

Return of Organization Exempt From Income Tax

1999

Department of the Treasury Internal Revenue Service

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

This Form Is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year period beginning 07/01, 1999, and ending 06/30/2000

B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting). C Name of organization: SOUTHWEST MISSOURI STATE UNIV FOUNDATION. D Employer identification number: 43-1234200. E Telephone number: () -. F Check if exemption application is pending.

G Type of organization -> [X] Exempt under section 501(c) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H (a) Is this a group return filed for affiliates? [] Yes [X] No. I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) []. J Accounting method: [] Cash [X] Accrual. (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. Other (specify) []

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Table with 21 rows and 4 columns. Rows 1-12: Revenue. Rows 13-17: Expenses. Rows 18-21: Net Assets. Includes sub-rows for public support, rental income, and inventory sales.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	820,847.	820,847.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43a	Other expenses (itemize): a STMT 2	5,092,357.	4,465,849.	148,476.	478,032.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	5,913,204.	5,286,696.	148,476.	478,032.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3	
(Grants and allocations \$ 820,847.)	5,286,696.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,286,696.

Part IV Balance Sheets (See Specific Instructions on page 22.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	6,637,664.	46	7,053,295.
	47a	Accounts receivable	47a 29,147.		
	b	Less: allowance for doubtful accounts	47b	323,256.	47c 29,147.
	48a	Pledges receivable	48a 2,535,952.		
	b	Less: allowance for doubtful accounts	48b	2,922,108.	48c 2,535,952.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule) STATEMENT 16	51a 23,235.		
	b	Less: allowance for doubtful accounts	51b	28,734.	51c 23,235.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		3,151.	53 2,279.
	54	Investments - securities (attach schedule) SEE STATEMENT 4		26,818,721.	54 30,093,774.
	55a	Investments - land, buildings, and equipment: basis	55a		
	b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments - other (attach schedule) SEE STATEMENT 5		320,626.	56 341,993.	
57a	Land, buildings, and equipment: basis	57a 2,847,178.			
b	Less: accumulated depreciation (attach schedule) STATEMENT 20	57b 1,064,005.	2,041,252.	57c 1,783,173.	
58	Other assets (describe SEE STATEMENT 6)		1,697,631.	58 1,521,832.	
59	Total assets (add lines 45 through 58) (must equal line 74)		40,793,143.	59 43,384,680.	
Liabilities	60	Accounts payable and accrued expenses		213,911.	60 92,295.
	61	Grants payable		61	
	62	Deferred revenue		450,358.	62 854,197.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a	Tax-exempt bond liabilities (attach schedule)			64a
	b	Mortgages and other notes payable (attach schedule) STATEMENT 17		1,450,474.	64b 1,273,074.
	65	Other liabilities (describe SEE STATEMENT 7)		764,008.	65 838,679.
66	Total liabilities (add lines 60 through 65)		2,878,751.	66 3,058,245.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		2,972,760.	67 2,802,855.
	68	Temporarily restricted		23,739,046.	68 25,373,928.
	69	Permanently restricted		11,202,586.	69 12,149,652.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		37,914,392.	73 40,326,435.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		40,793,143.	74 43,384,680.

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.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a MISCELLANEOUS					520,014.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities	900000	32,251.	14	1,578,494.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	90,906.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	45,825.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b CSV LIFE INSURANCE			14	35,823.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		32,251.		1,751,048.	520,014.
105 Total (add line 104, columns (B), (D), and (E))					2,303,313.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction U, on page 14.)

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed) and address: **BAIRD, KURTZ & DOBSON**
901 E ST LOUIS #1000/PO BOX 1190
SPRINGFIELD, MO

EIN **44-0160260**
 ZIP + 4 **65801-1190**

**SCHEDULE A
(Form 990)**

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.)

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

Employer identification number

43-1234200

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more 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				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [X] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1: SOUTHWEST MISSOURI STATE UNIVERSITY, 10

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 4 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
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 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.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

NOT APPLICABLE

Check here a if the organization belongs to an affiliated group.
 Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	6,762,974.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	6,762,974.
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000	41	488,149.
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	122,037.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount	488,149.	449,440.	406,519.	468,229.	1,812,337.
46 Lobbying ceiling amount (150% of line 45(e))					2,718,506.
47 Total lobbying expenditures	NONE	NONE	NONE	NONE	NONE
48 Grassroots nontaxable amount	122,037.	112,360.	101,630.	117,057.	453,084.
49 Grassroots ceiling amount (150% of line 48(e))					679,626.
50 Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON REAL ESTATE HELD
FOR RESALE

225,798.

TOTAL

225,798.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
EQUIPMENT & FURNITURE	994,395.	994,395.		
INSTITUTIONAL EXPENSES	148,476.		148,476.	
STUDENT SERVICES	1,448,855.	1,448,855.		
INSTRUCTIONS & ACADEMIC PROGRAM	1,253,155.	1,253,155.		
FUNDRAISING	478,032.			478,032.
COSTS OF DIRECT BENEFITS TO DONORS	563,420.	563,420.		
UNCOLLECTIBLE PLEDGES REC.	206,024.	206,024.		
TOTALS	5,092,357.	4,465,849.	148,476.	478,032.

FEDERAL FOOTNOTES

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SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION, INC
#43-1234200
ATTACHMENT TO 990
06/30/00

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- 1) ATTRACT AND GENERATE PRIVATE FUNDS FOR THE UNIVERSITY ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.
- 2) ENLIST THE INTEREST, SUPPORT, AND EFFORTS OF AS MANY VOLUNTEERS AS POSSIBLE IN ATTEMPTS TO OBTAIN FUNDS FOR THE UNIVERSITY.
- 3) PROVIDE FLEXIBILITY IN THE HANDLING, RECEIVING, DISBURSING, AND INVESTING OF MONEY FROM PRIVATE SOURCES.

FORM 990, PART IV - INVESTMENTS - SECURITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
HICKORY HILLS C.C. STOCK	3,500.	3,500.
HIGHLAND INVESTORS LP-EQUITIES	5,580,782.	4,680,687.
REALTY INVESTORS INC	877,131.	837,057.
SPRINGFIELD TRUST CO-EQUITIES	2,589,455.	3,956,476.
BOND FUND	6,616,813.	6,384,553.
EQUITY FUND	3,514,811.	3,804,272.
INTERNATIONAL FUND	1,720,725.	2,143,387.
RORER ASSET MGT - EQUITIES	4,274,844.	5,245,724.
TRUST CO OF OZARKS - EQUITIES	1,141,389.	1,378,584.
FUNDS HELD IN TRUST	499,271.	1,384,310.
RORER ASSET MANAGEMENT - BALANCED FUND		275,224.
TOTALS	----- 26,818,721. =====	----- 30,093,774. =====

FORM 990, PART IV - INVESTMENTS - OTHER

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
CSV LIFE INS POLICIES	320,626.	341,993.
TOTALS	----- 320,626.	----- 341,993.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PROPERTY RECEIVED & HELD FOR RESALE	1,697,631.	1,521,832.
TOTALS	1,697,631.	1,521,832.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS MANAGED FOR SMSU	199,762.	199,762.
ANNUITY OBLIGATIONS	564,246.	638,917.
	-----	-----
TOTALS	764,008.	838,679.
	=====	=====

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

-623,972.

TOTAL

-623,972.

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

623,972.

TOTAL

623,972.

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION
MR. TOM BLACK 6204 HARDING ROAD NASHVILLE, TN 37205	DIRECTOR PART
MR. TOM ALLEN SMSU OFFICE OF FINANCIAL SERVICES 901 S NATIONAL SPRINGFIELD, MO 65804	SECRETARY/TREASURER PART
MR. GREGORY P. ONSTOT SMSU-UNIVERSITY ADVANCEMENT 901 S NATIONAL SPRINGFIELD, MO 65804	EXEC. DIR. PART
MRS. VIRGINIA COX BUSSEY 350 JOHN Q HAMMONS PARKWAY SPRINGFIELD, MO 65806	DIRECTOR PART
MR. JIM CRAIG 2352 EAST GRAND SPRINGFIELD, MO 65804	DIRECTOR PART
MR. AL ELLISON P O BOX 10969 SPRINGFIELD, MO 65808	DIRECTOR PART
MRS. VIVIAN H. DRAGO 117 LANGSTON STREET WEST PLAINS, MO 65775	DIRECTOR PART
MR. JOHN Q. HAMMONS	DIRECTOR PART

SOUTHWEST MISSOURI STATE UNIV FOUNDATION

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

 =====
 TITLE AND TIME
 DEVOTED TO POSITION

NAME AND ADDRESS

 JOHN Q HAMMONS INDUSTRIES, INC
 300 JOHN Q HAMMONS PARKWAY
 SUITE 900
 SPRINGFIELD, MO 65806

 MR. GEORGE W. JOHNSTON
 JOHNSTON INDUSTRIAL SUPPLY CO, INC
 3141 EAST CAIRO
 SPRINGFIELD, MO 65802
 PRESIDENT
 PART

 MR. W. BRYAN MAGERS
 MAGERS LODGING
 P.O. BOX 9122
 SPRINGFIELD, MO 65801
 VICE PRES
 PART

 MR. JIM FERGUSON
 911 ST. ANDREWS CIRCLE
 SPRINGFIELD, MO 65809
 DIRECTOR
 PART

 MR. ROBERT E. ROUNDTREE
 CITY UTILITIES OF SPRINGFIELD
 P.O. BOX 551
 SPRINGFIELD, MO 65801
 DIRECTOR
 PART

 DR. MARION L. WOLF
 930 N. FARM ROAD 185
 SPRINGFIELD, MO 65802
 DIRECTOR
 PART

 DR. JOHN H. KEISER
 SMSU PRESIDENT
 901 S. NATIONAL
 SPRINGFIELD, MO 65804
 EX OFFICIO
 PART

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

 TITLE AND TIME
 DEVOTED TO POSITION

 NAME AND ADDRESS

MR. FRED M MCQUEARY
 4598 EAST CULLODEN LANE
 SPRINGFIELD, MO. 65809

DIRECTOR
 PART

MR. GRANT W. LAWSON
 614 WEST FRANKLING
 WHEATON, IL 60187-4037

DIRECTOR
 PART

MR. ALVIN CLIFTON
 OZARK MOUNTAIN INTERIORS
 1010 WEST CHESTNUT STREET
 SPRINGFIELD, MO 65802

DIRECTOR
 PART

MRS. JACQUIE DOWDY
 JOHN Q. HAMMONS INDUSTRIES
 300 JOHN Q. HAMMONS PKWY
 SUITE 900
 SPRINGFIELD, MO 65806

DIRECTOR
 PART

MR. ED PINEGAR
 5308 SOUTH KISSICK AVENUE
 SPRINGFIELD, MO 65804

EX OFFICIO
 PART

MR WILLIAM V. TURNER
 GREAT SOUTHERN BANK
 1451 E. BATTLEFIELD
 SPRINGFIELD, MO 65804

DIRECTOR
 PART

MRS. JANE A. MEYER
 3639 EAST KENSINGTON DRIVE
 SPRINGFIELD, MO 65802

DIRECTOR
 PART

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

TITLE AND TIME
DEVOTED TO POSITION

NAME AND ADDRESS

CINDY R. BUSBY
SMSU UNIVERSITY ADVANCEMENT
901 SOUTH NATIONAL
SPRINGFIELD, MO 65804

ASSIS SECR
PART

MR. WILLIAM H. DARR
AMERICAN DEHYDRATED FOODS
P.O. BOX 4087
SPRINGFIELD, MO 65808

EX-OFFICIO
PART

GRAND TOTALS

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

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

SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION
#43-1234200
ATTACHMENT TO FORM 990
PART IV, LINE 51a

NOTES RECEIVABLE

Details of the notes receivable at June 30, 2000 are as follows:

Two installment promissory notes, 8 percent, receivable in combined monthly installments of principal and interest of \$275.71, final payment scheduled for August 2003, secured by real estate in Kern County, California.

Installment promissory note, no stated interest, receivable in Monthly installments of \$200.00, final payment scheduled for September 2004, unsecured.

Total

\$ 23,235

Note 5: Bonds and Notes Payable

Details of Real Estate Revenue bonds and notes, as of June 30, 2000, are as follows:

Bond Issue/Note	Bonds Series	Balance June 30, 2000	Original Amount	Interest Rate	Due in One Year	Date Last Payment Due
Office Building—1991	A	\$ 370,674	\$ 1,400,000	8.5%	\$ 180,000	7/1/02
Office Building—1991	B	900,000	900,000	6.0%	—	4/1/06
Real Estate—1991		2,400	24,000	None	2,400	6/1/01
		\$ 1,273,074	\$ 2,324,000		\$ 182,400	

Aggregate annual maturities of long-term debt at June 30, 2000, are as follows: 2001—\$182,400; 2002—\$180,000; 2003—\$230,674; 2004—\$240,000; 2005—\$240,000; thereafter—\$200,000.

The Office Building Revenue Bonds were issued under the authority of The Industrial Development Authority of Greene County, Missouri, and the debt is secured by a deed of trust on The Alumni Center. For the year ended June 30, 2000, total interest expense on the 1991 office building debt was \$92,429 and is included in rental expenses.

The real estate note payable provided funding to acquire property located in West Plains, Missouri. This note is unsecured.

SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION
#43-1234200
ATTACHMENT TO FORM 990
PART VI OTHER INFORMATION, LINE 82a

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.

FEDERAL FOOTNOTES

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SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION, INC
 ATTACHMENT TO 990
 06/30/00

PART IV - LINE 57

DESCRIPTION	06/30/99	ADD/DEL	ACC DEPR	06/30/00
ALUMNI CENTER:				
EQUIPMENT	\$ 66,132	\$ (3,636)	\$ 60,050	\$ 62,496
BUILDINGS	2,258,224	202,000	923,997	2,460,224
REAL ESTATE-LAND	120,000			120,000
REMODELING-TENANT	185,791	(11,521)	79,958	174,270
REMODELING-WOOLSEY	250,000	(250,000)		0
PUTNAM:				
REAL ESTATE	30,188			30,188
C.I.P.	387,395	(387,395)		0
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	\$ 3,297,730	\$ (450,552)	\$1,064,005	\$ 2,847,178
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