attach Part XIII.....

	Yes	No
1		X
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11		X
12		
13		X

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www.irs.gov/Form1065

Schedule K-3 (Form 1065) 2022

Name of partnership: **EAST TOWN LLC** EIN: **46-1126225** Name of partner: **MWSU FOUNDATION** SSN or TIN: **23-7035423**

Part I Partner's Share of Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- 1 Gain on personal property sale 5 High-taxed income 8 Form 5471 information 11 Dual consolidated loss
- 2 Foreign oil and gas taxes 6 Section 267A disallowed deduction 9 Other forms 12 Form 8865 information
- 3 Splitter arrangements 7 Form 8858 information 10 Partner loan transactions 13 Other international items (attach description and statement)
- 4 Foreign tax translation

Part II Foreign Tax Credit Limitation

Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source			(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income		
1 Sales						
A						
B						
C						
2 Gross income from performance of services						
A						
B						
C						
3 Gross rental real estate income	266,651.					266,651.
A US	266,651.					266,651.
B						
C						
4 Other gross rental income						
A						
B						
C						
5 Guaranteed payments.....						
6 Interest income						
A						
B						
C						
7 Ordinary dividends (exclude amount on line 8)						
A						
B						
C						

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Schedule K-3 (Form 1065) 2022

Name of partnership: EAST TOWN LLC EIN: 46-1126225 Name of partner: MWSU FOUNDATION SSN or TIN: 23-7035423

Part II Foreign Tax Credit Limitation (continued)

Section 1 – Gross Income (continued)

	Description	Foreign Source				(f) Sourced by partner	(g) Total
		(a) U.S. source	(b) Foreign branch category income	(c) Passive category income	(d) General category income		
8	Qualified dividends						
A							
B							
C							
9	Reserved for future use						
10	Royalties and license fees						
A							
B							
C							
11	Net short-term capital gain						
A							
B							
C							
12	Net long-term capital gain						
A							
B							
C							
13	Collectibles (28%) gain						
A							
B							
C							
14	Unrecaptured section 1250 gain						
A							
B							
C							
15	Net section 1231 gain						
A							
B							
C							

Name of partnership: EAST TOWN LLC EIN: 46-1126225 Name of partner: MWSU FOUNDATION SSN or TIN: 23-7035423

Part II Foreign Tax Credit Limitation (continued)

Section 1 – Gross Income (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
16 Section 986(c) gain.....							
17 Section 987 gain.....							
18 Section 988 gain.....							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income (see instructions)							
A							
B							
C							
21 Reserved for future use							
A							
B							
C							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 Total gross income (combine lines 1 through 23).....	266,651.						266,651.
A US	266,651.						266,651.
B							
C							

Name of partnership: **EAST TOWN LLC** EIN: **46-1126225** Name of partner: **MWSU FOUNDATION** SSN or TIN: **23-7035423**

Part II Foreign Tax Credit Limitation (continued)

Section 2 — Deductions

Description	(a) U.S. source	Foreign Source			(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income		
25 Expenses allocable to sales income...						
26 Expenses allocable to gross income from performances of services.....						
27 Net short-term capital loss.....						
28 Net long-term capital loss.....						
29 Collectibles loss.....						
30 Net section 1231 loss.....						
31 Other losses.....						
32 Research & experimental (R&E) expenses						
A SIC code:						
B SIC code:						
C SIC code:						
33 Allocable rental expenses—depreciation, depletion, and amortization.....	43,126.					43,126.
34 Allocable rental expenses—other than depreciation, depletion, and amortization.....	54,742.					54,742.
35 Allocable royalty and licensing expenses—depreciation, depletion, and amortization.....						
36 Allocable royalty and licensing expenses—other than depreciation, depletion, and amortization.....						
37 Depreciation not included on line 33 or 35.....						
38 Charitable contributions.....						
39 Interest expense specifically allocable under Regulations section 1.861-10(e).....						
40 Other interest expense specifically allocable under Regulations section 1.861-10T.....						
41 Other interest expense—business.....						
42 Other interest expense—investment.....						
43 Other interest expense—passive activity.....						
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32.....						
45 Foreign taxes not creditable but deductible.....						

Name of partnership: **EAST TOWN LLC** EIN: **46-1126225** Name of partner: **MWSU FOUNDATION** SSN or TIN: **23-7035423**

Part II Foreign Tax Credit Limitation (continued)
Section 2 - Deductions (continued)

Description	(a) U.S. source	Foreign Source			(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income		
46 Section 986(c) loss						
47 Section 987 loss						
48 Section 988 loss						
49 Other allocable deductions (see instructions)						
50 Other apportioned share of deductions (see instructions)						
51 Reserved for future use						
52 Reserved for future use						
53 Reserved for future use						
54 Total deductions (combine lines 25 through 53)	97,868.					97,868.
55 Net income (loss) (subtract line 54 from line 24)	168,783.					168,783.

Part III Other Information for Preparation of Form 1116 or 1118
Section 1 - R&E Expenses Apportionment Factors

Description	(a) U.S. source	Foreign Source			(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income		
1 Gross receipts by SIC code:						
A SIC code:						
B SIC code:						
C SIC code:						
D SIC code:						
E SIC code:						
F SIC code:						
2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32. Enter the following.						
A R&E expense with respect to activity performed in the United States						
(i) SIC code:						2A(i)
(ii) SIC code:						2A(ii)
(iii) SIC code:						2A(iii)
B R&E expense with respect to activity performed outside the United States						
(i) SIC code:						2B(i)
(ii) SIC code:						2B(ii)
(iii) SIC code:						2B(iii)