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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

A F	or th	e 201	9 calendar year, or tax year beginning 07/01, 20	19, and endir	ng		06/30,	<b>20</b> 20	
<b>B</b> c	heck if ap	oplicable:	C Name of organization UNIVERSITY OF CENTRAL MISSOURI FOUNDATION			D Employer ide	entification i	number	
	Addre		Doing Business As			43-1181	.566		
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	umber		
	+	return	SMISER ALUMNI CENTER, UCM			(660) 543	3-8000		
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code						
	Amer	ided	WARRENSBURG, MO 64093			<b>G</b> Gross receipt	s \$ 2	28,567	,373.
		cation	F Name and address of principal officer: COURTNEY GODDARD			H(a) Is this a grou		Yes	X No
	_  pendi	ng	SMISER ALUMNI CENTER, UCM, WARRENSBURG, MO	0 64093		subordinates? <b>H(b)</b> Are all subordi	I	Yes	No
$\overline{}$	Tax-ex	empt st			7		h a list. (see in		
			WWW.UCMFOUNDATION.ORG	(1) 01   32	.,	H(c) Group exemp	•		
_			nization: X Corporation Trust Association Other ▶	I Voor o	of formati	ion: 1979 <b>M</b>		•	. MO
$\overline{}$	art I		mmary	L Teal o	n ioiiiiati	1011. ±272 IVI	State of lega	i domicile	. 110
			y describe the organization's mission or most significant activities: THE	FOUNDATIO	N IS	A NON-PRO	OFIT,		
ø	•		RITABLE ORGANIZATION DEDICATED TO SUPPORTING				<u>-</u>		
auc			VERSITY OF CENTRAL MISSOURI.						
ern	2		k this box if the organization discontinued its operations or disp	osed of more th	 an 25%	of its net assets	 :		
Governance	3		per of voting members of the governing body (Part VI, line 1a)				3		32.
	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)				4		30.
Activities &	5		number of individuals employed in calendar year 2019 (Part V, line 2a).				5		0.
ĭ	6						6		44.
Act	-	Total	number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12				7a	5	6,579
							7b		2,986
_	D	ivet ui	nrelated business taxable income from Form 990-T, line 34		<del></del>	Prior Year		urrent Y	
		Contr	ibutions and grants (Part VIII line 4b)			4,857,24			4,533
ne	8	Contri	ibutions and grants (Part VIII, line 1h)	OPY FOR		114,55			5,957
Revenue	9	Progra	am service revenue (Part VIII, line 2g)  PUBLIC  PUBLIC	C INSPECTION		2,922,15	I		$\frac{3,937}{3,301}$
Re	10	mvesi	tinent income (Part VIII, column (A), lines 5, 4, and 7d)			-116,58			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			7,777,37			8,385
_	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12						5,406
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			2,786,91		4,57	9,540
	14		fits paid to or for members (Part IX, column (A), line 4)			711 00	0.	0.5	0
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10			711,22			6,287
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)				0.	4	6,510
Exp			fundraising expenses (Part IX, column (D), line 25) ▶777, 3			400 00	1	1.0	1 000
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			408,83			1,828
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			3,906,97			4,165
<u> </u>	19	Rever	nue less expenses. Subtract line 18 from line 12			3,870,40			1,241
Net Assets or Fund Balances						ning of Current Y		End of Ye	
sset	20		assets (Part X, line 16)			63,873,48		67,06	
nd E	21		liabilities (Part X, line 26)			1,830,51			6,033
			ssets or fund balances. Subtract line 21 from line 20.			62,042,96	7.	65,27	/ <u>,</u> 101
	rt II		gnature Block						
			of perjury, I declare that I have examined this return, including accompanying sch complete. Declaration of preparer (other than officer) is based on all information of				my knowle	dge and b	elief, it is
	-					Ĭ			
Sig	ın		Signature of officer			Data			
He			Signature of officer			Date			
110									
			Type or print name and title	15-4			DTM		
Paic	ł		Type preparer's name Preparer's signature	Date		Check	if PTIN	1005	
	parer	BRI.	AN D TODD			self-employe		122601	-
	Only	Firm's	s name ▶ BKD, LLP			7 III II O E II V	44-0160		
			saddress > 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 6580	6-2523		Phone no.	417-865	8701	
May	the I	RS dis	scuss this return with the preparer shown above? (see instructions)				X	Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**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.

filing of this	s form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.								
Automatic	c 6-Month Extension of Time. Only subm	it original	(no copies needed).								
•	tions required to file an income tax return othe form 7004 to request an extension of time to f		,	0-C filers), partnerships, F	REMICs, a	and trusts					
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification num	ber (TIN)						
print	UNIVERSITY OF CENTRAL MISSOUR	I FOUND	ATION	43-1181566							
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.										
due date for iling your	SMISER ALUMNI CENTER, UCM										
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
Tiotradilono.	WARRENSBURG, MO 64093										
Enter the R	Return Code for the return that this application	is for (file	a separate application fo	or each return)		0 1					
Application	1	Return	Application			Return					
s For		Code	Is For			Code					
	or Form 990-EZ	01	Form 990-T (corporat	ion)		07					
Form 990-E		02	Form 1041-A			08					
	(individual)	03	Form 4720 (other tha	n individual)		09					
Form 990-F	Γ (sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069			10					
	T (trust other than above)	06	Form 8870			12					
Telephore If the orgething in the whomalist with the months in the with the months in	he No. ► 660 543-8000  ganization does not have an office or place of for a Group Return, enter the organization's for the group, check this box ►	business ir ur digit Gro f it is for pa ion is for.	Fax No.   the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the group is group.	ck this box	. If that	his is tach					
-	est an automatic 6-month extension of time un			21, to file the exempt of	organizat	ion return					
<ul><li>▶ X</li><li>2 If the</li></ul>	tax year entered in line 1 is for less than 12 m	<u>1</u> , 20 <u>1</u>	ego, and ending	06/30 , 20 eturn	0 <u>20</u> .						
	Change in accounting period										
	application is for Forms 990-BL, 990-PF, 9	90-1, 4/20	o, or 6069, enter the			0					
	fundable credits. See instructions. s application is for Forms 990-PF, 990-T,	4720 o	r 6060 Antor any ro		8a  \$	0.					
	ated tax payments made. Include any prior yea				3b \$	0.					
	ice due. Subtract line 3b from line 3a. Include				φ <del>σ</del>						
	tronic Federal Tax Payment System). See instru				3c \$	0.					
	ou are going to make an electronic funds withdrawa		it) with this Form 8868. se								
nstructions.	5. 5	,	,			1 -0					
	Act and Paperwork Reduction Act Notice, see instr	uctions.		F	orm <b>8868</b>	(Rev. 1-2020)					

Tor I Trudy Act and I aperwork reduction Act rolles, see instructions

Form 990 (2019) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO CULTIVATE, MANAGE AND
	DISTRIBUTE RESOURCES IN SUPPORT OF THE UNIVERSITY OF CENTRAL
	MISSOURI.
	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X 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?
_	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 \$1,145,927. including grants of \$1,145,927) (Revenue \$) UNIVERSITY OF CENTRAL MISSOURI (UCM) FOUNDATION PROVIDES
	SCHOLARSHIPS TO UNIVERSITY STUDENTS. DURING THE YEAR, 975 STUDENTS
	RECEIVED SCHOLARSHIPS FROM THE FOUNDATION.
4b	(Code: ) (Expenses \$ 631,034. including grants of \$ 631,034. ) (Revenue \$ 56,579. )
	UCM FOUNDATION SUPPORTS UNIVERSITY ATHLETIC PROGRAMS. FOUNDATION
	GIFTS PROVIDE FUNDS FOR STUDENT-ATHLETE RECRUITMENT,
	PURCHASING/MAINTAINING ATHLETIC EQUIPMENT AND FOR PROMOTIONAL ACTIVITIES AND OTHER TEAM NEEDS.
4c	(Code:) (Expenses \$519,607. including grants of \$519,607. ) (Revenue \$)
	UCM FOUNDATION, THROUGH DONOR GIFTS, PROVIDES THE UNIVERSITY
	INSTRUCTION AND OTHER DEPARTMENTAL SUPPORT FOR CLASSROOM AND PROGRAM NEEDS, FACULTY AND STUDENT ADVANCEMENT.
	FROGRAM NEEDS, FACOLIT AND STODENT ADVANCEMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 282,972. including grants of \$ 282,972. ) (Revenue \$ 59,378. )  Total program contino expenses \$ 2,579,540

Form 990 (2019) Page 3

Part	Checklist of Required Schedules		V	Na
4	In the expenientian described in section E01(a)(2) or 4047(a)(4) (other than a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4		3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		- 21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 21
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
7	"Yes," complete Schedule D, Part I.	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete Schedule D, Part III	8		- 21
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
11	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	Па		21
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated mandal statements for the tax year module a footbode that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- 1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued) Page 4

raii	Checklist of Required Schedules (continued)		V	Na.
	D'il the constitution and the OF 000 of constant and the constitution to the description of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J.</i>	23	х	
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	- 21	
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
22	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3,7	
Dow	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii Ochedule O contains a response of note to any line in this Fait V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		,-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Page 5 Form 990 (2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa		6a		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	OD		
	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			i
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources			i
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			i
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion 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   32			
	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			
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		3.5	
	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,			37
	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:	_	3.5	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	1	Α
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?	Tua		21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?			
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 record courtney goddard smiser alumni center warrensburg, mo 64093 660-543-8000	s ►		

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

#### 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	l organization	compensated	any current office	r. director. or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Position of check more in the person is and a director			an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)ROGER BEST	12.00									
UNIVERSITY PRESIDENT, EX-OFFIC	28.00	Х						0.	294,666.	15,341
(2) COURTNEY GODDARD	34.00									
EXECUTIVE DIRECTOR-EX-OFFICIO	6.00	Х		Х				0.	179,796.	8,034
(3) GARY ABRAM	1.00									
DIRECTOR	0.	Х						0.	0.	0
(4) CORY BITTNER	1.00									
DIRECTOR	0.	Х						0.	0.	0
(5) ERIC CAMPBELL	1.00									
DIRECTOR	0.	Х						0.	0.	0
(6) PETER CARMACK	1.00									
DIRECTOR	0.	Х						0.	0.	0
(7) WADE CARPENTER	1.00									
DIRECTOR	0.	Х						0.	0.	0
(8)MIKE DAVIDSON	2.00									
TREASURER	0.	Х		Х				0.	0.	0
(9) DIANE DUDLEY	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0
(10) BRETT GINN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11) KELLY HARBERT	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12) MICHAEL HARDING	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13)JIM HATFIELD	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14) HOMER KAY	1.00									
DIRECTOR	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors	, Trustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and Institutional	Pos heck ss pe	sition more	e than cor/trust is both tor/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount of other pensation om the anization d related anization	if ion on d
		.ee	trustee			ensate						
15) KEN KEMPKER	1.00					ă.						
DIRECTOR	0.	X						0	0.			(
16) LESLIE KRASNER	1.00											
DIRECTOR		X						0	0.			(
17) BROCK LEWARK	1.00	21										
DIRECTOR		X						0	0.			(
18) TIM MCCLELLAN	1.00	- 1						0	. 0.			
DIRECTOR		X						0	0.			(
19) MERYL LIN MCKEAN	1.00							0	. 0.			
									0			,
DIRECTOR		X						0	0.			(
20) ANAND MEHTA	1.00	3,5							0			,
DIRECTOR	0.	X						0	0.			(
21) MIKE ORNDORFF	1.00											
DIRECTOR	0.	X						0	0.			(
22) SARAH OSBORNE	1.00								_			
DIRECTOR	0.	X						0	0.			
23) RICHARD PHILLIPS	1.00											
PAST PRESIDENT	0.	X		Х				0	0.			(
24) RANDY RAHE	2.00											
SECRETARY	0.	X		Х				0	0.			
25) JESSICA RAMIREZ	1.00											
DIRECTOR END 01/20	0.	Х						0	0.			
1b Sub-total	•					•	<b></b>	0.	474,462.		23,	375
c Total from continuation sheets to Part \	/II, Section A						<b>•</b>	0.	0.			0
d Total (add lines 1b and 1c)							•	0.	474,462.		23,	375
Total number of individuals (including but reportable compensation from the organization)	not limited to t		liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former	officer directo	or or	trı	ıste	e	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete S										3		Х
4 For any individual listed on line 1a, is												
organization and related organizations												
individual										4	X	
5 Did any person listed on line 1a receiv for services rendered to the organization?										5		Х
Section B. Independent Contractors	roo, comple	.5 501	,out	410 U	, 101	54011	P01	<u>.</u>				

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

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

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(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck ss pe	ition more	e than or/truste e than or/truste or/truste employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
OC DOWNED DODY	1 00					le d				
26) RONALD ROBY	1.00	37							0	
DIRECTOR	1.00	X						0	0.	
7) ROB RUTH DIRECTOR	$-\frac{1.00}{0.}$								0	
88) KEITH SCHREIMAN	1.00	X						0	0.	
DIRECTOR	$-\frac{1.00}{0.}$	v						0	0.	
9) SCOTT SOLOMON	1.00	X						0		
DIRECTOR	$-\frac{1.00}{0.}$	X						0	0.	
30) SCOTT TAYLOR	2.00	Λ.						0		
VICE PRESIDENT	$-\frac{2.00}{0.}$	X		x				0	0.	
1) RON UMPHENOUR	1.00			Λ.				0		
DIRECTOR	$-\frac{1.00}{0.}$	X						0	0.	
2) LINDA WADE	1.00									
DIRECTOR	$-\frac{1.00}{0.}$	X						0	0.	
3) JOHN COLLIER	1.00									
EX-OFFICIO MEMBER	0.	Х						0	0.	
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)  Total number of individuals (including but no	Section A						<b>&gt;</b>	0.	0.	
reportable compensation from the organizati		0		<u> </u>					Ψ100,000 OI	lw
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										Yes 3
4 For any individual listed on line 1a, is the organization and related organizations gindividual.	reater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

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Par	t VIII	Statement of Revenue	_		_	_	
		Check if Schedule O contains a respon	se or note to any				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, (	С	Fundraising events 1c	447,821.				
Gift	d	Related organizations 1d					
imi	e	Government grants (contributions) 1e					
tior er S	f	All other contributions, gifts, grants,	F 056 710				
ibu	_	and similar amounts not included above . 1f  Noncash contributions included in	5,056,712.				
할	g	lines 1a-1f 1g	340,293.				
a Se	h	Total. Add lines 1a-1f		5,504,533.			
		retain / tea in tea fra in [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	Business Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
S	2a	OTHER REVENUE	900099	59,378.	59,378.		
ē Ķ	b	ADVERTISING REVENUE	541800	56,579.		56,579.	
enu enu	C						
Program Service Revenue	d						
oge.	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		115,957.			
	3	Investment income (including dividends,					
		other similar amounts)		1,481,371.			1,481,371
	4	Income from investment of tax-exempt bond		0.			22.025
	5	Royalties	(ii) Personal	33,035.			33,035
	60		(II) I GIGGIIGI				
	6a	Gross rents 6a  Less: rental expenses 6b					
	b c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 21,271,471.					
ō	b	Less: cost or other basis					
enne		and sales expenses <b>7b</b> 21,219,541.					
-	С	Gain or (loss) 7c 51,930.					
<u>~</u>	d	Net gain or (loss)	▶	51,930.			51,930
Other Re	8a	Gross income from fundraising					
0		events (not including \$447,821.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	161,006.				
	b	Less: direct expenses 8b	312,426.				
	С	Net income or (loss) from fundraising events.		-151,420.			-151,420
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
		Less: direct expenses 9b		0.			
	100	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
က္ခ			Business Code				
e e	11a						
ant >nu	b						
eve	C						
Miscellaneous Revenue		All other revenue					
	е	Total. Add lines 11a-11d		0.			
JSA	12	Total revenue. See instructions	▶	7,035,406.	59,378.	56,579.	1,414,916

## 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 resp	onse or note to any lin	e in this Part IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,433,613.	1,433,613.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,145,927.	1,145,927.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	591,554.		169,508.	422,046.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	- · · · · · · · · · · · · · · · · · · ·	264,733.		64,286.	200,447.
10	Payroll taxes	0.			
	Fees for services (nonemployees):				
	Management	0.			
	Legal	0.			
	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	46,510.			46,510.
1	f Investment management fees	98,590.		98,590.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.			
12	Advertising and promotion	0.		0.74 0.70	
13	Office expenses	383,238.		274,872.	108,366.
14	9,	0.			
15	,	0.			
	Occupancy	0.			
	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	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.)				
а	ı				
	:				
d	l				
е	All other expenses	2 2 2 2 2 2 2	0		
	Total functional expenses. Add lines 1 through 24e	3,964,165.	2,579,540.	607,256.	777,369.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	191,642.	1	505,503.
	2	Savings and temporary cash investments	779,328.	2	1,910,990.
	3	Pledges and grants receivable, net	1,676,730.	3	1,193,500.
	4	Accounts receivable, net	0.	4	0.
	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	0.	5	0.
	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)	0.	6	0.
ts	7	Notes and loans receivable, net	2,370,169.	7	2,154,000.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	5,690.	9	21,078.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	57,118,563.	11	59,647,103.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,731,360.	15	1,630,960.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	63,873,482.	16	67,063,134.
	17	Accounts payable and accrued expenses	495,247.	17	393,972.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20		0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	0.
Liabilities	22				
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
Lia	22	controlled entity or family member of any of these persons	0.	23	0.
	23 24	· · · · · · · · · · · · · · · · · · ·	0.	24	0.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0.	24	0.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		• • • • • • • • • • • • • • • • • • • •	1,335,268.	25	1,392,061.
	26	of Schedule D	1,830,515.	26	1,786,033.
	20		1,030,313.	26	1,700,033.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	7,901,151.	27	8,040,388.
Bal	28	Net assets with donor restrictions.	54,141,816.	28	57,236,713.
Б	20	<u></u>	J=, 1=1, 010.	∠ŏ	31,230,113.
Ē		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
τĀ	32	Total net assets or fund balances	62,042,967.	32	65,277,101.
Net	33	Total liabilities and net assets/fund balances	63,873,482.	33	67,063,134.
	33	Total habilities and het assets/fulla balances, , , , , , , , , , , , , , , , , , ,	03,073,402.	აა	Form <b>990</b> (2019)

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	70 (2013)				. α	gc • =
Part						
	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			35,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			64,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			71,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			42,9	
5	Net unrealized gains (losses) on investments	5		5	05,1	130.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3	42,2	237.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		55,2	77,1	.01.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	. in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

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

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Employer identification number 43-1181566

Pa	ırt I	Reason for Public Cha	rity Status (All o	rganizations must o	complete	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5	X	An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investments.	ited to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	exception ome (less	s, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		acquired by the organization  An organization organized					•	
12		An organization organized	•		-		, , , ,	earry out the nurnoses
		of one or more publicly su	•	•	-			
		Check the box in lines 12a t						
•	Г	Type I. A supporting orga	•				·	
а	L	the supported organization	•		•		• • • • • • • • • • • • • • • • • • • •	,, , , , ,
		supporting organization.				ajority of	the directors of truste	es of the
b	. [	Type II. A supporting org	-			with ite	supported organization	on(s) by baying
	, L	control or management of	•					
		organization(s). You must			the sam	ic persor	is that control of man	age the supported
С	. [	Type III functionally integ	-		ated in c	onnectio	n with and functional	ly integrated with
Ŭ	· L	its supported organization						iy intogratod with,
d	ı [	Type III non-functionally		•				ted organization(s)
Ĭ		that is not functionally into			-			- ' '
		requirement (see instruct		= -	-		•	
е	. [	Check this box if the orga	•	-				I. Type III
		functionally integrated, or						., .,,
f	Er	nter the number of supported	• •					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/۸۱								
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,547,264.	4,142,187.	3,295,896.	4,857,247.	5,504,533.	23,347,127.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	958,006.	917,255.	910,830.	1,151,774.	1,133,481.	5,071,346.
4	Total. Add lines 1 through 3	6,505,270.	5,059,442.	4,206,726.	6,009,021.	6,638,014.	28,418,473.
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)						2,080,456.
6	Public support. Subtract line 5 from line 4						26,338,017.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4	6,505,270. 1,166,820.	5,059,442. 1,229,546.	4,206,726. 1,361,327.	6,009,021. 1,433,998.	6,638,014. 1,514,406.	28,418,473.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			22,864.	49,385.	56,579.	128,828.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						35,253,398.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	441,896.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			4.4 1 (0)		4.4	74.71%
14	Public support percentage for 2019 (li		•			14	78.26%
15	Public support percentage from 2018 331/3% support test - 2019. If the org					15	
ıoa	box and <b>stop here.</b> The organization qu	-					
h	331/3% support test - 2018. If the organization qu						
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2	-		_			
	10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
	organization			_			
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	2018. If the organization meets	ganization did no the "facts-and	ot check a box -circumstances"	on line 13, 16 test, check th	a, 16b, or 17a, nis box and <b>sto</b>	and line op here.
18	supported organization  Private foundation. If the organization						▶ □
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	<del></del>					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u>                                      </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u>                                      </u>	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					<u>                                      </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less	<del></del>					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u>                                      </u>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .	<u> </u>	<u></u>	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perd	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	_					
b	331/3% support tests - 2018. If the orga	-	_	•	•	•	
	line 18 is not more than 331/3 %, check				·		
20	Private foundation. If the organization d		•				

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			res	NC
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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			

**b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.** 

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.** 

10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9a

9b

9c

10a

10b

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

Jeneau	ne A (1 0111 330 01 330 EZ) 2013			age •
Part	N Supporting Organizations (continued)		<b>V</b>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	•
•	Activities Test Anguay (a) and (b) helaw		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	Section A - Adjusted Net Income		
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>b</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 (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)					
	on D - Distributions		,	Current Year				
1	Amounts paid to supported organizations to accomplish ex	xempt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo							
4								
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
с	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							

Schedule A (Form 990 or 990-EZ) 2019

b

and 4c.

Breakdown of line 7: Excess from 2015

Excess from 2016 . . . Excess from 2017 d Excess from 2018 Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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 (Form 990 or 990-EZ) 2019

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

UNIVERSITY OF CENTRAL MISSOURI FOUNDATION 43-1181566 Organization type (check one): Filers of: Section: X 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** [X] 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 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Employer identification number 43-1181566

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
1_		\$651,413.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$115,277.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,500,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$50,055.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Employer identification number 43-1181566

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
5	STOCK/SECURITIES		
		\$50,055.	07/17/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization UNIVERSITY OF CENTRAL	MISSOURI FOUNDATION	Employer identification number				
Part III	(10) that total more than \$1,000 for	the year from any one conions completing Part III, enter e year. (Enter this informatio	dons described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. n once. See instructions.) ► \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.,,					
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

#### **SCHEDULE D** (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNI	VERSITY OF CENTRAL MISSOURI FOUNDATION	43-1181566
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified to the conservation of conservation easements modified to the conservation easements are conservation of conservation easements.	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
0	Does and concernation accoment reported on line 2/d) above patiefy the requirements of coatie	on 170/h)//)/P)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and	Yes No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	ar statemente triat describes trie
Pa	rt 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.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
<b>L</b>	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	3, p
а		<b></b> ▶ \$
b	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$

	rt    Organizations Maintaini	ng Collections of	Art Histor	ical Tro	euroe o	r Othor	Similar Ac	eente (c	ontinu		age Z
3	rt    Organizations Maintaini Using the organization's acquisition										of ite
3	collection items (check all that app		illei Tecolu	is, crieck	ally of the	e ioliow	ing mat me	ake sigi	illicarit	use c	n its
а	Public exhibition	iy).	d $\square$	Loano	r evchange	nrogran	m				
a b											
C	Preservation for future gene	rations	<b>с</b>	Other _							
4	Provide a description of the organ		and avalai	n how th	av furtha	r the or	nanization's	evemni	nurno	ea in	Part
-	XIII.	iization's collections	anu expiai	II IIOW LI	iey ruitiiei	the oil	yanızanınıs	evenib	. puipo	36 111	rait
5	During the year, did the organization	un colicit or receive o	lonations of	art histo	rical trace	uroe or a	othor cimila	r			
3	assets to be sold to raise funds rath								Yes		No
Dэ			airieu as pai	t of the o	iganizatioi	13 001100	MOII:				140
ı a	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.	alon anoworda i c	0 0111 0111	1 000, 1	are 10, 11110	, 0, 0, 1,	oportou un	annoan		····	
1 a	Is the organization an agent, truste	e custodian or othe	er intermedi:	ary for co	ntributions	or other	r assets not				
ıu	included on Form 990, Part X?							Г	Yes		No
h	If "Yes," explain the arrangement in							L			] 110
	ii res, explain the arrangement	Trait Am and comp	note the folic	JWIII G LADI	·			Amount			
С	Beginning balance				1c			unount			
	Additions during the year										
e	Distributions during the year					1					
f	Ending balance										
	Did the organization include an am					ustodial	account liah	ility2	Yes		No
	If "Yes," explain the arrangement in										110
	rt V Endowment Funds.	TI att Alli. Officer fie	ore in the exp	Jianation	ilas Deeli p	novided	OITT AIT AII				
ı a	Complete if the organiza	ition answered "Ye	s" on Form	990 P	art IV line	e 10					
		(a) Current year	(b) Prior		(c) Two yea		(d) Three yea	ars hack	(e) Fou	r vears	hack
		48,936,456.	45,400		42,890		38,954				565.
	Beginning of year balance	1,913,254.	3,144		1,214		1,700				537.
	Contributions	1,713,231.	3,111	, 123.	1,211	,100.	1,700	, 500.	- /	,,,	
С	Net investment earnings, gains,	1,507,532.	1 752	,569.	2 658	,998.	3,965	712	_	300	161.
	and losses	1,011,578.	1,051		1,039			,622.			025.
	Grants or scholarships	1,011,570.	1,031	, 171.	1,000	,210.	311	,022.		021,	
е	Other expenditures for facilities	325,709.	284	,506.	300	,229.	378	,527.		869	222.
_	and programs	34,695.		,725.		3,530.		,230.			658.
f	Administrative expenses	50,985,260.	48,936		45,400		42,890				036.
g	End of year balance							,073.	30,	<i>JJ</i>	
2	Provide the estimated percentage Board designated or quasi-endown		end balance	(line 1g,	column (a)	) held as	:				
a h	Permanent endowment > 52.5	· · ·	_ ^0								
0	Term endowment ► 39.8600										
C	The percentages on lines 2a, 2b, a		100%								
3 2	Are there endowment funds not in			ion that s	ra hald an	nd admir	nietarad for t	he			
Ja	organization by:	the possession of the	ie organizat	ion that e	ire rieid ai	iu aumii	iistered for ti		[	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•	•						<u> </u>		
	rt VI Land, Buildings, and Equ	ipment.									
ıα	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, P	art IV, lin	e 11a. S	See Form 9	990, Pa	rt X, Iir	ne 10	
	Description of property	(a) Cost or (invest			other basis		cumulated eciation	(d	) Book va	alue	
12	Land	,	unoni)	(011	101)	черп	COMMINI				
. a h	Buildings										
	Leasehold improvements										
4	Equipment.										
u											
	Other  I. Add lines 1a through 1e. (Column		n 990 Part \	Column	(R) line 11	Oc.)					
· Ota	. Add inico ta tillough te. (Column	(a) must equal i Om	11 JJU, 1 AIL 7	i, coluilli	( <i>D</i> ), iii   10	<i></i>					

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019		Page \$
Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990, Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered		0, 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
		Cost or end-or-year market value
<u>(1)</u>		
(2)		
(3)		
<u>(4)</u>		
<u>(5)</u>		
<u>(6)</u> <u>(7)</u>		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	1	
	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
_(4)		
_(5)		
_(6)		
<u>(7)</u>		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	lina 15 )	
Part X Other Liabilities.	iiiie 15.)	
	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,
	otion of liability	(b) Book value
(1) Federal income taxes		
(2) ANNUITIES PAYABLE		1,392,061
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9)		1 200 001
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB		

Page 4 Schedule D (Form 990) 2019

	(1 0 m) 330/ 2013		1 age 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,044,387.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	4	
C	Recoveries of prior year grants		
d e	Other (Describe in Part XIII.)	2e	1,795,145.
3	Subtract line 2e from line 1	3	7,249,242.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 98,590.  Other (Describe in Part XIII ) 4b -312,426.		
b	Other (Describe in Part XIII.)	4c	-213,836.
с 5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	7,035,406.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		5,468,016.
1	Total expenses and losses per audited financial statements	1	5,400,010.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	1	1 600 441
е	Add lines 2a through 2d	2e 3	1,602,441. 3,865,575.
3 4	Subtract line <b>2e</b> from line <b>1</b>	3	3,003,0131
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 98,590.		
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	98,590.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,964,165.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Page 5

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS:

ENDOWMENT FUNDS ARE INVESTED WITH THE OBJECTIVE OF CREATING A FLOW OF REASONABLY STABLE AND PREDICTABLE INVESTMENT RETURNS TO MEET THE CURRENT AND FUTURE PROGRAM OR EXPENDITURE NEEDS DESIGNATED BY THE DONOR.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

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

SCHEDULE D, PART XI, LINE 4B

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

\$ (312,426) SPECIAL EVENTS EXPENSE

SCHEDULE D, PART XII, LINE 2D

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

312,426 SPECIAL EVENTS EXPENSE

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number
UNIVERSITY OF CENTRAL MISS					43-1181566	
<b>Form 990-EZ filers are n</b>				Yes" on Form 99	0, Part IV, line 1	7.
1 Indicate whether the organization	n raised funds through	any of the	following	activities. Check a	II that apply.	
a Mail solicitations	е	Solid	itation of	non-government g	rants	
<b>b</b> Internet and email solicitation	ons <b>f</b>	Solid	itation of	government grants	<b>;</b>	
c X Phone solicitations	g			ising events		
d In-person solicitations	J			J		
<ul> <li>Did the organization have a writt or key employees listed in Form</li> <li>If "Yes," list the 10 highest paid compensated at least \$5,000 by</li> </ul>	990, Part VII) or entity individuals or entities	in connec	tion with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1	PROFESSIONA					
RUFFALO NOEL LEVITZ LLC	SOLICITOR		X	21,479.	46,510.	-25,031.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		-	<b>•</b>	21,479.	46,510.	-25,031.
List all states in which the organized registration or licensing.			to solicit			

Schedule G (Form 990 or 990-EZ) 2019

Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gross receipts gre	eater than \$5,000.	-		
			(a) Event #1 ATH. AUCTION	(b) Event #2 PRESIDENTS GAL	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	320,820.	136,613.	151,394.	608,827
Ϋ́	2	Less: Contributions	222,858.	125,546.	99,417.	447,821
		Gross income (line 1 minus line 2)	97,962.	11,067.	51,977.	161,006
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			5,646.	5,646
t Expe	7	Food and beverages	57,327.		24,535.	81,862
Direc	8	Entertainment			2,500.	2,500
	9	Other direct expenses	178,726.	7,550.	36,142.	222,418
	10	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu	mn (d)		312,426 -151,420
Pa						
		\$15,000 on Form 990-EZ, lin	e 6a.	103 011 1 01111 330, 1	rait iv, iiic 15, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	No Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k	ı	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	əs?	. Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	•			. Yes No

Sched	Tule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
C	in res, enter name and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	Director/officer
17	Mandatory distributions:
а	
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year  \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of th	e organization						Employer identificati	on number
UNIVER	RSITY OF CENTRAL MISSOURI FO	OUNDATION					43-118156	6
Part I	General Information on Grants a	nd Assistance	Э					
the	es the organization maintain records to selection criteria used to award the gra scribe in Part IV the organization's proc	nts or assistanc	e?					X Yes No
Part II	Grants and Other Assistance to	Domestic Org	ganizations ar	nd Domestic Gov	vernments. Com	nplete if the organiz	ation answered "Y	es" on Form 990,
	Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	oe duplicated if	additional space is ı	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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV	ERSITY OF CENTRAL MISSOURI							
PO E	SOX 800 WARRENSBURG, MO 64093	44-6000293	GOVERNMENT	1,093,320.	340,293.	FMV	BOOKS, SUPPLIES	SUPPORT TV STATION
_(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	er total number of section 501(c)(3) and							1.
	er total number of other organizations I							edule I (Form 990) (2019)

JSA

Schedule I (Form 990) (2019)

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 non-cash assistance
1 SCHOLARSHIPS	975.	1,145,927.			
2					
3					
4					
5					
3					
,					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS -

TO ENSURE FUNDS ARE USED ACCORDING TO DONOR WISHES, DISBURSEMENTS ARE

REVIEWED AND APPROVED BY UNIVERSITY FUND MANAGERS AND BY THE FOUNDATION.

FOLLOWING THE SUBMISSION OF APPROPRIATE DOCUMENTATION, REIMBURSEMENTS ARE

MADE MONTHLY TO THE UNIVERSITY OF CENTAL MISSOURI THROUGH THE UNIVERSITY

OFFICE OF ACCOUNTS PAYABLE.

PROCEDURES FOR MONITORING THE USE OF SCHOLARSHIP FUNDS -

STUDENT APPLICATIONS ARE ENTERED ONLINE THROUGH UCM SCHOLARSHIP FINDER

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

# 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 non-cash assistance
1					
2					
_ 3					
_4					
5					
6					
7					

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

(UCMSF), A PROGRAM PURCHASED FROM ACADEMIC WORKS AND LINKED TO THE

UNIVERSITY'S WEBSITE. STUDENT PROFILE INFORMATION FROM THE UNIVERSITY

DATABASE IS ADDED TO THE STUDENT'S APPLICATION. UCMSF MATCHES THE

STUDENTS BASED ON THE APPLICATION AND PROFILE DATA TO THE SCHOLARSHIPS

FOR WHICH THEY QUALIFY. SELECTION COMMITTEES REVIEW THE APPLICATIONS AND

MAKE THEIR SELECTIONS THROUGH UCMSF. AFTER BUDGET AVAILABILITY AND THANK

YOU NOTE RECEIPT HAVE BEEN VERIFIED, STUDENT FINANCIAL SERVICES AWARDS

THE SCHOLARSHIPS.

Schedule I (Form 990) (2019)

# **SCHEDULE J** (Form 990)

**Compensation Information**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.

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Inspection Employer identification number

43-1181566

Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Hee organization follow a written policy regarding payment openses described above? If "No," complete Part III to or to reimbursing or allowing expenses incurred by all object of the part of the par	Part	Questions Regarding Compensation			
Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Hee organization follow a written policy regarding payment openses described above? If "No," complete Part III to or to reimbursing or allowing expenses incurred by all object of the part of the par				Yes	No
Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) ne organization follow a written policy regarding payment expenses described above? If "No," complete Part III to be recomply to to reimbursing or allowing expenses incurred by all object of the recomplete of the part of t	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)  ne organization follow a written policy regarding payment openses described above? If "No," complete Part III to are to reimbursing or allowing expenses incurred by all object of the part of the pa		990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)  ne organization follow a written policy regarding payment openses described above? If "No," complete Part III to the property of the part					
Personal services (such as maid, chauffeur, chef)  The organization follow a written policy regarding payment expenses described above? If "No," complete Part III to are to reimbursing or allowing expenses incurred by all office process. The process of the part of the p					
ne organization follow a written policy regarding payment openses described above? If "No," complete Part III to rot reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line on used to establish the compensation of the at apply. Do not check any boxes for methods used by a le CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee Part VII, Section A, line 1a, with respect to the filing ayment?  ased compensation arrangement?  rovide the applicable amounts for each item in Part III.  rganizations must complete lines 5-9.  ion A, line 1a, did the organization pay or accrue any  ion A, line 1a, did the organization pay or accrue any  and A, line 1a, did the organization provide any nonfixed describe in Part III.  paid or accrued pursuant to a contract that was subject					
penses described above? If "No," complete Part III to to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line con used to establish the compensation of the at apply. Do not check any boxes for methods used by a see CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing segment?  Part VII and the applicable amounts for each item in Part III.  reganizations must complete lines 5-9.  ion A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization pay or accrue any  and A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization provide any nonfixed describe in Part III.  paid or accrued pursuant to a contract that was subject		Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
penses described above? If "No," complete Part III to to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line con used to establish the compensation of the at apply. Do not check any boxes for methods used by a see CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing segment?  Part VII and the applicable amounts for each item in Part III.  reganizations must complete lines 5-9.  ion A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization pay or accrue any  and A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization provide any nonfixed describe in Part III.  paid or accrued pursuant to a contract that was subject	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
re to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line 2  on used to establish the compensation of the at apply. Do not check any boxes for methods used by a sec CEO/Executive Director, but explain in Part III.  Written employment contract  Compensation survey or study  Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing anyment?	-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
on used to establish the compensation of the at apply. Do not check any boxes for methods used by a le CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing layment?  ased compensation arrangement?  ased compensation arrangement?  arovide the applicable amounts for each item in Part III.  rganizations must complete lines 5-9.  ion A, line 1a, did the organization pay or accrue any  5a	_	explain	1b		
on used to establish the compensation of the at apply. Do not check any boxes for methods used by a se CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing sayment?  and an	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
on used to establish the compensation of the at apply. Do not check any boxes for methods used by a se CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing sayment?  and an		directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
at apply. Do not check any boxes for methods used by a se CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing sayment?  assed compensation arrangement?  arovide the applicable amounts for each item in Part III.  rganizations must complete lines 5-9. ion A, line 1a, did the organization pay or accrue any  ion A, line 1a, did the organization pay or accrue any  and A, line 1a, did the organization provide any nonfixed lescribe in Part III.  paid or accrued pursuant to a contract that was subject		1a?	2		
The CEO/Executive Director, but explain in Part III.  Written employment contract Compensation survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing Final analysis of the applicable around and the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization pay or accrue any  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.  The section A, line 1a, did the organization provide any nonfixed lescribe in Part III.	3	Indicate which, if any, of the following the organization used to establish the compensation of the			
Written employment contract Compensation survey or study Approval by the board or compensation committee Part VII, Section A, line 1a, with respect to the filing sayment?		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 survey or study Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing  Payment?  Part VII, Section A, line 1a, with respect to the filing  Payment?  Payment?  Payment?  Payment?  Payment A b X  Ab X  Ac X					
Approval by the board or compensation committee  Part VII, Section A, line 1a, with respect to the filing  asyment?					
Part VII, Section A, line 1a, with respect to the filing  asyment?					
payment?					
ased compensation arrangement?	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:			
ased compensation arrangement?	а	Receive a severance payment or change-of-control payment?	42		Х
rovide the applicable amounts for each item in Part III.  rganizations must complete lines 5-9. ion A, line 1a, did the organization pay or accrue any  ion A, line 1a, did the organization pay or accrue any  6a X 6b X  on A, line 1a, did the organization provide any nonfixed elescribe in Part III.  paid or accrued pursuant to a contract that was subject	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
rovide the applicable amounts for each item in Part III.  rganizations must complete lines 5-9. ion A, line 1a, did the organization pay or accrue any ion A, line 1a, did the organization pay or accrue any  6a X 6b X  on A, line 1a, did the organization provide any nonfixed elescribe in Part III. paid or accrued pursuant to a contract that was subject	C	Participate in, or receive payment from, an equity-based compensation arrangement?			
rganizations must complete lines 5-9. ion A, line 1a, did the organization pay or accrue any  5a X 5b X  ion A, line 1a, did the organization pay or accrue any  6a X 6b X  on A, line 1a, did the organization provide any nonfixed lescribe in Part III. paid or accrued pursuant to a contract that was subject	Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
ion A, line 1a, did the organization pay or accrue any  5a X 5b X  ion A, line 1a, did the organization pay or accrue any  6a X  6b X  on A, line 1a, did the organization provide any nonfixed lescribe in Part III.  paid or accrued pursuant to a contract that was subject		The first terminal te			
ion A, line 1a, did the organization pay or accrue any  5a X 5b X  ion A, line 1a, did the organization pay or accrue any  6a X  6b X  on A, line 1a, did the organization provide any nonfixed lescribe in Part III.  paid or accrued pursuant to a contract that was subject		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5a X 5b X  ion A, line 1a, did the organization pay or accrue any  6a X 6b X  on A, line 1a, did the organization provide any nonfixed elescribe in Part III. paid or accrued pursuant to a contract that was subject	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
ion A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization provide any nonfixed elescribe in Part III.  paid or accrued pursuant to a contract that was subject		compensation contingent on the revenues of:			
ion A, line 1a, did the organization pay or accrue any  for A, line 1a, did the organization provide any nonfixed elescribe in Part III.  paid or accrued pursuant to a contract that was subject	а	The organization?	5a		Х
ion A, line 1a, did the organization pay or accrue any  6a X 6b X  on A, line 1a, did the organization provide any nonfixed lescribe in Part III	b	Any related organization?	5b		Х
6a X 6b X  on A, line 1a, did the organization provide any nonfixed lescribe in Part III		If "Yes" on line 5a or 5b, describe in Part III.			
on A, line 1a, did the organization provide any nonfixed lescribe in Part III	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
on A, line 1a, did the organization provide any nonfixed lescribe in Part III		compensation contingent on the net earnings of:			
on A, line 1a, did the organization provide any nonfixed lescribe in Part III	а	The organization?	6a		
on A, line 1a, did the organization provide any nonfixed lescribe in Part III	b	Any related organization?	6b		Х
paid or accrued pursuant to a contract that was subject		If "Yes" on line 6a or 6b, describe in Part III.			
paid or accrued pursuant to a contract that was subject	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.	7		
	8				
		•			
	_	in Part III	8		X
	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-4(a)(3)? If "Yes," describe	b 7	compensation contingent on the net earnings of: The organization?	6b		
TOW THE PENUTIANIE DIESUMNTION PROCEGUIZE DESCRIPED IN	•	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
COURTNEY GODDARD	(i)	0.	0.	0.	0.	0.	0.	0.
1 EXECUTIVE DIRECTOR-EX-OFFICIO	(ii)	179,796.	0.	0.	0.	8,034.	187,830.	0.
ROGER BEST	(i)	0.	0.	0.	0.	0.	0.	0.
UNIVERSITY PRESIDENT, EX-OFFIC	(ii)	294,666.	0.	0.	0.	15,341.	310,007.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i)							
15	(ii)							
40	(i) (ii)							
16	(11)							

Schedule J (Form 990) 2019

#### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 3

**EXECUTIVE COMPENSATION:** 

THE PRESIDENT OF UNIVERSITY OF CENTRAL MISSOURI, A RELATED ORGANIZATION,

IS IN CHARGE OF THE HIRING AND COMPENSATION DETERMINATION FOR THE

FOUNDATION'S EXECUTIVE DIRECTOR. THIS PROCESS IS APPROVED BY THE

UNIVERSITY OF CENTRAL MISSOURI'S BOARD OF GOVERNORS.

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Employer identification number 43-1181566

UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Pa	t I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts
1	Art - Works of art	X	1.	2,000.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		2,682.	FMV
5	Clothing and household				
	goods	X		25,941.	FMV
6	Cars and other vehicles.				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	1	6.	139,282.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	15.	2,984.	FMV
19	Food inventory	X	36.	39,371.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►( ATCH 1 )		67.	128,033.	
26	Other ►()				
27	Other ►()				
28	Other ►(				
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for	
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	jement	29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

Part II Supplem

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

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTORS:

THE NUMBER OF CONTRIBUTIONS PROVIDED IS BASED UPON THE NUMBER OF ITEMS

CONTRIBUTED.

Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019) Page **2** 

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,

or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
TICKETS/VACATIONS	X	46.	61,840.	FMV
EQUIP/SUPPLIES	X	10.	54,393.	FMV
ANIMALS	X	1.	2,500.	FMV
GOLF	X	10.	9,300.	FMV
TOTALS	_	67.	128,033.	

Schedule M (Form 990) (2019)

# SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection

Employer identification number

43-1181566

Name of the organization
UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

FORM 990, PART I, LINE 5 & PART IX, LINES 7-9

COMPENSATION REIMBURSEMENT AGREEMENT:

INDIVIDUALS ARE EMPLOYED AND PAID BY THE UNIVERSITY OF CENTRAL MISSOURI.

COMPENSATION AND BENEFITS PAID TO SOME UNIVERSITY EMPLOYEES THAT PROVIDE

SERVICES FOR THE FOUNDATION ARE REIMBURSED BY THE FOUNDATION.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

UCM FOUNDATION PROVIDES SUPPORT TO OTHER AREAS IN THE UNIVERSITY

INCLUDING KMOS-TV AND INSTRUCTIONAL/DEPARTMENTAL PROGRAMS AS DESIGNATED

BY THE DONORS.

FORM 990, PART VI, SECTION A, LINE 7A

POWER TO APPOINT BOARD MEMBERS:

THE FOLLOWING BOARD MEMBER POSITIONS ARE APPOINTED TO THE ORGANIZATION'S

**BOARD:** 

1. ONE MEMBER OF THE UNIVERSITY OF CENTRAL MISSOURI'S BOARD OF

GOVERNOR'S, AS DESIGNATED BY THE PRESIDENT OF THE BOARD OF GOVERNOR'S.

2. THE PRESIDENT OF THE UNIVERSITY OF CENTRAL MISSOURI, OR A

REPRESENTATIVE OF THEIR CHOOSING.

3. THE CHIEF DEVELOPMENT OFFICER FOR THE UNIVERSITY OF CENTRAL MISSOURI

SERVES AS THE EXECUTIVE DIRECTOR OF THE FOUNDATION AND IS APPOINTED BY

THE PRESIDENT OF THE UNIVERSITY.

Name of the organization

UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Employer identification number

43-1181566

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

FORM 990 REVIEW PROCESS:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE FORM 990 WILL INITIALLY BE INTERNALLY REVIEWED. AFTER THIS REVIEW, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 WILL BE PRESENTED TO THE AUDIT COMMITTEE AT ITS COMMITTEE MEETING. AFTER THE AUDIT COMMITTEE APPROVES THE PUBLIC DISCLOSURE COPY, IT WILL BE EMAILED TO ALL OTHER MEMBERS, ALLOWING FOR THE OPPORTUNITY TO ASK QUESTIONS, MAKE COMMENTS, OR REQUEST CHANGES BEFORE THE FILING OF THE FINAL FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY COMPLIANCE:

BOARD OFFICERS AND MEMBERS MUST FILE AN ANNUAL WRITTEN DISCLOSURE

STATEMENT FOR ANY CONFLICT OF INTEREST. A CONFLICT OF INTEREST

DISCLOSURE FORM IS DISTRIBUTED TO THE OFFICERS AND MEMBERS ANNUALLY AT A
BOARD MEETING.

BEFORE A BOARD MEMBER BEGINS HIS OR HER SERVICE WITH THE FOUNDATION, HE

OR SHE SHALL FILE WITH THE GOVERNANCE COMMITTEE ("COMMITTEE") OF THE

FOUNDATION A LIST OF HIS OR HER PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS

INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDOR OR

BUSINESS INTEREST, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A

CONFLICT OF INTEREST.

IN ADDITION TO THE DISCLOSURE REQUIRED BY THE PREVIOUS PARAGRAPH, EACH MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION, TO HIS OR HER FELLOW VOLUNTEERS, AND TO THE UNIVERSITY SERVED BY THE FOUNDATION TO INFORM THE FOUNDATION OF ANY POSITION HE OR SHE HOLDS OR OF ANY BUSINESS OR A VOCATIONAL ACTIVITY THAT MAY RESULT IN A POSSIBLE CONFLICT OF INTEREST OR BIAS FOR OR AGAINST A PARTICULAR GRANTEE, ACTION OR POLICY, AT THE TIME SUCH GRANT, ACTION OR POLICY IS UNDER CONSIDERATION BY THE BOARD. ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER SHALL BE DISCLOSED THE COMMITTEE AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED AND A POSSIBLE CONFLICT IS KNOWN.

WHEN THE BOARD IS TO DECIDE UPON AN ISSUE ABOUT WHICH A MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT MEMBER SHALL PHYSICALLY ABSENT HERSELF OR HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE ("PRESIDENT") OR RELEVANT COMMITTEE TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT BOARD MEMBER VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING(S) AT WHICH THE ISSUE IS DISCUSSED AND DECIDED. IN ANY SITUATION NOT SPECIFICALLY COVERED BY THE PREVIOUS SECTIONS OF THIS POLICY, MEMBERS SHALL CONSIDER CAREFULLY ANY POTENTIAL CONFLICT OF THEIR PERSONAL INTEREST WITH THE INTERESTS OF THE FOUNDATION AND REFRAIN FROM ANY ACTION THAT MIGHT BE PERCEIVED AS AN ACTUAL OR APPARENT CONFLICT OF INTEREST.

Name of the organization
UNIVERSITY OF CENTRAL MISSOURI FOUNDATION

Employer identification number
43-1181566

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT AVAILABILITY:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FOUNDATION CURRENTLY HAS ITS AUDITED FINANCIAL STATEMENTS AND POLICIES ON ITS WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$ (342,237) ACTUARIAL LOSS ON ANNUITY OBLIGATIONS

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY OF CENTRAL MISSOURI FOUNDATION	43-1181566

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

(a)  Name, address, and EIN of related organization	<b>(b)</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	Section 5 contr enti	rolled
						Yes	No
(1) UNIVERSITY OF CENTRAL MISSOURI 44-6000293							
PO BOX 800 WARRENSBURG, MO 64093	UNIVERSITY	MO			N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

9E1307 1.000

Schedule R (Form 990) 2019

Part III	<b>Identification of Relat</b> because it had one or						nswered "Yes"	on Form	990, Part IV,	line 34,	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	_

	(a) e, address, and EIN of lated organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
			oodiitiy)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a)  Name, address, and EIN of related organization	(b) 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	
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
		11		X
K .	Lease of facilities, equipment, or other assets from related organization(s)	41	X	
	Performance of services or membership or fundraising solicitations for related organization(s)			Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	

s	Other transfer of cash or property from related organization(s).			1s
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	ered relationships and trans	action thresholds.
	(a)  Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determ

o Sharing of paid employees with related organization(s)

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

Schedule R (Form 990) 2019

1p | X

X

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(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)	man: part	ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													-
(13)													-
(14)													
(15)													
(16)													
(10)													

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

# Part VII

# Supplemental Information

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

# **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

A.	2020 Estimated Tax	Α	
B.	Enter 100 % of Line A  Enter 100 % of tax on 2019 FORM 990-T  C 4,827.		
C.	Enter 100 % of tax on 2019 FORM 990-T c 4,827.		
	Required Annual Payment (Smaller of lines B or C)	D	4,827.
	Income tax withheld (if applicable)		
	Balance (As rounded to the nearest multiple of		5,200.

Record of Estimated Tax Payments											
Payment number	(a) Date	(b) Amount	(c) 2018 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))							
1	10/15/2020										
2	12/15/2020										
3	03/15/2021										
4	06/15/2021	5,200.		5,200.							
Total	<u>'</u>	5,200.		5,200.							

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning \_\_\_07/01 , 2019, and ending \_\_06/30 , 20 2 0 Go to www.irs.gov/Form990T for instructions and the latest information.

	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a	s it ma	y be made public if yo	ur orgar	nization is a 501(d	:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if		Name of organization ( Check bo	x if nar	me changed and see inst	tructions.	.)		loyer identification number		
	address changed							(Empl	loyees' trust, see instructions.)		
<b>B</b> Exe	empt under section		UNIVERSITY OF CENTRA	AL M	ISSOURI FOUNI	DATIO	N				
X	501( C )( 3 )	Print	Number, street, and room or suite no. I	f a P.O	box, see instructions.			43-1	181566		
	408(e) 220(e)	or Type						E Unrelated business activity code (See instructions.)			
	408A 530(a)	Турс	SMISER ALUMNI CENTER	R, U	CM			(See i	nstructions.)		
	529(a)		City or town, state or province, country	/, and 2	IP or foreign postal code	€					
	ok value of all assets		WARRENSBURG, MO 6409	93				5418	300		
at e	end of year	F Gro	up exemption number (See instructi	ons.)	<b>&gt;</b>						
6	57,063,134.	<b>G</b> Che	ck organization type   X 501	(c) co	rporation	501(c)	trust	401(a)	) trust Other trust		
H Er	nter the number of	the orga	nization's unrelated trades or busine	sses.	▶ 1		Describe	the only	y (or first) unrelated		
tra	ade or business her	e ►ADV	ERTISING		. If only	y one, c	complete Parts I	V. If mo	re than one, describe the		
fir	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, comple	ete a Sc	hedule M for each	ch additio	onal		
tra	ade or business, the	en comple	ete Parts III-V.								
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsi	idiary co	ontrolled group?		Yes X No		
If	"Yes," enter the na	ame and	identifying number of the parent cor	poration							
J Th	ne books are in care	e of ▶CC	OURTNEY GODDARD		Tel	lephone	e number ▶ 66	0-543	-8000		
Par	t I Unrelated	Trade o	or Business Income		(A) Income		(B) Expen	ses	(C) Net		
1 a	Gross receipts or	sales									
b	Less returns and allowa	nces	<b>c</b> Balance ▶	1c							
2	Cost of goods sol	d (Sched	ule A, line 7)	2							
3	Gross profit. Sub	tract line	2 from line 1c	3							
4a	Capital gain net in	ncome (a	ttach Schedule D)	4a							
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b							
С	Capital loss dedu	ction for t	rusts	4c							
5			r an S corporation (attach statement)	5							
6	Rent income (Sch	edule C)		6							
7	Unrelated debt-fir	nanced in	come (Schedule E)	7							
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8							
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
10	Exploited exempt	activity in	ncome (Schedule I)	10							
11	Advertising incom	ne (Sched	lule J)	11	65,9	10.	40	,525.	25,385.		
12	Other income (Se	e instruc	tions; attach schedule)	12							
13	Total. Combine lin	nes 3 thr	ough 12	13	65,9	10.	40	,525.	25,385.		
Par	t II Deduction	ns Not	Taken Elsewhere (See instr	uctio	ons for limitations	on de	eductions.) (I	Deduct	ions must be directly		
	connected	d with th	ne unrelated business incom	e.)							
14	Compensation of	officers,	directors, and trustees (Schedule K)					. 14			
15	Salaries and wage	es						15			
16	Repairs and main	tenance						16			
17											
18	Interest (attach se	chedule)	(see instructions)					18			
19						,		19	1,371.		
20			4562)								
21	•		on Schedule A and elsewhere on re-					21k	<b>)</b>		
22											
23	Contributions to o	deferred (	compensation plans					23			
24			3								
25			Schedule I)								
26			chedule J)								
27			chedule)								
28			s 14 through 27								
29			le income before net operating								
30			g loss arising in tax years beginnir						00.006		
31			e income. Subtract line 30 from line	29		<u></u>		31			
For F	Paperwork Reduct	ion Act N	lotice, see instructions.						Form <b>990-T</b> (2019		

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	s-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	0-C filers), partnerships	, RE	MICs	, and trusts			
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	number (TIN)					
orint	UNIVERSITY OF CENTRAL MISSOUR	I FOUND	ATION	43-118156	6					
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.							
iling your	SMISER ALUMNI CENTER, UCM	,								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WARRENSBURG, MO 64093									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7			
Application		Return	Application				Return			
s For		Code	Is For				Code			
	Form 990-EZ	01	Form 990-T (corporat	ion)			07			
Form 990-BL		02	Form 1041-A				08			
orm 4720 (	,	03	Form 4720 (other tha	n individual)			09			
Form 990-PF		04	Form 5227	10						
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
-orm 990-1	(trust other than above)  COURTNEY GODDAR	06	Form 8870				12			
Telephone If the orga If this is for the whole Is the with the	s are in the care of ► SMISER ALUMNI C  e No. ► 660 543-8000  anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box  e names and TINs of all members the extens	business ir ur digit Gro f it is for pa ion is for.	Fax No.  The United States, checoup Exemption Number (art of the group, check the properties)	ck this box		If and a	this is attach			
	est an automatic 6-month extension of time u			$\frac{21}{2}$ , to file the exemp	t org	janiza	ation return			
▶ X  2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 07/  ax year entered in line 1 is for less than 12 methange in accounting period	<u>"01</u> , 20 <u>19</u>	9, and ending	06/30_, eturn  Final retur	_	20_				
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any						
nonrefu	undable credits. See instructions.				3a	\$	4,900.			
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and						
	ted tax payments made. Include any prior yea				3b	\$	0.			
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS						
	onic Federal Tax Payment System). See instru				3с		4,900.			
Caution: If you	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	n 88	79-EC	for payment			
nstructions.										
or Privacy A	act and Paperwork Reduction Act Notice, see insti	ructions.			Forr	n <b>886</b>	<b>8</b> (Rev. 1-2020)			

	990-T (2019) UNIVERSITY OF CENTRAL MISSOURI FOUNDATION	43-1181566	Page <b>2</b>
Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	23,986.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	23,986.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	23,986.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	22,986.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	4,827.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	4,827.
_	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-	
	Other credits (see instructions)	-	
	General business credit. Attach Form 3800 (see instructions)	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	4,827.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	4,827.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments: A 2018 overpayment credited to 2019		
b	2019 estimated tax payments		
С	Tax deposited with Form 8868.         4,900.		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <b>51g</b>		
52	Total payments. Add lines 51a through 51g	52	4,900.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	73.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	73.
	t VI Statements Regarding Certain Activities and Other Information (see instruction		T., T.,
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
	here <b>&gt;</b>		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	pest of my knowledge	and belief, it is
Sig	n   N	ay the IRS discuss	this return
Her	e   🖊   wi	th the preparer sh	hown below
			es No
Paic	Print/Type preparer's name Preparer's signature Date Chec		
	Self-d		22601
	Only Firm's name DAD, DDP	s EIN ▶ 44-016	
-30	VIIIY   Firmle address ► 910 E ST LOUIS #200/PO BOX 1190, SPRINGETELD, MO 65806-2523   D.	417-865-	Q701

Form 990-T (2019)							Page	3	
Schedule A - Cost of Go	oods Sold. Er	nter method	of inventory	y valuation )	<b>&gt;</b>				
1 Inventory at beginning of y	/ear <b>1</b>		6	Inventory	at end of yea	ar	6		
2 Purchases	2		7			ld. Subtract line			
3 Cost of labor	3			6 from lin	e 5. Enter	here and in Part			
4a Additional section 263A co	osts			I, line 2			7		
(attach schedule)	4a		8	B Do the	rules of	section 263A (v	vith respect to Yes No	5	
<b>b</b> Other costs (attach schedu	ıle) 4b			property	produced	or acquired for	resale) apply		
5 Total. Add lines 1 through	4b <b>. 5</b>			to the orga	nization?				
Schedule C - Rent Income	(From Real P	roperty ar	nd Persona	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the percentage of rent (b) From real ar			rom real and pe	ersonal property	(if the	3(a) Deductions d	irectly connected with the income		
for personal property is more th more than 50%)				ersonal property ased on profit or		in columns 2(	(a) and 2(b) (attach schedule)		
		30 % 01	ii tile lelit is ba	ased on profit of	income)				
(1)								_	
(2)									
(3)									
(4)								_	
Total		Total				(b) Total deduction	ons.		
(c) Total income. Add totals of c here and on page 1, Part I, line 6	` '	` '				Enter here and or Part I, line 6, colur	n page 1,		
Schedule E - Unrelated D			e instruction	ns)		1 411 1, 1110 0, 00141	(S)	_	
				come from or	3. [		nnected with or allocable to	_	
1. Description of del	ot-financed property			debt-financed	( ) 0( ) 1	debt-financ	· · ·	_	
			prop	perty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)					·	·	· · · · · · · · · · · · · · · · · · ·	_	
(2)								_	
(3)								_	
(4)									
4. Amount of average	5. Average adju	sted basis	6.00	al			O Allocable deducations	_	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			olumn vided		income reportable	<ol><li>8. Allocable deductions (column 6 x total of columns</li></ol>		
property (attach schedule)	(attach sch		by col	umn 5	(colum)	n 2 x column 6)	3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%				_	
(4)				%				_	
						re and on page 1,	Enter here and on page 1,	_	
					Part I, lin	ne 7, column (A).	Part I, line 7, column (B).		
Totals									
Total dividends-received deduct						<b>•</b>		_	

Page 4

Schedule F – Interest, Ann	uities, Royalties			om Contro ontrolled Or			ions (see	e instruction	ons)		
Name of controlled organization	2. Employer identification numb	er 3. N	3. Net unrelated income (loss) (see instructions)		4. Total	of specified ents made	included	f column 4 th in the contro on's gross in	olling	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specifi ayments made		includ	rt of column ed in the con ation's gross	ntrolling		Deductions directly nnected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals Schedule G-Investment I	ncome of a Sec	ction 501	(c)(7),	(9), or (17		Part I		ructions)		ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of	income		directly co (attach sc	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)											
(3)											
(4)	Enter here and Part I, line 9, or									Enter here and on page 1 Part I, line 9, column (B)	
Schedule I – Exploited Exe		come, Otl	her Th	an Advert	ising Ir	come (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experdirect connected production unrelated business in	ly d with on of ed	4. Net incorfrom unrelated or business 2 minus colf a gain, cols. 5 thr	ted tradé (column lumn 3). ompute	from ac	s income tivity that inrelated s income	rity that related attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 25.	
Schedule J- Advertising In	ncome (see instr	uctions)									
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Ba	sis						
1. Name of periodical	2. Gross advertising income	3. Dire advertising	ect	4. Adver gain or (log 2 minus c a gain, co cols. 5 thr	tising ss) (col. ol. 3). If impute	l	culation ome	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	·										

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# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)ADVERSTING	65,910.	40,525.	25,385.			
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	65,910.	40,525.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	·		