

2019-20 Data

Institution: University of Missouri-St Louis (178420)

User ID: 29C0011

Finance - Public Institutions Using GASB Standards





Reporting Reminder:

- To the extent possible, the finance data requested in this report should be provided from your institution's audited General Purpose Financial Statements (GPFS).
- Please refer to the instructions specific to each screen of the survey for details and references.

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This report covers financial activities for the 12-month fiscal year: (The fiscal year reported should be the most recent fiscal year ending before October 1, 2020.)

| Beginning: month/year (MMYYYY) | Month: | 7 | Year: | 2019 |
|---------------------------------|--------|---|-------|------|
| And ending: month/year (MMYYYY) | Month: | 6 | Year: | 2020 |



Did your institution receive an unqualified opinion on its General Purpose Financial Statements from your auditor for the fiscal year noted above? (If your institution is audited only in combination with another entity, answer this question based on the audit of that entity.)

- Unqualified
- Qualified (Explain in box below)
- O Don't know OR in progress (Explain in box below)



GASB Statement No. 34 offers three alternative reporting models for special-purpose governments like colleges and universities. Which model is used by your institution?

| PEDS Data Collection Syste | Page 4 of 2 |
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| Institution: University of Missouri-St Louis (178420) | | | | | |
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| Part A - State | ment of Net Position Page 1 | | | | |
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| Part A - | Statement | of Net | Position | Page 2 |

Part D - Summary of Changes In Net Position

| | If your institution is a parent institution then the amounts reported in Parts A and D should include ALL of your child institutions | | | | | | |
|----------|--|---------------------|-------------------|--|--|--|--|
| Line No. | Description | Current year amount | Prior year amount | | | | |
| 01 | Total revenues and other additions for this institution | | | | | | |
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| | Part E-1 | - Scholarshi | ps and | Fellowshi | ps |
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Part B - Revenues by Source (3)

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|----------|---|---------------------|-------------------|
| Line No. | Source of funds | Current year amount | Prior year amount |
| | Other Revenues and Additions | | |
| 20 | Capital appropriations | 0 | 0 |
| 21 | Capital grants and gifts | 1,501,254 | 1,110,394 |
| 22 | Additions to permanent endowments | 2,047,569 | 2815288 |
| 23 | Other revenues and additions © =[B24-(B20++B22)] | 0 | 0 |
| 24 | Total other revenues and additions © =[B25-(B9+B19)] | 3,548,823 | 3925682 |
| | | | |
| 25 | Total all revenues and other additions | 213,311,934 | 230,670,330 |

| 25 | Total all revenues and other additions | 213,311,93 | 230,670,33 |
|-----------------------|--|------------|------------|
| Therefore, you should | ox below to provide additional context for the data you have report write all context notes using proper grammar (e.g., complete sen (e.g., spell out acronyms). | | |
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Part C-1 - Expenses by Functional Classification

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|----------|-------------------------------------|------------------|--------------|--------------------|--------------------|
| Line No. | Expense: Functional Classifications | Total amount | Prior Year | Salaries and wages | Prior Year |
| Line No. | Expense. Functional Glassifications | (1) | Total Amount | (2) | Salaries and wages |
| 01 | Instruction | | | | |
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Part M-1 - Pension Information

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| Line No. | Description | Current year amount | Prior Year amount | | | |
| 01 | Pension expense | | | | | |
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| Institution: | University | of | Missouri-St | Louis | (178420) |
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User ID: 29C0011

Part M-2 - Postemployment Benefits Other than Pension (OPEB) Information

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Institution: University of Missouri-St Louis (178420)

Part N - Financial Health

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| Line No. | Description (If your institution is a parent institution then the amounts reported should include ALL of your child institutions. Include amounts for the institution's FASB component unit.) | Current year amount | | | | |
| 01 | Operating income (Loss) + net nonoperating revenues (expenses) | -11,045,333 | | | | |
| 02 | Operating revenues + nonoperating revenues | 202,286,223 | | | | |
| 03 | Change in net position | -12,020,622 | | | | |
| 04 | Net position | 368,545,070 | | | | |
| 05 | Expendable net assets | 86,712,317 | | | | |
| 06 | Plant-related debt | 120,363,32 | | | | |
| 07 | Total expenses | 215,781,40 | | | | |

| You may use the box below to provide additional context for the data you have reported above. Context notes will be posted on the College Navig Therefore, you should write all context notes using proper grammar (e.g., complete sentences with punctuation) and common language that can be estudents and parents (e.g., spell out acronyms). | |
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Part J - Revenue Data for the Census Bureau

| Institution: University of Missouri-St Louis (178420) Part K - Expenditure Data for the Census Bureau | | | | | | | | | | | | |
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| Institution: University of Missouri-St Louis (178420) | | | |
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| Part L - Debt and Assets for Census Bureau, page 1 | | | |
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User ID: 29C0011

Part L - Debt and Assets for Census Bureau, page 2

User ID: 29C0011

Institution: University of Missouri-St Louis (178420)

Prepared by



Reporting Reminders:

- The name of the preparer is being collected so that we can follow up with the appropriate person in the event that there are questions concerning the data.
- The Keyholder will be copied on all email correspondence to other preparers.
- The time it took to prepare this component is being collected so that we can continue to improve our estimate of the reporting burden associated with IPEDS.
- Please include in your estimate the time it took for you to review instructions, query and search data sources, complete and review the component, and submit the data through the Data Collection System.
- Thank you for your assistance.

| This survey component was prepared by: | | | | | | |
|--|--|------------------------|-----------------|---------------------------|------------|-------|
| 0 | Keyholder O SFA Contact | | ot | 0 | HR Contact | |
| 0 | Finance Contact | 0 | Academic L | ibrary Contact | 0 | Other |
| Name: | Name: | | | | | |
| Email: | | | | | | |
| How many staff from you | ur institution only were involved in the | data collection and re | norting process | of this survey company | nt? | |
| How many stan from you | ar institution only were involved in the | data collection and re | porting process | or this survey compone | iit? | |
| | Number of Staff (including yourself |) | | | | |
| | | | | | | |
| How many hours did you and others from your institution only spend on each of the steps below when responding to this survey component? Exclude the hours spent collecting data for state and other reporting purposes. | | | | | | |
| Staff member Collecting Data Needed Revising Data to Match IPEDS Requirements Entering Data Revising | | | | Revising and Locking Data | | |
| Your office | hours | | hours | | hours | hours |
| Other offices | hours | | hours | | hours | hours |

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| institution. | LINIVERSITY | OF IVIISSOURI-ST | 1 0005 (178470) |

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