

OGDEN UT 84201-0046

In reply refer to: 0424460534  
Mar. 24, 2006 LTR 252C ED  
43-1234200 200506 67 000  
03786  
BODC: TE

MISSOURI STATE UNIVERSITY  
FOUNDATION  
901 S NATIONAL  
SPRINGFIELD MO 65804-0027017



000946

Taxpayer Identification Number: 43-1234200  
Tax Period(s): June 30, 2005  
Form: 990

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-877-829-5500 between the hours of 8:30 a.m. and 5:30 p.m., Eastern Time.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

*Marilyn Jordan*

Marilyn Jordan  
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):  
Copy of this letter

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047  
**2004**  
 Open to Public Inspection

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

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

Department of the Treasury  
 Internal Revenue Service

**A** For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>MISSOURI STATE UNIVERSITY FOUNDATION</u> <u>F/K/A SOUTHWEST MISSOURI STATE UNIV FOUND</u>	<b>D</b> Employer identification number <u>43-1234200</u>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>901 S NATIONAL</u> City or town, state or country, and ZIP + 4 <u>SPRINGFIELD, MO 65897</u>	<b>E</b> Telephone number <u>(417) 836-5632</u>

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes," enter number of affiliates ▶  
 H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No  
 H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ N/A

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 15,261,788.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received: <b>STMT 1</b>						
<b>a</b>	Direct public support	1a	9,442,234.				
<b>b</b>	Indirect public support	1b					
<b>c</b>	Government contributions (grants)	1c					
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>9,656,275.</u> noncash \$ <u>785,959.</u> )	1d	9,442,234.				
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	342,465.				
<b>3</b>	Membership dues and assessments	3					
<b>4</b>	Interest on savings and temporary cash investments	4					
<b>5</b>	Dividends and interest from securities	5	601,333.				
<b>6 a</b>	Gross rents	6a	687,345.				
<b>b</b>	Less: rental expenses	6b	555,772.				
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c	131,573.				
<b>7</b>	Other investment income (describe ▶ )	7	3,942,868.				
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities 8a	99,400.				
<b>b</b>	Less: cost or other basis and sales expenses	8b	111,000.				
<b>c</b>	Gain or (loss) (attach schedule)	8c	-11,600.				
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-11,600.				
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ <u>205,913.</u> of <b>STMT 3</b> contributions reported on line 1a) . . . . . <b>STMT 4.</b>	9a	130,656.				
<b>b</b>	Less: direct expenses other than fundraising expenses	9b	120,037.				
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	10,619.				
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>b</b>	Less: cost of goods sold	10b					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
<b>11</b>	Other revenue (from Part VII, line 103)	11	15,487.				
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,474,979.				
<b>13</b>	Program services (from line 44, column (B))	13	7,279,025.				
<b>14</b>	Management and general (from line 44, column (C))	14	444,630.				
<b>15</b>	Fundraising (from line 44, column (D))	15	621,122.				
<b>16</b>	Payments to affiliates (attach schedule)	16					
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	8,344,777.				
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18	6,130,202.				
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	51,113,855.				
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . . <b>STMT 5.</b>	20	-66,600.				
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	57,177,457.				

COPY

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 page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule) 1,052,456; 23 Specific assistance to individuals; 24 Benefits paid to or for members; 25 Compensation of officers, directors, etc. NONE; 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); 43 Other expenses not covered above (itemize): STMT 7 7,292,321; 44 Total functional expenses (add lines 22 through 43) 8,344,777.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] 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 page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description, Program Service Expenses. Row a: STMT 8 (Grants and allocations \$ 1,052,456) 7,279,025. Row b: (Grants and allocations \$ ) . Row c: (Grants and allocations \$ ) . Row d: (Grants and allocations \$ ) . Row e: Other program services (attach schedule) (Grants and allocations \$ ) . Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 7,279,025.

**Part IV Balance Sheets (See page 25 of the instructions.)**

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		10,684,644.	46	12,222,587.
	47a	Accounts receivable	47a 38,909.			
	b	Less: allowance for doubtful accounts	47b	25,478.	47c	38,909.
	48a	Pledges receivable	48a 5,081,717.			
	b	Less: allowance for doubtful accounts	48b	4,871,915.	48c	5,081,717.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	STMT 9, 51a NONE			
	b	Less: allowance for doubtful accounts	51b	6,258.	51c	NONE
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		2,045.	53	622.
	54	Investments - securities (attach schedule)	STMT 10, <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	35,180,645.	54	39,424,213.
	<b>Liabilities</b>	55a	Investments - land, buildings, and equipment: basis	55a		
b		Less: accumulated depreciation (attach schedule)	55b		55c	
56		Investments - other (attach schedule)	STMT 11	427,029.	56	442,516.
57a		Land, buildings, and equipment: basis	57a 2,958,940.			
b	Less: accumulated depreciation (attach schedule)	57b 1,570,842.	1,467,342.	57c	1,388,098.	
58	Other assets (describe ▶)	STMT 12)	921,396.	58	342,258.	
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>		53,586,752.	59	58,940,920.	
<b>Net Assets or Fund Balances</b>	60	Accounts payable and accrued expenses		319,922.	60	694,217.
	61	Grants payable			61	
	62	Deferred revenue			62	
	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)	STMT 13	440,000.	64b	200,000.
65	Other liabilities (describe ▶)	STMT 14)	1,712,975.	65	869,246.	
66	<b>Total liabilities (add lines 60 through 65)</b>		2,472,897.	66	1,763,463.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		3,233,926.	67	4,497,569.
	68	Temporarily restricted		27,317,413.	68	30,217,476.
	69	Permanently restricted		20,562,516.	69	22,462,412.
	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	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b>		51,113,855.	73	57,177,457.
	74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		53,586,752.	74	58,940,920.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 2 columns: Description and Amount. Row a: Total revenue, gains, and other support per audited financial statements 15,179,478. Row b: Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments, (2) Donated services and use of facilities, (3) Recoveries of prior year grants, (4) Other. Row c: Line a minus line b 15,179,478. Row d: Amounts included on line 12, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990, (2) Other. Row e: Total revenue per line 12, Form 990 (line c plus line d) 14,474,979.

Table with 2 columns: Description and Amount. Row a: Total expenses and losses per audited financial statements 9,115,876. Row b: Amounts included on line a but not on line 17, Form 990. (1) Donated services and use of facilities, (2) Prior year adjustments reported on line 20, Form 990, (3) Losses reported on line 20, Form 990, (4) Other. Row c: Line a minus line b 8,344,777. Row d: Amounts included on line 17, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990, (2) Other. Row e: Total expenses per line 17, Form 990 (line c plus line d) 8,344,777.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE STATEMENT 17, NONE, NONE, NONE.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . <u>STMT 21</u> If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b If "Yes," enter the name of the organization: _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions. . . . . <u>81a</u>	81a	
b Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? <u>STMT 24</u>	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <u>82b</u> NONE	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members . . . . . <u>85c</u> N/A	85c	
d Section 162(e) lobbying and political expenditures . . . . . <u>85d</u> N/A	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <u>85e</u> N/A	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <u>85f</u> N/A	85f	
g Does the organization 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 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . . <u>86a</u> N/A	86a	
b Gross receipts, included on line 12, for public use of club facilities . . . . . <u>86b</u> N/A	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . <u>87a</u> N/A	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <u>87b</u> N/A	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <u>N/A</u>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . <u>N/A</u>		
90 a List the states with which a copy of this return is filed <u>N/A</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . . . <u>90b</u> NONE	90b	
91 The books are in care of <u>MISSOURI STATE UNIVERSITY</u> Telephone no. <u>417-836-5632</u> Located at <u>901 S NATIONAL SPRINGFIELD, MO</u> ZIP + 4 <u>65897</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <u>92</u> N/A	92	

**Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a MISCELLANEOUS					342,465.
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	4,089.	14	597,244.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	131,573.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	3,942,868.	
100 Gain or (loss) from sales of assets other than inventory			14	-11,600.	
101 Net income or (loss) from special events					10,619.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b CSV LIFE INSURANCE			14	15,487.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,089.		4,675,572.	353,084.
105 Total (add line 104, columns (B), (D), and (E))					5,032,745.

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 page 34 of the instructions.)**

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).
▼	STMT 22

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)**

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- 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 Sign Here**

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 (See Gen. Instr. W): P00425176

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD, LLP  
901 E ST LOUIS #1000/PO BOX 1190  
SPRINGFIELD, MO 65801-1190

EIN: 44-0160260 Phone no.: 417 865-8701

**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

**2004**

Department of the Treasury  
Internal Revenue Service

Name of the organization **MISSOURI STATE UNIVERSITY FOUNDATION**  
**F/K/A SOUTHWEST MISSOURI STATE UNIV FOUND**

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
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶	<b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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
<b>HAMMOND ASSOCIATES</b>		
<b>101 S HANLEY, THIRD FLOOR, ST LOUIS, MO</b>	<b>CONSULTING</b>	<b>61,256.</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>NONE</b>	



**Part III Statements About Activities (See page 2 of the instructions.)**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)**

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

- 6  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.)
- 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  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 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
SOUTHWEST MISSOURI STATE UNIVERSITY	10
effective 8/28/05 Missouri State University	

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	8,832,951.	7,361,321.	10,558,842.	6,452,348.	33,205,462.
16 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 . . . . .	277,702.	532,690.	1,179,257.	510,534.	2,500,183.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	466,075.	592,114.	745,104.	243,951.	2,047,244.
19 Net income from unrelated business activities not included in line 18 . . . . .	327.	15.	448.	26.	816.
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 include gain or (loss) from sale of capital assets . . . . .	23,508.	18,369.	20,869.	24,894.	87,640.
23 Total of lines 15 through 22 . . . . .	9,600,563.	8,504,509.	12,504,520.	7,231,753.	37,841,345.
24 Line 23 minus line 17 . . . . .	9,322,861.	7,971,819.	11,325,263.	6,721,219.	35,341,162.
25 Enter 1% of line 23 . . . . .	96,006.	85,045.	125,045.	72,318.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 706,823.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					26b 1,795,187.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 35,341,162.
d Add: Amounts from column (e) for lines: 18 2,047,244. 19 816. 22 87,640. 26b 1,795,187. . . . .					26d 3,930,887.
e Public support (line 26c minus line 26d total) . . . . .					26e 31,410,275.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f 88.8773 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  (2003) _____ (2002) _____ (2001) <u>NOT APPLICABLE</u> (2000) _____  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____  c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					27c _____
d Add: Line 27a total _____ and line 27b total _____ . . . . .					27d _____
e Public support (line 27c total minus line 27d total) . . . . .					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V

Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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.)	31	
-----		
-----		
32 Does the organization maintain the following:		
a 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 basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
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.)		
-----		
-----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" 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	9,115,876
40 Total exempt purpose expenditures (add lines 38 and 39)	40	9,115,876
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	41	605,794
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
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	151,449
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	605,794	615,727	567,546	656,657	2,445,724
46 Lobbying ceiling amount (150% of line 45(e))					3,668,586
47 Total lobbying expenditures	NONE	NONE	NONE	NONE	NONE
48 Grassroots nontaxable amount	151,449	153,932	141,887	164,164	611,432
49 Grassroots ceiling amount (150% of line 48(e))					917,148
50 Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

- 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.)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: (I) Cash, (II) Other assets, (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services, (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

MISSOURI STATE UNIVERSITY FOUNDATION  
 F/K/A SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION  
 6/30/2005  
 43-1234200  
 ATTACHMENT TO 990, PART IV LINE 57(A) & (B)

	6/30/2004	ADD/DEL	ACC DEPR	6/30/2005
ALUMNI CENTER:				
EQUIPMENT	63,271	(3,311)	59,174	786
BUILDINGS	2,475,614	(329)	1,422,249	1,053,036
REAL ESTATE-LAND	120,000			120,000
REMODELING-TENANT	235,269	(151,575)	75,445	8,249
REAL ESTATE-RICHARDS	220,001		13,974	206,027
TOTALS	3,114,155	(155,215)	1,570,842	1,388,098

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION -----	AMOUNT -----
OPT AUCTION	16,161.
ALL SPORTS AUCTION	167,391.
BARRY HINSON GOLF TOURNEY	
LADY BEARS GOLF TOURNEY	
SWEETHEART AUCTION FUND	22,361.
	-----
TOTAL	<u>205,913.</u>

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
OPT AUCTION	284.	82.	202.
ALL SPORTS AUCTION	16,837.	57,781.	-40,944.
BARRY HINSON GOLF TOURNEY	90,704.	48,506.	42,198.
LADY BEARS GOLF TOURNEY	18,665.	8,629.	10,036.
SWEETHEART AUCTION FUND	4,166.	5,039.	-873.
TOTALS	130,656.	120,037.	10,619.



FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

---

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DESCRIPTION

AMOUNT

-----  
REDUCTION IN VALUE OF REAL ESTATE HELD  
FOR RESALE

66,600.

TOTAL

-----  
66,600.  
=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

1,052,456.

TOTAL CONTRIBUTIONS PAID

1,052,456.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CAPITAL PROJECTS - SMSU	680,107.	680,107.		
INSTITUTIONAL EXPENSES - SMSU	444,630.		444,630.	
STUDENT SERVICES - SMSU	2,243,113.	2,243,113.		
INSTR. & ACADEMIC PROGRAM-SMSU	2,770,196.	2,770,196.		
FUNDRAISING	621,122.			621,122.
COSTS OF DIRECT BENEFITS TO DONORS	305,731.	305,731.		
UNCOLLECTIBLE PLEDGES REC.	227,422.	227,422.		
TOTALS	7,292,321.	6,226,569.	444,630.	621,122.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
------	-------------	------------------------	----------

A	1) ATTRACT AND GENERATE PRIVATE FUNDS FOR THE UNIVERSITY ALLOWING IT TO ACHIEVE GOALS NOT ORDINARILY POSSIBLE THROUGH STATE OR OTHER SOURCES.	1,052,456.	7,279,025.
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B 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.

TOTAL		1,052,456.	7,279,025.
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FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: TENANT

BEGINNING BALANCE DUE .....	4,681.
ENDING BALANCE DUE .....	NONE

BORROWER: MISCELLANEOUS OTHER

BEGINNING BALANCE DUE .....	1,577.
ENDING BALANCE DUE .....	NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	<u>6,258.</u>
--	---------------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	<u>NONE</u>
--	-------------

## FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
HICKORY HILLS C.C. STOCK	3,500.	3,500.
HIGHLAND INVESTORS LP-EQUITIES	1,629,956.	109,858.
REALTY INVESTORS INC	234,841.	188,871.
SPRINGFIELD TRUST CO-EQUITIES	3,345,383.	1,997,263.
BOND FUND	1,194,332.	2,167,402.
INTERNATIONAL FUND	1,992,175.	3,308,469.
RORER ASSET MGT - EQUITIES	1,943,282.	
TRUST CO OF OZARKS - EQUITIES	1,270,585.	1,924,988.
FUNDS HELD IN TRUST	1,105,177.	1,132,126.
RORER ASSET MGT-BALANCED FUND	235,667.	
CS-VANGUARD VALUE	2,132,276.	2,781,660.
CS-DFA US 4-10 VALUE	1,793,903.	1,638,716.
CS-MSDW INST. INTNAT'L SMALL C	2,053,774.	2,646,609.
CS-SSGA EMERGING MARKETS	2,253,882.	2,837,437.
PIMCO	2,366,779.	2,605,876.
HARRIS AURORA	1,470,073.	1,600,013.
SCUDDER RREEF REAL ESTATE	1,632,291.	2,179,917.
LOTSOFF CAPITAL MGMT FUND	1,572,458.	1,387,456.
CADOGAN ALTERNATIVE STRATEGIES	1,346,018.	1,402,602.
VANGUARD MID CAP INDEX	759,730.	1,722,021.
VANGUARD 500 INDEX ADMIRAL	3,233,076.	5,860,850.
LAUDUS U.S. SMALL CAP	1,611,487.	1,369,173.
RREEF AMERICA REIT		318,327.
A.G. EDWARDS BALANCED FUND		241,079.
	-----	-----
TOTALS	35,180,645.	39,424,213.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER  
-----

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CSV LIFE INS POLICIES	427,029.	442,516.
TOTALS	<u>427,029.</u>	<u>442,516.</u>

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROPERTY RECEIVED & HELD FOR RESALE	921,396.	342,258.
TOTALS	<u>921,396.</u>	<u>342,258.</u>



FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

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LENDER: OFFICE BUILDING REVENUE BONDS SERIES 91B  
 ORIGINAL AMOUNT: 840,000.  
 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 .....	440,000.
ENDING BALANCE DUE .....	200,000.

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	440,000.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	200,000.
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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS MANAGED FOR SMSU	199,762.	199,762.
ANNUITY OBLIGATIONS	567,544.	556,575.
PLEDGES PAYABLE	945,669.	112,909.
TOTALS	<u>1,712,975.</u>	<u>869,246.</u>

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.	-555,772.
CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS IS NETTED WITH REVENUES ON FORM 990 AND IS LISTED WITH EXPENSES ON THE AUDITED FINANCIAL STATEMENTS.	-28,690.
SPECIAL EVENTS EXPENSES ARE NETTED WITH INCOME ON FORM 990 BUT ARE INCL. WITH FUNDRAISING EXPENSE ON THE FINANCIAL STMT.	-120,037.
TOTAL	<u>-704,499.</u>

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.	555,772.
CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS IS NETTED WITH REVENUES ON FORM 990 AND IS LISTED WITH EXPENSES ON THE AUDITED FINANCIAL STATEMENTS.	28,690.
SPECIAL EVENTS EXPENSES ARE NETTED WITH INCOME ON FORM 990 BUT ARE INCL. WITH FUNDRAISING EXPENSE ON THE FINANCIAL STMT.	120,037.
REDUCTION IN VALUE OF REAL ESTATE HELD FOR RESALE	66,600.
TOTAL	<u>771,099.</u>

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. THOMAS L BLACK 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. GREGORY P. ONSTOT 901 S NATIONAL SPRINGFIELD, MO 65804	EXECUTIVE DIRECTOR 1-2	NONE	NONE	NONE
MR. JAMES R. CRAIG 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. AL R. ELLISON 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. JAMES P. FERGUSON 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
DR. JOHN H. KEISER SMSU PRESIDENT 901 S NATIONAL SPRINGFIELD, MO 65804	EX OFFICIO 1-2	NONE	NONE	NONE
MR. FRED M MCQUEARY 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. T. EDWARD PINEGAR, JR. 901 S NATIONAL	PRESIDENT 1-2	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
SPRINGFIELD, MO 65804				
MS. CINDY R. BUSBY 901 S NATIONAL SPRINGFIELD, MO 65804	ASSISTANT SECRETARY 1-2	NONE	NONE	NONE
MR. WILLIAM H. DARR 901 S NATIONAL SPRINGFIELD, MO 65804	EX OFFICIO 1-2	NONE	NONE	NONE
MR. ROBERT M. GARST 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. THOMAS G. STRONG 901 S NATIONAL SPRINGFIELD, MO 65804	VICE PRESIDENT 1-2	NONE	NONE	NONE
DR. BERNICE S. WARREN 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. W. WAYNE BISCHLER 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. GREGORY L. CURL 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. CHRISTOPHER T. FULDNER 901 S NATIONAL	DIRECTOR 1-2	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
SPRINGFIELD, MO 65804				
MR. JAY R. PADGETT 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. RICHARD A. SEAGRAVE, JR., M.D. 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. KENT KAY 901 S NATIONAL SPRINGFIELD, MO 65804	TREASURER 1-2	NONE	NONE	NONE
MS. NILA B HAYES 901 S NATIONAL SPRINGFIELD, MO 65804	ASSISTANT TREASURER 1-2	NONE	NONE	NONE
MS. JUDITH A. SMITH 901 S NATIONAL SPRINGFIELD, MO 65804	SECRETARY 1-2	NONE	NONE	NONE
MS. PAT L. SECHLER 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. JOSEPH W. TURNER 901 S NATIONAL SPRINGFIELD, MO 65804	DIRECTOR 1-2	NONE	NONE	NONE
MR. LARRY D. FRAZIER 901 S NATIONAL	DIRECTOR 1-2	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
SPRINGFIELD, MO 65804				
DR. PEGGY PEARL 901 S NATIONAL	DIRECTOR 1-2	NONE	NONE	NONE
SPRINGFIELD, MO 65804				
GRAND TOTALS				
		NONE	NONE	NONE



FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT

SEE ATTACHED DOCUMENTATION OF ORGANIZATION NAME CHANGE.

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

CERTIFICATE OF AMENDMENT  
OF A  
MISSOURI NONPROFIT CORPORATION

WHEREAS,


*Missouri State University Foundation*  
N00025334

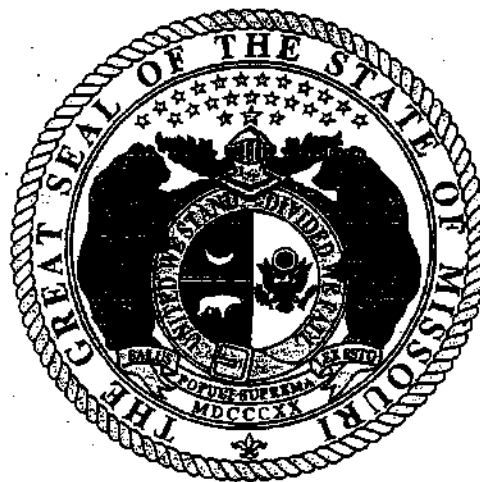
Formerly,

*SOUTHWEST MISSOURI STATE UNIVERSITY FOUNDATION*

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have set  
my hand and imprinted the GREAT SEAL  
of the State of Missouri, on this, the 15th  
day of September, 2005.

  
Secretary of State





**State of Missouri**  
Robin Carnahan, Secretary of State

Corporations Division  
P.O. Box 778 / 608 W. Main Street, Rm 322  
Jefferson City, MO 65102

File Number: 200526521108  
N00025334  
Date Filed: 09/15/2005  
Robin Carnahan  
Secretary of State

**Articles of Amendment  
for a Nonprofit Corporation**  
*(Submit with filing fee of \$10.00)*

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

- (1) The name of corporation is: Southwest Missouri State University Foundation
- (2) The amendment was adopted on August 29, 2005 and changed article(s) I to state as follows:  
month/day/year

The name of the Foundation shall be Missouri State University Foundation.

- (3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):  There are no members having voting rights with regard to amendments.

- (4) If approval by members was required, check here and provide the following information: \_\_\_\_\_

- A. Number of memberships outstanding: \_\_\_\_\_  
B. Complete either C or D:  
C. Number of votes for and against the amendments(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:
_____	_____	_____	_____
_____	_____	_____	_____

Please see next page

Name and address to return filed document:  
Name: John Black, General Counsel  
Address: 901 S. National Avenue  
City, State, and Zip Code: Springfield, MO 65897

State of Missouri  
Amend/Restate - NonProfit 2 Page(s)  
T0525816506

Corp. 53A (01/05)

*p- T0525016679*

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number Voting undisputed:
_____	_____
_____	_____
_____	_____

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: \_\_\_\_\_

No other approval is required.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

<i>Thomas E. Pincus, Jr.</i>	Thomas E. Pincus, Jr.	President	9-12-05
<small>Authorized signature of officer or chairman of the board</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

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.
101	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 3A

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

FEDERAL FOOTNOTES

MISSOURI STATE UNIVERSITY FOUNDATION  
#43-1234200  
ATTACHMENT TO 990  
PART VI OTHER INFORMATION, LINE 82A  
06/30/2005

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.