Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2002, and ending 06/30/2003 A For the 200<u>2 calendar year, or tax year beginning</u> D Employer identification number Name of organization B Check if applicable: Please use IRS SOUTHWEST MISSOURI STATE UNIV FOUNDATION 43-1234200 label o Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change print or Initial return type. See (417)836-5632 901 S NATIONAL Final return Specific Amended return City or town, state or country, and ZIP + 4 Instruc-Application tions. SPRINGFIELD, MO 65804 Other (specify) H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No H(b) If "Yes," enter number of affiliates Web site: ►N/A Organization type (check only one) ▶ 🗶 501(c) (3) ◀ (insert no.) H(c) Are all affiliates included? 4947(a)(1) or (If "No," attach a list. See instructions. if the organization's gross receipts are normally not more than \$25,000. The H(d) is this a separate return filed by an organization need not file a return with the IRS; but if the organization received a Form 990 Package organization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return. Enter 4-digit GEN Check > if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). 9.724.074. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.) Contributions, gifts, grants, and similar amounts received: STMT 1 7,361,321 Direct public support Indirect public support 7,361,321 7,361,321. noncash \$ 1 d d Total (add lines 1a through 1c) (cash \$ ___ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 532,690. 2 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 5 592,129. 5 6 b 6 C 130,385. Net rental income or (loss) (subtract line 6b from line 6a) 372,581. Other investment income (describe (A) Securities (B) Other 8 a Gross amount from sales of assets other 8a 125,115. than inventory 8 b 424,822 b Less: cost or other basis and sales expenses 8 c -299,707. c Gain or (loss) (attach schedule) 8 d -299,707 d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ 9a b Less: direct expenses other than fundraising expenses 9 b c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 18,369. 11 12 8,707,768. 12 13 6,397,881. Program services (from line 44, column (B)) 13 Management and general (from line 44, column (C)) 282,803. 14 15 764,125. Fundraising (from line 44, column (D)) 15 16 16 17 7,444,809. 17 1,262,959. 18 19 43,622,794. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 44,885,753

For Paperwork Reduction Act Notice, see the separate instructions. 2F1010 1.000

Form 990 (2002)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2	Grants and allocations (attach schedule)			55111000		
	(cash \$)	22	1,180,963.	1,180,963.		
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5	Compensation of officers, directors, etc.	25	NONE			
6	Other salaries and wages	26				
7	Pension plan contributions	27				
8	Other employee benefits	28				
9	Payroll taxes	29				
0	Professional fundraising fees	30				
1	Accounting fees	31				
2	Legal fees	32				
3	Supplies	33				
4	Telephone	34		·····		
5	Postage and shipping	35				
6	Occupancy	36				
7	Equipment rental and maintenance	37				
8	Printing and publications	38				
9	Travel	39				
0	Conferences, conventions, and meetings	40				
1	Interest	41				
2	Depreciation, depletion, etc. (attach schedule)	42				
3	Other expenses not covered above (itemize): STMT 2	43a	6,263,846.	5,216,918.	282,803.	764,12
b		43b				
C		43c				
d		43d				•
•						
e		43e				
_		43e				
4 Oil	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 It Costs. Check if you are followany joint costs from a combined educational	43e 44 wing S	ign and fundraising soli	6 , 397 , 881 . citation reported in (B) Pro	282,803. ogram services? ated to Program services	. Yes X
oil re ii) t Pa	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	wing S campa pint cosperal \$ vice	OP 98-2. iign and fundraising solits \$ Accomplishmen a achievements in a cl	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a ts (See page 24 co ear and concise manner not measurable. (Section	ogram services? ated to Program services allocated to Fundraising \$ of the instructions. er. State the number on 501(c)(3) and (4)	Yes X Program Service Expenses (Required for 501(c)(3) (4) orgs., and 4947(a)
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P	art l	V Balance Sheets (See page 24 of the instructions.)			
١	lote:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	7,973,356.	46	8,845,338.
		1 1			
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b	10,026.	47c	24,925.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	5,389,800.		5,555,578.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		60	
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
S		schedule)	27,357.	F40	15 402
Assets		Less: allowance for doubtful accounts	21,351.	52	15,403.
As	52		906	1 1	4,282.
	53	Prepaid expenses and deferred charges	29,153,718.		29,216,918.
	54	Investments - securities (attach scriedule) STMT .5.	29,133,716.	34	29,210,310.
	55a	i l			
	_	equipment: basis			
	, D	schedule)		55c	
	56	Investments - other (attach schedule)	349,359	56	363,792.
		Land, buildings, and equipment basis \$7 m 7 18 57a 3,114,155.			
	h	Less: accumulated depreciation (attach			
	~	schedule)	1,989,139	57c	1,594,966.
	58	Other assets (describe STMT 7)	653,970	. 58	779,725.
,	59	Total assets (add lines 45 through 58) (must equal line 74)	45,547,631	. 59	46,400,927.
	60	Accounts payable and accrued expenses	225,529	. 60	72,747
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
ij		schedule)		63	
jabilities	64a	Tax-exempt bond liabilities (attach schedule)	210 674	64a	
_	b	Mortgages and other notes payable (attach schedule)	910,674		680,000
	65	Other liabilities (describe STMT 9)	788,634	. 65	762,427
		T (1 1) 1 1145 - / a del limpo CO through CE\	1,924,837	66	1,515,174
_	66	Total liabilities (add lines 60 through 65)	1,924,837	. 00	1,010,174
	Org	67 through 69 and lines 73 and 74.			
			3,995,486	. 67	4,070,816
ces	67	Unrestricted	23,389,924		22,489,126
an	68	Permanently restricted	16,237,384		18,325,811
B	09	anizations that do not follow SFAS 117, check here and			
Pu	Org	complete lines 70 through 74.			
Ī	70	Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
šets	72	Retained earnings, endowment, accumulated income, or other funds		72	
ASS	73	Total net assets or fund balances (add lines 67 through 69 or lines			
et		70 through 72;			
Z		column (A) must equal line 19; column (B) must equal line 21)	43,622,794		44,885,753
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	45,547,631	. 74	46,400,927

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Page 4

Form	990	(2002)

Pa	rt IV-A Reconciliation of Reven Financial Statements w Return (See page 26 of	ue per Audited ith Revenue per	P	art IV-B	Reconciliation Financial State Return	of Expense ements with	es per n Exp	r Audited enses per
	Total revenue, gains, and other support	Contract Con	а	Total e	xpenses and lo	sses per		
•	per audited financial statements	1 1	75.		inancial statement	•	a	8,350,916.
b	Amounts included on line a but not on		b		s included on line			
•	line 12, Form 990:			on line 1	7, Form 990:			
(1)	Net unrealized gains		(1) Donated s	services			
(- ,	on investments \$			and use o	f facilities \$			
(2)	Donated services		(2) Prior year	adjustments			
` ′	and use of facilities \$			reported o	on line 20,			
(3)	Recoveries of prior			Form 990	\$			
• ′	year grants \$		(3) Losses re	ported on			
(4)	Other (specify):			line 20, F	orm 990 \$			
	s		(4) Other (sp	ecify):			
	Add amounts on lines (1) through (4)	b				906,107.	1	006 107
		0 610 6			unts on lines (1) thro			906,107.
C	Line a minus line b	c 9,613,8	75. c		inus line b			7,444,809.
d	Amounts included on line 12,		u		90 but not on line	•		
	Form 990 but not on line a:		. I	1) Investme				
(1)	Investment expenses		`		ded on line			
	not included on line				990 \$			
(2)	6b, Form 990 \$	-		2) Other (sp				
(2)	Other (specify):		` `	z) Other (sp	eony).	•		
	STMT 10 \$ -906,107.				\$	•		
	Add amounts on lines (1) and (2) •		07.	Add am	ounts on lines (1)	and (2)	d	
e	Total revenue per line 12, Form 990	30072			penses per line 17			
•	(line c plus line d)	e 8.707.7			lus line d) · · · ·		e	7,444,809.
	the instructions.) (A) Name and address	Trustees, and Re	(B) Title	e and average s per week	(C) Compensation (If not paid, enter	(D) Contributi	ions to	(E) Expense account and other
		-	devote	d to position	-0)	deferred compe	ensation	allowances
SE	E STATEMENT 14		· .		NONE		NON	NON]
			1			·		
_				· · · · · · · · · · · · · · · · · · ·				
			<u> </u>					
			:					
					,			<u> </u>
					1			
			<u> </u>					
75	Did any officer, director, trustee, or key em organization and all related organizations,	of which more than \$1	ate com 0,000 w	pensation of i vas provided i	more than \$100,000 py the related organiz	from your ations?		Yes X No
	If "Yes," attach schedule - see page 26 of the	ne instructions.						- 600
								Form 990 (2002)

Form	990 (2002)	43-12	34200			F	age 5
		ormation (See page 27 of the instructions.)				Yes	No
		on engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	description of each	activity	76		X
	Were any changes made in the organizing or governing documents but not reported to the IRS?						X
	If "Yes," attach a conformed copy of the changes.						
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
	_	d a tax return on Form 990-T for this year?			78b		х
		ation, dissolution, termination, or substantial contraction during the year? If "Yes," attac		[79		x
		related (other than by association with a statewide or nationwide organization) throug		Ì			
	-	rning bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a		x
	,	name of the organization					
	•	and check whether it is exempt or nonexempt.					
81a	Enter direct or ind	irect political expenditures. See line 81 instructions	81a				
		on file Form 1120-POL for this year?			81b		x
		on receive donated services or the use of materials, equipment, or facilities at no charge					
		less than fair rental value?	•		82a	х	
		indicate the value of these items here. Do not include this amount					
		or as an expense in Part II. (See instructions in Part III.) 57M7 19	82b				
		on comply with the public inspection requirements for returns and exemption application			83a	х	
	-	on comply with the disclosure requirements relating to quid pro quo contributions?			83b	х	
	-	on solicit any contributions or gifts that were not tax deductible?			84a		x
		ganization include with every solicitation an express statement that such contributions					
					84b	N/	A
		s) organizations. a Were substantially all dues nondeductible by members?			85a	N/	'A
		the state of the s			85b	N/	'A_
		rered to either 85a or 85b, do not complete 85c through 85h below unless the organiza	ation				
	received a waiver	for proxy tax owed for the prior year.	1				
c	Dues, assessmen	ts, and similar amounts from members	85c	N/A			
		obying and political expenditures	85d	N/A			
e	Aggregate nonded	luctible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount o	f lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organiza	tion elect to pay the section 6033(e) tax on the amount on line 85f?			85g	N/	'A.
h	If section 6033(e)	(1)(A) dues notices were sent, does the organization agree to add the amount on line 8	35f to its reasonable	2			
	estimate of dues	allocable to nondeductible lobbying and political expenditures for the following tax year	7		85h	N/	/ A
86	501(c)(7) orgs. En	ter: a Initiation fees and capital contributions included on line 12	86a	N/A			
ь	Gross receipts, in	cluded on line 12, for public use of club facilities	86b	N/A			
87	501(c)(12) orgs. E	nter: a Gross income from members or shareholders	87a	N/A			
b	Gross income fro	m other sources. (Do not net amounts due or paid to other	•				
	sources against a	mounts due or received from them.)	87b	N/A	_		
88	At any time during	g the year, did the organization own a 50% or greater interest in a taxable corporation o	r				
	•	entity disregarded as separate from the organization under Regulations sections					
	301.7701-2 and 3	01.7701-3? If "Yes," complete Part IX			88		X
89 a	501(c)(3) organiza	tions. Enter: Amount of tax imposed on the organization during the year under:					
		N/A ; section 4912 ► N/A ; section 4955)		N/A	 		
þ		(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction					
		did it become aware of an excess benefit transaction from a prior year? If "Yes," attach					
	a statement expla	ining each transaction			89b	<u>.</u>	X
		tax imposed on the organization managers or disqualified persons during the year unde				× / •	
		955, and 4958				N/2	
		tax on line 89c, above, reimbursed by the organization		▶_		N/2	1
90 a	List the states wit	h which a copy of this return is filed N/A			90b	NO	TF.
b	Number of emplo	yees employed in the pay period that includes March 12, 2002 (See instructions)	Tolophanana				VE.
91		e of SOUTHWEST MO STATE UNIVERSITY	I elephone no. ZIP + 4	65004	,0-5	<u>03</u> 2	
	Located at ▶ 901					············	
92	Section 4947(a)(nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here punt of tax-exempt interest received or accrued during the tax year		92	• • •	 N/2	<u>-</u> -
	and enter the ami	ount of tax-exempt interest received of accrued during the tax year	<u> </u>	174		14/2	•

Form **990** (2002)

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Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (c) Yes X N Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature of officer Type or print name and title. Preparer's SSN or PTIN (See Gen. Install Preparer's SSN or PTIN (See Gen. Install Preparer's SIN or PTIN (See Gen. Install Prepare	Part VIII R Line No. Ex of S Part IX Int	I line 104, columns (B), (D), and (I plus line 1d, Part I, should equal to Relationship of Activities 1 plain how each activity for which the organization's exempt purpor TMT 15 formation Regarding Taxa (A) e, address, and EIN of corporation,	E))	complishment eported in columnan by providing further and D (B) Percentage of cownership interest %	of Exempt Purp n (E) of Part VII con unds for such purpose	oses (See pag tributed importantly s).	e 32 of the accordance and the a	1,346,44 the instructions.) omplishment e instructions.) End-of-year
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Type or print name and title. Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), Phone 901 E ST LOUIS #1000/PO BOX 1190 Phone Phone Phone	Part X In (a) Did the oi	I line 104, columns (B), (D), and (I plus line 1d, Part I, should equal to Relationship of Activities 1 plain how each activity for which the organization's exempt purpor TMT 15 formation Regarding Taxa (A) e, address, and EIN of corporation, artnership, or disregarded entity formation Regarding Transparsation, during the year, records	to the Accommission in the substitution in the Accommission in the Accommission in the second in the Accommission in the Accom	complishment eported in columnan by providing further than by providin	of Exempt Purp (E) of Part VII con Inds for such purpose isregarded Entit (C) Nature of activitie Personal Benefi irectly, to pay premiur	ies (See page Total in t Contracts (See page)	32 of the 32 of	the instructions.) omplishment e instructions.) End-of-year assets 33 of the instructions.) ract? Yes X
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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHWEST MI	SSOURT	STATE UNIV F	OUNDATION		43-1234200
Part I Compensation of the Five (See page 1 of the instruction	e Highest	Paid Employ	ees Other Than	Officers, Direct None.")	
(a) Name and address of each employee paid r than \$50,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
				·	
Total number of other employees paid over \$50,000		NONE			
Part II Compensation of the Fiv (See page 2 of the instruction	e Highes	t Paid Indepe	ndent Contract er individuals or fi	ors for Professions). If there are n	onal Services one, enter "None.")
(a) Name and address of each independent co				e of service	(c) Compensation
DONALD A. CAMPBELL & COMPANY					
ONE E WACKER DR, STE 2525, C		IL	PROF. FUND	RAISER	67,328
HAMMOND ASSOCIATES					
101 S HANLEY, THIRD FLOOR, S	TOUTS	МО	CONSULTING		52,626
TOT S NAMELY, THIRD TROOM, S	2 20010				
		·			
Total number of others receiving over \$50,	,000 for	NONE			

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

JSA 2E1210 1.000

Schedule A (Form 990 or 990-EZ) 2002

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 5 of the instructions.)

	e:You may use the worksheet in the instruction					9 .
		(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
	endar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(0) 1999	(u) 1330	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,558,842	6 452 348	6,247,732.	7,416,093.	30,675,015.
46		10,550,042.	0,452,540	0,237,732.	,,120,000.	
	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of facilities in any activity that is related to the					
	organization's charitable, etc., purpose	1,179,257	510,534	520,014.	486,152.	2,695,957.
40	Gross income from interest, dividends,	<u> </u>	520,551			
10	amounts received from payments on securities					_
	loans (section 512(a)(5)), rents, royalties, and	:			i	·
	unrelated business taxable income (less					·
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	745,104	243,951	1,715,225.	3,600,659.	6,304,939.
19	Net income from unrelated business				·	
	activities not included in line 18	448	26	. 32,251.		32,725.
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on			,		
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					
22	Other income. Attach a schedule. Do not				016 001	
	include gain or (loss) from sale of capital assets	20,869	24,894	. 35,823.	316,291.	397,877.
23	Total of lines 15 through 22	12,504,520.	7,231,753 6,721,219		11,819,195. 11,333,043.	40,106, <u>513</u> . 37,410,556.
24	Line 23 minus line 17	11,325,263 125,045	72,318		118,192.	37,410,330.
25	Enter 1% of line 23 · · · · · · · · · · · · · · · · · ·					748,211.
	Prepare a list for your records to show the					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
L	governmental unit or publicly supported organi					
	amount shown in line 26a. Do not file this li					1,664,881.
	Total support for section 509(a)(1) test: Enter line 24				≥ 26c	37410556.
	Add: Amounts from column (e) for lines: 186		32,	725.		
_	22	397,877. 26		881.	▶ 26d	8,400,422.
e	Public support (line 26c minus line 26d total)					29010134.
f	Public support percentage (line 26e (numerator) d	livided by line 26c (de	enominator))		▶ 26f	77.5453 %
27	Organizations described on line 12: a For	amounts included	i in lines 15, 1	6, and 17 that	were received fr	om a "disqualified
	person," prepare a list for your records to sho	ow the name of, a	and total amounts	received in each	year from, each "	disqualified person."
	Do not file this list with your return. Enter the sum					
	(2001) (2000)		(1999)	NOT APPLICA	BLE (1998)	
b	For any amount included in line 17 that was re	eceived from each	person (other than	"disqualified person	ns"), prepare a list	for your records to
	show the name of, and amount received for each (Include in the list organizations described in line	n year, that was mo es 5 through 11 as	re than the larger s well as individuals	s.) Do not file this	list with your retu	rn. After computing
	the difference between the amount received an	d the larger amou	nt described in (1)	or (2), enter the	sum of these diff	erences (the excess
	amounts) for each year:				(4000)	
	(2001)(2000)		(1999)		(1998)	
		4.5				
С	Add: Amounts from column (e) for lines: 15	16			270	1
	Add: Amounts from column (e) for lines: 15 20 Add: Line 27a total	and line 27b total	<u> </u>		27d	
	Public support (line 27c total minus line 27d total)	and line 270 total			27e	
e	Total support for section 509(a)(2) test: Enter amount	nt from line 23. colum	n (e)	27f	1	
f	Public support percentage (line 27e (numerator) c	livided by line 27f (de	enominator))		▶ 27a	%
g h	Investment income percentage (line 18, column (e) (numerator) divide	d by line 27f (denom	ninator))	▶ 27h	%
28	Unusual Crents: For an organization describe	d in line 10. 11.	or 12 that rec	eived anv unusual	grants during 18	998 through 2001,
	prepare a list for your records to show, for description of the nature of the grant. Do not file thi	each year, the na	me of the contrib	outor, the date ar nese grants in line 1!	io amount of the 5	gram, and a prier
164	description of the nature of the grant. Do not me thi	o not with your retu	50 11010000		Schedule A (Fo	rm 990 or 990-EZ) 2002

Private School Questionnaire (See page 7 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV)

			37	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	23		
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	1000000000000	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	24		
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		<u> </u>
	If Yes, please describe, if No, please explain. (if you need more space, attach a separate statement.)			
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		**********
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
		32b		
C	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
d	Copies of all material used by the organization of offits behalf to solicit contributions:	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		200000000000000000000000000000000000000
_				
b	Admissions policies?	33b		
	Touch and of feelilly or administrative staff?	33c		
С	Employment of faculty or administrative staff?	330		<u> </u>
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
	Use of facilities?	33f		
1	Ose of facilities:	331		
g	Athletic programs?	33g		ļ
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	The your distriction from the state of the s			
24-	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
34a	Dues the disamination receive any initialization and or approximation and a second			
b	Has the organization's right to such aid ever been revoked or suspended?	34b	1	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
9.5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	100000000000000000000000000000000000000	4000000	0.800000000
35	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u> </u>
ISA	Schedule A (For	~ 990 ~	r 990-i	EZ) 2001

2E1230 1.000

	edule A (Form 990 or 990- ort VI-A Lobbying Ex	EZ) 2002 kpenditures by Elect	ting Public Charities		e instructions	5.)	Page 5
	(To be com	pleted ONLY by an e	eligible organization	that filed Form 576			LE
		e organization belongs					
Che		ou checked "a" and "lin		ns apply.	(a)		(b)
		imits on Lobbying "expenditures" means	-	red.)	Affiliated gr totals	roup	To be completed for ALL electing organizations
36	Total lobbying expendi						
37	Total lobbying expendi						
38	Total lobbying expendi	tures (add lines 36 and	d 37)	38			
39	Other exempt purpose						8,350,916.
40	Total exempt purpose			40			<u>8,350,916.</u>
41	, , ,			\$33000000			
	If the amount on line		obying nontaxable am	\ [200000			
	Not over \$500,000						
	Over \$500,000 but not over			\			567,546.
	Over \$1,000,000 but not over \$1,500,000 but not over						307,340.
	Over \$17,000,000						
42							141,887.
43	Subtract line 42 from I						
44	Subtract line 41 from I	ine 38. Enter -0- if line	41 is more than line 3	38 44			
	Caution: If there is an	amount on either line	43 or line 44 you mus	t file Form 4720			
	Caution. If there is an		Averaging Period		(h)		
	(Some organizati	ions that made a secti				columns	below.
			ns for lines 45 through				
			Lobbying Expendit	tures During 4-Yea	r Averaging I	Period	
	Calendar year (or fiscal	(a)	(b)	(c)	(d)		(e)
	year beginning in) 🕨	2002	2001	2000	1999)	Total
	Lobbying nontaxable						
45	amount · · · · · ·	567,546.	656,657.	473,048	. 488	,149.	2,185,400.
	Lobbying ceiling amount						3,278,100.
46	(150% of line 45(e))						3,270,100.
47	Total lobbying expenditures	NONE	NONE	NON	E	NONE	NONI
	Grassroots nontaxable						
48	amount	141,887.	164,164.	118,262	. 122	,037.	546,350.
	Grassroots ceiling amount						
<u>49</u>	(150% of line 48(e)) • •						819,525.
	Grassroots lobbying		MONTH	MONT		NONE	NONI
	expenditures	NONE Activity by Nonelecti		NON	NOT AP		
	(For report	ing only by organiza	tions that did not cor	mplete Part VI-A) (
Du	ring the year, did the organ				3V		
atte	empt to influence public op	inion on a legislative mat	ter or referendum, throug	h the use of:	<u> </u>	es No	Amount
а	Volunteers	<i></i> .	, ,				
b	Paid staff or managen					-	
C	Media advertisements					-	
d	Mailings to members,						
e	Publications, or publis Grants to other organi				1		
f	Grants to other organi Direct contact with leg			a legislative body			
g	Rallies, demonstration	is, seminars, convention	ons, speeches, lectures	s, or any other means			
i	Total lobbying expend						
•	If "Yes" to any of the a	bove, also attach a st	atement giving a deta	iled description of the	lobbying activi	ties.	
104					So	hedule A	(Form 990 or 990-EZ) 2002
JSA 2E1	240 1,000		•				

Sche	dule A (Fo	orm 990 or 990-EZ) 2002		43-1234200		<u> </u>	<u>age 6</u>
	t VII	Information Regarding	Transfers To and Transactions and (See page 12 of the instructions.)	d Relationships With Noncharitable	3		
			tly or indirectly engage in any of the follo			secti	on
			ion 501(c)(3) organizations) or in section			NZ	
a .			zation to a noncharitable exempt organiz	1.	51a(i)	Yes	
				· • • • • • • • • • • • • • • • • • • •	a(ii)		X X
h		er assets			<u> </u>		
J			with a noncharitable exempt organization	1	b(i)		x
			oncharitable exempt organization		b(ii)		×
	(iii) Ren	ntal of facilities, equipment,	or other assets		b(iii)		x
					b(iv)		X
					b(v)		x
	(vi) Per	formance of services or m	embership or fundraising solicitations		b(vi)		х
			iling lists, other assets, or paid employee		С		X
			s," complete the following schedule. Column		of the		
			by the reporting organization. If the organization				
	transactio		ow in column (d) the value of the goods, other	`			
	(a)	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	arino arrar	neme	nts
	Line no.	Allount involved	Name of Honoriantable exempt organization	Description of transcript announcing and one	array array	gerne	
	- /-						
	I/A						
			1				
			•		· · · · ·		
							
					-		
	describ		ectly affiliated with, or related to, one or Code (other than section 501(c)(3)) or hedule:		Yes		K No
		(a)	(b)	(c) Description of relationsh	in		
_:	N	ame of organization	Type of organization	Description of relationship	ib.		
			N/A				
	I/A						
					,		
					 		
							

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

EXPENSES
OTHER
ı
ΙI
PART
990
ORM

NOT HOLD REC	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
	1 1 1			
EQUIPMENT & FURNITURE	367,759.	367,759.		
INSTITUTIONAL EXPENSES	282,803.		282,803.	
STUDENT SERVICES	1,708,325.	1,708,325.		
INSTRUCTION & ACADEMIC PROGRAM	2,786,470.	2,786,470.		
FUNDRAISING	764,125.			764,125.
COSTS OF DIRECT BENEFITS				
TO DONORS	249,445.	249,445.		
UNCOLLECTIBLE PLEDGES REC.	104,919.	104,919.		
			1 1 1 1 1 1 1 1 1	
TOTALS	6,263,846.	5,216,918.	282,803.	764,125.

N

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
1) ATTRACT AND GENERATE PRIVATE FUNDS FOR THE UNIVERSITY ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.	1,180,963.	6,397,881.

VOLUNTEERS AS POSSIBLE IN ATTEMPTS TO OBTAIN FUNDS FOR THE SUPPORT, AND EFFORTS OF AS MANY ENLIST THE INTEREST, UNIVERSITY. 7

DISBURSING, AND INVESTING OF MONEY FROM PRIVATE SOURCES. 3) PROVIDE FLEXIBILITY IN THE HANDLING, RECEIVING,

6,397,881. 1,180,963.

TOTAL

ო

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE	·
BORROWER: TENANT BEGINNING BALANCE DUE	15,915. 10,298.
BORROWER: MISCELLANEOUS OTHER	
BEGINNING BALANCE DUE	
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	27,357.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	15,403.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
HICKORY HILLS C.C. STOCK HIGHLAND INVESTORS LP-EQUITIES REALTY INVESTORS INC SPRINGFIELD TRUST CO-EQUITIES BOND FUND INTERNATIONAL FUND RORER ASSET MGT - EQUITIES TRUST CO OF OZARKS - EQUITIES FUNDS HELD IN TRUST RORER ASSET MGT-BALANCED FUND CS-VANGUARD VALUE CS-DFA US 4-10 VALUE CS-MSDW INST. INTNAT'L SMALL C CS-SSGA EMERGING MARKETS CS-COLUMBIA REAL ESTATE WESTRIDGE CAPITAL MANAGMENT PIMCO RUSSELL 2000 INDEX FUND HARRIS AURORA SCUDDER RREEF REAL ESTATE AXA. ROSENBERG U.S. SMALL CAP LOTSOFF CAPITAL MGMT FUND CADOGAN ALTERNATIVE STRATEGIES VANGUARD MID CAP INDEX	3,500. 1,473,159. 550,620. 3,473,328. 1,114,019. 1,426,408. 1,822,492. 1,302,779. 1,085,283. 246,643. 1,776,357. 1,841,359. 2,212,256. 1,844,970. 1,358,734. 1,713,465. 2,143,542. 2,737,630. 1,027,174.	3,500. 1,266,902. 468,126. 3,350,040. 1,184,654. 1,364,561. 1,746,652. 1,295,675. 1,093,736. 263,116. 1,763,307. 1,428,667. 1,943,434. 1,707,397. 1,721,165. 1,935,750. 1,108,542. 1,195,487. 1,309,481. 1,472,089. 1,000,000. 594,637.
TOTALS	29,153,718.	29,216,918.

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

FORM 990, PART IV - INVESTMENTS - OTHER

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
CSV LIFE INS POLICIES		349,359.	363,792.
	TOTALS	349,359.	363,792.

FORM 990, PART IV - OTHER ASSETS

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PROPERTY RECEIVED & HELD	FOR		
RESALE		653,970.	779,725.
	TOTALS	653,970.	779,725.
		============	

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: OFFICE BUILDING REVENUE BONDS SERIES 91A

ORIGINAL AMOUNT: 1,400,000.

INTEREST RATE:

8.500000

DATE OF NOTE:

06/28/1991

MATURITY DATE: 07/01/2002

REPAYMENT TERMS: MONTHLY PAYMENTS OF PRINCIPAL AND INTEREST

DEED OF TRUST ON ALUMNI CENTER

PURPOSE OF LOAN:

PURCHASE OF ALUMNI CENTER

BEGINNING BALANCE DUE

10,674.

NONE

LENDER: OFFICE BUILDING REVENUE BONDS SERIES 91B

ORIGINAL AMOUNT: 900,000.

INTEREST RATE:

3.500000

INTEREST RATE: 3.500000

DATE OF NOTE: 06/28/1991

MATURITY DATE: 04/01/2006

REPAYMENT TERMS: MONTHLY PAYMENTS \$20,000 OF PRINCIPAL AND INTEREST SECURITY PROVIDED: DEED OF TRUST ON ALUMNI CENTER

PURPOSE OF LOAN:

PURCHASE OF ALUMNI CENTER

BEGINNING BALANCE DUE

900,000.

ENDING BALANCE DUE

680,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

910,674.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

680,000. _____

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

FORM 990, PART IV - OTHER LIABILITIES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
FUNDS MANAGED FOR SMSU	•	199,762.	199,762.
ANNUITY OBLIGATIONS		588,872.	562,665.
	TOTALS	788,634.	762,427.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
RENTAL EXPENSES ARE NETTED	
WITH RENTAL INCOME ON FORM 990	
& ARE LISTED WITH OTHER	
EXPENSES ON AUDITED FINANCIAL	
STATEMENTS.	-591,484.
REALIZED LOSS IS NETTED WITH	
REVENUE ON FORM 990 AND IS	
LISTED WITH EXPENSES ON THE	
AUDITED FINANCIAL STATEMENTS.	-299,707.
CHANGE IN VALUE OF SPLIT-	
INTEREST AGREEMENTS IS NETTED	
WITH REVENUES ON FORM 990 AND	
IS LISTED WITH EXPENSES ON THE	
AUDITED FINANCIAL STATEMENTS.	-14,916.
	006 107
TOTAL	-906,107.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSES ARE NETTED WITH RENTAL INCOME ON FORM 990 & ARE LISTED WITH OTHER EXPENSES ON AUDITED FINANCIAL	
STATEMENTS.	591,484.
REALIZED LOSS IS NETTED WITH REVENUE ON FORM 990 AND IS LISTED WITH EXPENSES ON THE	
AUDITED FINANCIAL STATEMENTS. CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS IS NETTED WITH REVENUES ON FORM 990 AND	299,707.
IS LISTED WITH EXPENSES ON THE AUDITED FINANCIAL STATEMENTS.	14,916.
TOTAL	906,107.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. TOM BLACK 6204 HARDING ROAD NASHVILLE, TN 37205	DIRECTOR PART-TIME	A NON	NONE	NON NON
MR. TOM ALLEN SMSU OFFICE OF FINANCIAL SERVICES 901 S NATIONAL SPRINGFIELD, MO 65804	SECRETARY/TREASURER PART-TIME	NONE	NONE	NONE
MR. GREGORY P. ONSTOT SMSU-UNIVERSITY ADVANCEMENT 901 S NATIONAL SPRINGFIELD, MO 65804	EXEC DIRECTOR PART-TIME	NONE	NONE	NONE
MR. JAMES R. CRAIG 2352 EAST GRAND SPRINGFIELD, MO 65804	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. ALVA R. ELLISON 5690 COLDSTREAM DRIVE SPRINGFIELD, MO 65809	VICE-PRESIDENT PART-TIME	NONE	NONE	NONE
MR. JAMES P. FERGUSON 911 ST. ANDREWS CIRCLE SPRINGFIELD, MO 65809	DIRECTOR PART-TIME	NONE	NONE	NONE
DR. JOHN H. KEISER SMSU PRESIDENT 901 S. NATIONAL SPRINGFIELD, MO 65804	EX OFFICIO PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. FRED M MCQUEARY 4598 EAST CULLODEN LANE SPRINGFIELD, MO 65809	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. ALVIN CLIFTON 6307 SOUTH MEADOWVIEW OZARK, MO 65721	DIRECTOR PART-TIME	NONE	NONE	NONE
MS. JACQUIE DOWDY 1962 EAST CANTERBURY SPRINGFIELD, MO 65804	PRESIDENT PART-TIME	NONE	NONE	NONE
MR. T. EDWARD PINEGAR, JR. 5308 SOUTH KISSICK AVENUE SPRINGFIELD, MO 65804	DIRECTOR PART-TIME	NONE	NONE	NONE
MS. CINDY R. BUSBY SMSU UNIVERSITY ADVANCEMENT 901 SOUTH NATIONAL SPRINGFIELD, MO 65804	ASSIS SECRETARY PART-TIME	NONE	NONE	NONE
MR. WILLIAM H. DARR 2951 WHITE OAK DRIVE SPRINGFIELD, MO 65809	EX-OFFICIO PART-TIME	NONE	NONE	NONE
MR. ROBERT M. GARST 2759 RACQUET CLUB DRIVE MIDLAND, TX 79705	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. THOMAS G. STRONG 3967 EAST EAGLESCLIFFE DRIVE	DIRECTOR PART-TIME	NONE	NONE	NONE

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SPRINGFIELD, MO 65809				·
DR. BERNICE S. WARREN 821 SOUTH ROGERS AVENUE SPRINGFIELD, MO 65804	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. W. WAYNE BISCHLER 600 GRAND VIEW DRIVE SUNRISE BEACH, MO 65079	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. GREGORY L. CURL 2100 DELPOND LANE CHARLOTTE, NC 28226	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. CHRISTOPHER T. FULDNER 626 FARM ROAD 2240 MONETT, MO 65708	DIRECTOR PART-TIME	NONE	NONE	NONE
MR. JAY R. PADGETT 1205 COUNTRY CLUB DRIVE WEST PLAINS, MO 65775	DIRECTOR PART-TIME	NONE	NONE	NONE
RICHARD A. SEAGRAVE, JR., M.D. 5544 SOUTH CASTLEBAY DRIVE SPRINGFIELD, MO 65809	DIRECTOR PART-TIME	NONE	NONE	NONE
	GRAND TOTALS	NONE	NON	NONE

FORM 990,	PART VIII -	ACCOMPLISHMENT	OF	EXEMPT	PURPOSES			

=======	
LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY,
	ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.
103	SERVES TO ATTRACT AND GENERATE SUPPORT FOR THE UNIVERSITY, ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

THE UNIVERSITY BASES SCHOLARSHIP DISBURSEMENTS ON NEED AND EDUCATIONAL ACHIEVEMENTS. IT ENFORCES A NON-DISCRIMINATORY POLICY.

FEDERAL FOOTNOTES

SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION, INC ATTACHMENT TO 990 06/30/03 PART IV - LINE 57

DESCRIPTION	06/30/02	ADD/DEL	ACC DEPR	06/30/03
ALUMNI CENTER: EQUIPMENT \$	63,271	\$	\$ 61,385	\$ 63,271
BUILDINGS REAL ESTATE-LAND	2,475,614 120,000		1,248,649	2,475,614 120,000
REMODELING-TENANT REAL ESTATE-RICHARDS	235,269 485,008	(265,007)	205,707 3,448	235,269 220,001
REAL ESTATE RICHARDO				
\$	3,379,162	\$(265,007) =======	\$ 1,519,189 =======	\$ 3,114,155 ========

FEDERAL FOOTNOTES

SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION, INC #43-1234200 ATTACHMENT TO 990 PART VI OTHER INFORMATION, LINE 82A 06/30/2003

THE FOUNDATION RECEIVES ADMINISTRATIVE SUPPORT FROM THE UNIVERSITY WITHOUT CHARGE. THE VALUE OF THESE SERVICES IS NOT RECORDED AS REVENUES OR EXPENDITURES BY THE FOUNDATION.