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990 Form Department of the Treasury Internal Revenue Service

Extended to July 15, 2016 Organization Exempt From Some Tax

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

OMB No 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs gov/form990

Inspection

AF	or the	2014 calendar year, or tax year beginning SEP 1, 2014 and ending	<u>AUG 31, 2015</u>
Ва	heck if	C Name of organization	D Employer identification number
ар	plicable	Midwestern State University Foundation,	i e
	Addres change	Inc.	
	Name change		75-1101337
	Initial	Number and street (or P 0. box if mail is not delivered to street address) Room/si	uite E Telephone number
	Final	907 9th Street 2nd Floor	(940)322-4436
٠	Jreturn/ termin ated		G Gross receipts \$ 7,392,144.6
Γ	Ameno		H(a) Is this a group return
\vdash	Jreturn Applic tion		
<u> </u>	pendir	C/O Falls Distributing Company, 3811 Tarry	
1 T			527 If "No," attach a list (see instructions)
		re: N/A	H(c) Group exemption number ▶
			/ear of formation 1960 M State of legal domicile T
	irt I		rear of formation 1900 M State of legal dofficite 11
1 0		* · · · · · · · · · · · · · · · · · · ·	wo contributions by
8	1	Briefly describe the organization's mission or most significant activities To recei	to ownered such funds for
au		means of donations, gifts, and bequests and	
Governance	_	Check this box if the organization discontinued its operations or disposed of n	
ó	1	Number of voting members of the governing body (Part VI, line 1a)	3
ಶ	l	Number of independent voting members of the governing body (Part VI, line 1b)	4
Activities &	l	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5
ķ	İ	Total number of volunteers (estimate if necessary)	6
Act		Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.0
			Prior Year Current Year
ā		Contributions and grants (Part VIII, line 1h)	5,540,768.65 73,913.8
enr	9	Program service revenue (Part VIII, line 2g)	0.00 0.0
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,233,449.04 851,585.9
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,139.88 4,214.6
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,779,357.57 929,714.4
	13	Grants and similar amounts paid (Part IX, column (A)-lines-1-3)	717,059.00 508,370.0
	14	Benefits paid to or for members (Part X.(còlumn,(A), line 4)	0.00 0.0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.00 0.0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.00 0.0
xbe	b	Total fundraising expenses (Part IX collumn (D); line 25) 0.00	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,290,425.99 1,018,191.8
	18	Total expenses Add lines 13 17 (must equal Part IX column (A), line 25)	2,007,484.99 1,526,561.8
	19	Revenue less expenses Subtract line 18 from line 12	4,771,872.58 <596,847.4
s or			Beginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)	23,881,679.5321,665,811.8
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	4,444.37 6,690.9
ᇗ	22	Net assets or fund balances Subtract line 21 from line 20	23,877,235.1621,659,120.9
		Signature Block	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	
true	, corre	ct, and complete. Declaration of proparer (other than officer) is based on all information of which pre	parer has any knowledge.
		the Kow / webox	
Sig	n	Signature of officer	Date 7 - 16 - 2 5 1
Her		Stephen Reno Gustafson, Chairman/Trustee	1-1) 2016
		Type or print name and title	
Sig Her Pair		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	d	Dennis Cannedy	7-12-16 self-employed P00107126
	parer	Firm's name Freemon, Shapard & Story	Firm's EIN > 75-0706311
	Only	Firm's address 807 8th Street, 2nd Floor	
		Wichita Falls, TX 76301-3381	Phone no. (940) 322-4436
N/2		RS discuss this return with the preparer shown above? (see instructions)	X Yes N

- Form	Midwes n State University Foundann, 190 (2014) The Tourist To
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission To receive contributions by means of donations, gifts, and bequests and to expend such funds for the advancement of the literary, scientific, and other educational endeavors of Midwestern State
	University, a tax exempt institution of higher learning.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 508,370.00 including grants of \$ 508,370.00) (Revenue \$)
	Awarding scholarships to qualified students on the basis of need and
	merit. See Schedule 4
	merre. Dee Denedure 4
4b	(Code)(Expenses \$ 510,223.19 including grants of \$) (Revenue \$) Funding of various special projects of the University. See Schedule 5.
	William Control of the Control of th
4c	(Code) (Expenses \$ 276,140.99 including grants of \$) (Revenue \$)
	President's office discretionary fund, publicity and public relations,
	faculty/staff program, Institutional Advancement position and other
	activities to aid in the growth and operation of the University.
	doctivities to did in one grower and operation of one one officery.
4d	Other program services (Describe in Schedule O)
-	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 1,294,734.18
	Form 990 (2014)

Form 990 (2014) Inc.
Part IV Checklist of Required Schedules

1 is the organization described in section 501(x)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 8, Schedule 8, Schedule 9, Schedule 9, Continuours? Jod the organization required to complete Schedule 8, Schedule 9 or Continuours? Jod the organization required to complete Schedule 8, Schedule 9 or Continuours or public office? If "Yes," complete Schedule C, Part II Section 501(x)(8) organizations Dul the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(x)(4), 501(x)(5), or 501(x)(5) or 501(x)(6) organization that receives membership dues, assessments, or semilar amounts as defined in Revenue Procedule 98-19? If "Yes," complete Schedule C, Part III Be the organization in Revenue Procedule 98-19? If "Yes," complete Schedule C, Part III Che organization in Revenue Procedule and amounts in such times or accounts? If "Yes," complete Schedule D, Part II Del the organization mental and yold one investment of amounts in such times or accounts? If "Yes," complete Schedule D, Part II Del the organization mental man yold one or works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Del the organization delection of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II If the organization report an amount for land, buildings, and equipment in Part X, line 10 fth organization report an amount for land, buildings, and equipment in Part X, line 10 fth organization report an amount for investments: program related in Part X, line 10 fth organization report an amount for other isabilities in Part X, line 10 fth organization report an amount for other isabilities in Part X, line 10 fth organization report an amount for other isabilities in Part X, line 10 fth organization organization propriate schedule Schedule D, Part XIII Del the organization report an amount for other isabilities in				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Controlutors? 3 Of the organization analysis in free for indirect political campages activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 4 Section 50 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax; complete Schedule C, Part II 5 Is the organization a section 301(c)(4), 501(c)(5), or 501(c)(6) spranization that receives membership dues, assessments, or similar amounts as defined in Reviewa Procedule of 1917 if Yes, "complete Schedule C, Part III 6 Did the organization analysis of including the section 301(c)(4), 501(c)(5), or 501(c)(6) spranization that receives membership dues, assessments, or similar amountation any dance of 1917 if Yes, "complete Schedule C, Part III 6 Did the organization in amount in Part X, lind 21, for section 301(c)(4), 501(c)(6), or 7, or	1	• • • • • • • • • • • • • • • • • • • •		v	
3 Dut the organization regigate in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offers? If "Yes," complete Schedule C, Part II 5 Section 50 (Ic)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect of the organization assertion stophic offers. For 10 (Ic)(6) organization that receives membership dues, assessments, or aims armounts as defined in Revenue Procedure 98 1971 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advessed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization resport any orbid a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III 9 Did the organization saver to any of the following questions is "Yes," then complete Schedule D, Part IV III (If the organization saver to any of the following questions is "Yes," then complete Schedule D, Part IV III (If the organization saver to any of the following questions is "Yes," then complete Schedule D, Part IV III (If the organization saver to any of the following questions is "Yes," then complete Schedule D, Part X, line 15% or more of its total assets reported in Part X, line 15% If "Yes," complete Schedule D, Part X III III III III III III III III III	_	·		_	
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Ida Did the organization maintain an office, employees, or agents outside of the United States? Ida Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Ida Did the organization report on Part IX, coliumn (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, complete Schedule F, Parts II and IV Ida Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, coliumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		Schedule D, Parts XI and XII	12a	X_	
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Form 990 (2014) Inc.
Part IV Checklist of Required Schedules (continued)

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" 10 Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 21 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 22 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 23 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25d Did the organization appropriate Schedule and the organization are provided and contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d Na family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Na family member of a current or former officer, director, trustee, or ke				Yes	No
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 23 Dd the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule V, If "Yes," or or the very children was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule K If "Yo", go to line 25s Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to detease any tax-exempt bonds? Dd the organization reports on the sail of "sixer for bonds outstanding at any time during the year? 24d	21				
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23 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule / "Yes," trustees, key employees, and highest compensated employees? // "Yes," complete Schedule K if "No", go to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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art V	Statements	Regarding	Other IRS	Filings an	d Tax	Compliance
-------	------------	-----------	-----------	------------	-------	------------

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W 2G included in line 1a. Enter -0- if not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	1c	Х	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans [35]			
_ C	Enter the amount of reserves on hand	4.	ļ <u>.</u> .	1,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(0044

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Inc.

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75-1101337 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 8											
-	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	.										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х								
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		Х								
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
-	persons other than the governing body?	7b		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
_	The governing body?	8a	Х									
	Each committee with authority to act on behalf of the governing body?	8b		Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			•								
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c										
13	Did the organization have a written whistleblower policy?	13		X								
14	Did the organization have a written document retention and destruction policy?	14		X								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ								
а	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		X								
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1								
_	exempt status with respect to such arrangements?	16b	l	<u> </u>								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed None											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole									
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial									
	statements available to the public during the tax year											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	Freemon, Shapard & Story - 940-322-4436											

Inc

Form, 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	Average (do no:				ıs botl	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Reno Gustafson	2.00									
Chairman		X		X	L			0.00	0.00	0.00
(2) Hank Rugeley	1.00									
Secretary		X		Х	L			0.00	0.00	0.00
(3) Dwight Berry	1.00									
Trustee		X			_			0.00	0.00	0.00
(4) Kay Dillard	1.00	,,						0.00	0 00	0 00
Trustee	1 00	X	-		┼			0.00	0.00	0.00
(5) Warren Ayres Trustee	1.00	x						0.00	0.00	0.00
(6) Charlie Prothro	1.00									
Trustee		X			<u> </u>	4_		0.00	0.00	0.00
(7) Tony Fidelie, Jr. Trustee	1.00	X						0.00	0.00	0.00
(8) Dr. Suzanne Shipley	1.00									
Trustee		X						0.00	0.00	0.00
		-			-					

Form 990 (2014) Inc.									75-110	1337	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hı	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Posi heck			one	Reportable	Reportable	E	stimate	d
	nours per box, unless person is both an							compensation compensa				of
	week	<u> </u>	er an	ia a a	recto	Trus	itee)	from	from related		other	
	(list any hours for	recto				ł		the	organizations (W-2/1099-MISC)		npensa	
	related	D TO a	홢			sated		organization (W-2/1099-MISC)	(44-271099-141130)	- 1	rom the ganizat	
	organizations	ase	Egs		, E	madu.	1	(***2/1033***********************************		_ `	d relat	
	below	oual t	bona	_	l g	st co				1	anızatı	
	line)	individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former					
							ļ					
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		1										
1b Sub-total	- 100	.1				-J	▶	0.00				.00
c Total from continuation sheets to Part V	II, Section A						>	0.00				.00
d Total (add lines 1b and 1c)							>	0.00		0 0	0	.00
2 Total number of individuals (including but	not limited to tl	hose	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			
compensation from the organization											TV	(
								14.1			Yes	No
3 Did the organization list any former officer			e, K	ey e	mpi	oyee	e, or	nignest compensated e	employee on			v
line 1a? If "Yes," complete Schedule J for					-4				Ab	3		X
4 For any individual listed on line 1a, is the s									the organization	4		X
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for services		 	1
rendered to the organization? If "Yes," con										5		X
Section B. Independent Contractors												.
 Complete this table for your five highest complete. 										ensation	from	
the organization Report compensation for	the calendar	year	end	ling v	with	or v	vithi		year		(0)	
(A) Name and busines	s address							(B) Description of	services		(C) ensatio	on
Morgan Stanley												
3728 Maplewood, Wichita	Falls,	ΤX	7	63	08			Investment S	Services	150	<u>, 663</u>	. 4
	-											
2 Total number of independent contractors	(including but	not l	lımıtı	ed to	o the	ose	liste	d above) who received	more than			
\$100,000 of compensation from the organ						1						

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Form 990 (2014) Inc.
Part VIII Statement of Revenue

				e or note to any line		45.		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
عَ کِ		Fundraising events	1c					
₽¥		Related organizations	10				ì	
호틸		=	}				İ	
Sis		Government grants (contributions with grant						
iğ iğ	f	All other contributions, gifts, grant	1 1					
문항		similar amounts not included above	<u> </u>	73,913,84				
5 5	-		1a-1f \$	2,697.94				
a C	<u>h</u>	Total. Add lines 1a-1f		>	73,913,84			
				Business Code				
Program Service Revenue	2 a			-				
e S	b							
פַ בַּוּ	С							
e a	d							·
60 L	е				<u> </u>			
۱ ته	f	All other program service reve	nue					
	g.	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inte	erest, and				
		other similar amounts)		▶	524,507,58	s		524,507,58
	4	Income from investment of tax	x-exempt bond	proceeds				
1	5	Royalties		•	3,491,28			3,491,28
İ	•		(i) Real	(ii) Personal	0,131,20			3,131,10
	6 a	Gross rents	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•
	b	Less rental expenses						
		Rental income or (loss)					ļ	
	C	Net rental income or (loss)						
	d	, , ,	(1) Convention	(u) Othor				
ĺ	7 a		(i) Securities					
		assets other than inventory	6,789,508.	58				
	b							
		and sales expenses	6,462,430.					
	С	• •	327,078.					
- 1	d	• '		<u> </u>	327,078,38	3		327,078,38
e n	8 a	Gross income from fundraisin	-					
		including \$	of					
ě		contributions reported on line	1c) See					
7		Part IV, line 18		а				
Other Reven	þ	Less direct expenses		b				
١	С	Net income or (loss) from fund	draising events	·				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19		a				
	b	Less direct expenses		b				
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		а				
	b	Less cost of goods sold		b				
		Net income or (loss) from sale	s of inventory	•				
Ì		Miscellaneous Revenu	•	Business Code	· · · · · · · · · · · · · · · · · · ·			
	11 a	Other income - securit	-		723,33	3		723,33
	b							
	C							
- 1		All other revenue						
		Total, Add lines 11a-11d		•	723,33	3		
	12	Total revenue See instructions.			929 714.41		0.00	855 800,57
43200	9	Total tercines Occ mon bottoms.				<u> </u>		Form 990 (2014)

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Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must coi	mplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(0)	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	508,370.00	508,370.00		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		e e		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
c	Accounting	53,900.00		53,900.00	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	166,571.84		166,571.84	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)				
а	Schedule 2	797,720.03	786,364.18	11,355.85	
b					
С					
d		-			
_	All other expenses	1 506 561 65	1 004 734 43	001 007 60	
<u>25</u>	Total functional expenses Add lines 1 through 24e	1,526,561.87	1,294,734.18	231,827.69	0.00
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 394,835.91 1,880,309.85 1 1 Cash non interest bearing 1,201,247.62 938,765.89 2 2 Savings and temporary cash investments 1,103,887.10 307,517.73 Pledges and grants receivable, net 3 34,478.15 40,075.32 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 297,852.91 12,290.90 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 9,261.55 basis Complete Part VI of Schedule D 10a 9,261.55 9,261.55 10c b Less accumulated depreciation 10b 19,552,827.21 11 19,632,936.32 Investments - publicly traded securities 11 12 Investments · other securities See Part IV, line 11 12 50,355.32 55,285.96 13 13 Investments - program-related See Part IV, line 11 13,941.55 12,360.57 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 665,811.88 23.881.679.53 16 21 Total assets. Add lines 1 through 15 (must equal line 34) 4,444.37 6,690.95 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 6,690.95 4,444.37 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 64,256.77 27<247,878.36> Unrestricted net assets 27 9,170,653.71 28 7,194,500.15 28 Temporarily restricted net assets 14,642,324.68 29 14,712,499.14 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 21,659,120.93 23,877,235.16 Total net assets or fund balances 34 21,665,811.88 Total liabilities and net assets/fund balances

Form 990 (2014)

	Midwes in State University rounds	75	110	1337		40
	rt XI Reconciliation of Net Assets	15	110	133/	Pag	ge 12
- ai						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		929,	714	.41
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	526,	561	.87
3	Revenue less expenses Subtract line 2 from line 1	3		596,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		877,		
5	Net unrealized gains (losses) on investments	5		621,		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	.00
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	21,	659,	120	.93
Pa	rt XII Financial Statements and Reporting	·		•		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt			_

Form 990 (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Midwestern State University Foundation,

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 75-1101337 Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 exempt 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (v) Amount of monetary (ii) EIN (III) Type of organization (vi) Amount of listed in your (described on lines 1-9) organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

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Schedule A (Form 990 or 990 EZ) 2014 Inc
Part II Support Schedule for Or Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		•				
	membership fees received (Do not						
	include any "unusual grants ")	2241921	1797632	384676.12	5540769	73,913.84	10038912
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2241921	1797632	384676.12	5540769	73,913.84	10038912
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2534864
6	Public support. Subtract line 5 from line 4						7504047
	tion B. Total Support	<u> </u>		**************************************	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	2241921		384676.12		73,913.84	
8	Gross income from interest,					7,000	
	dividends, payments received on						
	securities loans, rents, royalties	•					
		419508.99	373933.26	372471.69	467013.56	855800.57	2488728
9							
•	activities, whether or not the						
	business is regularly carried on			1			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·				12527640
	Gross receipts from related activities,	etc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	=	, , , , , , , , , , , , , , , , , , , ,	-,,	,		ightharpoons
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11,	column (f))		14	59.90 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	61.11 %
16a	33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	า			$\triangleright X$
b	33 1/3% support test - 2013. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•	•		9 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"					:: g	•
۲	10% -facts-and-circumstances tes	-		• • •	-	17a, and line 15 is	10% or
-	more, and if the organization meets the	-					
	organization meets the "facts-and-cire				•		•
18	Private foundation. If the organization						ıs 🚡

75-1101337 Page 2





Schedule A (Form 990 or 990 EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	low, please comp	nete Fait ii j						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1 Gifts, grants, contributions, and			(3)	1	\			
membership fees received (Do not								
include any "unusual grants ")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, or facilities furnished in								
any activity that is related to the organization's tax-exempt purpose								
3 Gross receipts from activities that				1				
are not an unrelated trade or bus-								
iness under section 513		1						
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf	-			-				
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge				ļ				
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that								
exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year						<u> </u>		
c Add lines 7a and 7b								
8 Public support (Subtractine 7c from line 6)			<u> </u>	1	<u> </u>	<u> </u>		
Section B. Total Support			T	T	T	Γ		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9 Amounts from line 6				 	 			
10a Gross income from interest, dividends, payments received on								
securities loans, rents, royalties			ļ.					
and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business								
activities not included in line 10b, whether or not the business is								
regularly carried on								
12 Other income Do not include gain or loss from the sale of capital								
assets (Explain in Part VI)			,					
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>			<u> </u>			
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,		
check this box and stop here			<u> </u>			<u> </u>		
Section C. Computation of Publi								
15 Public support percentage for 2014 (I	ine 8, column (f) d	livided by line 13,	column (1))		15	%		
16 Public support percentage from 2013					16	<u>%</u>		
Section D. Computation of Inves				 				
17 Investment income percentage for 20			ne 13, column (f))		17	%		
18 Investment income percentage from 2					18	<u>%</u>		
19a 33 1/3% support tests - 2014. If the						17 is not		
more than 33 1/3%, check this box a	-	-				▶		
b 33 1/3% support tests - 2013. If the								
line 18 is not more than 33 1/3%, che						▶∟		
O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Fo ation,

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	4		
	1		
	2		
	3a		
	2h		
	3b		
	3c		
	4a		
	4.		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
]
	8		 -
	9a		
	9b	<u> </u>	<u> </u>
	9c	-	
	10a		
	10b	L	<u> </u>
_			

	Activities rest Answer (a) and (b) below:			.,,,
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
	Parent of Supported Organizations Answer (a) and (b) below.	-		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	İ		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L
025	Schedule A (Form	990 or 99	90-EZ)	2014

Mighstern State University Formation,

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga		/3-110133/ Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			ictions All
•	other Type III non-functionally integrated supporting organizations must co	-		actions. All
Sect	on A - Adjusted Net Income	T T	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	4.4	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	· 	
6	Portion of operating expenses paid or incurred for production or			
Ŭ	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	 	
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see		· · · · · · · · · · · · · · · · · · ·	(Optional)
•	instructions for short tax year or assets held for part of year)			
_	Average monthly value of securities	1a	·	
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		-
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	10		
-	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,	1		
7	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	······································	
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1 8	···	Current Year
		1		1
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		-
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ted Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Mid stern State University Formation,

Schedule A (Form 990 or 990-EZ) 2014 Inc 75-1101337 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. 6 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (1) (ii) (111) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7 b C d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Midwestern State University Foundation,

Employer identification number 75-1101337

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	9 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	·
	impermissible private benefit?	a donor davidor, or for any other purpose	Yes No
Pai	t II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizati	•	
•	Preservation of land for public use (e.g., recreation or e	· 	orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year		or a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d			
u	listed in the National Register	and of 17700, and not on a mistorio struction	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	<u> </u>
٠	year ▶	ioacco, change of to to minated by the	organization denning the tax
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	-	·
	and section 170(h)(4)(B)(ii)?	, .	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2014 Inc.		<u>-</u>			5-1101337 Page 2
Par						
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that are a s	ignificant us	e of its collection items
	(check all that apply)					
а	Public exhibition	d	Loan or exch	nange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purpose	e in Part XIII
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other sımıla	r assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arrang	-	te if the organization	n answered "Yes" to	Form 990, F	Part IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21				
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	ncluded	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo				lity?	☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIII					
Par	t V Endowment Funds. Complete if					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	
1a	Beginning of year balance	23,812,978,00	16,879,891.00	16,095,669.00	14,811,8	365.00 12,114,761,00
b	Contributions	73,913.84	5,540,768,65	384,676,12	1,792,6	531,70 2,229,046,38
С	Net investment earnings, gains, and losses	<1,024,165,18			-	054.24 1,192,057.08
d	Grants or scholarships	508,370,00	459,108,00	407,224.00	276,3	396,12 548,100,00
е	Other expenditures for facilities					
	and programs	447,357,37	784,442,77	1,259,327,81	471,4	485,16 175,899.91
f	Administrative expenses					
9	End of year balance	21,906,999,29			16,095,6	669.00 14.811.865.00
2	Provide the estimated percentage of the curr	rent year end balance		i)) held as:		
a	Board designated or quasi-endowment	^/	_%			
b	Permanent endowment ► 67.00	%				
С		3.00 %				
0-	The percentages in lines 2a, 2b, and 2c should be a seen and a seen and a seen and a seen and a seen					
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid a	na aaministerea for	ine organizai	
	(i) unrelated organizations					Yes No
	(i) unrelated organizations (ii) related organizations					
h	If "Yes" to 3a(ii), are the related organizations	e lieted as required or	n Schedule R2			3a(ıı) X 3b
4	Describe in Part XIII the intended uses of the	•				30
	t VI Land, Buildings, and Equipm		Willett Idrids			
	Complete if the organization answere		Part IV. line 11a Se	ee Form 990. Part X	line 10	
	Description of property	(a) Cost or ot		T T	ccumulated	(d) Book value
	Description of property	basis (investm	, , ,		preciation	(a) Doon value
1a	Land	9,263		· · · · · · · · · · · · · · · · · · ·	·	9,261.55
b	Buildings	<u> </u>				7,202.00
c	Leasehold improvements					
_	Equipment					
	Other	·				
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(Oc)		9,261.55

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" t				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely held equity interests		 		
(3) Other				
(A)				
(B)		 		·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t				- PARENT - 1111
(a) Description of investment	(b) Book value	(c) Method of va	lluation. Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	·			
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to		11d See Form 990, F	Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<u>.</u>			
(9)	451			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15)		₽	· · · · · · · · · · · · · · · · · · ·
L	to Farm 000 Dark IV Inc.	14 144 Car Farm	000 D-4 V L 05	
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	990, Part X, line 25	
<u>"</u>		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	251			
Total. (Column (b) must equal Form 990, Part X, col (B) line		the ergenization!s fo	nanoial atatamanta	that reports the
2. Liability for uncertain tax positions. In Part XIII, provide	THE FEAT OF THE TOOLHOLD (o ini o organization S N	nanciai Statements	מומנ ופטטונט נוופ

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

432054	
10-01-1	4

Rounding differences

Rounding differences

Part XII, Line 2d - Other Adjustments:

3.

0.

Sobodulo D (Form 000) 2014	In	State	Ourversic	acion,	75-1101337	Doc- 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	rmation (continued)				12 1101331	rage 5
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	· · · · · · · · · · · · · · · · · · ·					

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States SCHEDULE (Form 990)

Open to Public

▶ Attach to Form 990.

Department of the Treasury	the Treasury	► Attach to Form 990.	Open to Fublic
Internal Revenue Service		▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of t	Name of the organization Midwestern State University Foundation,		Employer identification number
	Inc.		75-1101337
Part I	Part I General Information on Grants and Assistance		
1 Doe	the organization maintain records to substantiate the amount of t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
, track	category is and the arante or assistance?		X Yes No

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Accidents 1.2 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (a) or government cash grant	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Midwestern State University - Schedule 4 - 3410 Taft Blvd			000	C C C	,		Funds to be expended on scholarships as designated in scholarship
Wichita Falls, TX 76308	85/1009-5/	1,0(b)(1)(A)(v1)	no • n / c • on c		1100		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

75-1101337

		Midwestern State University Foundation,
Schedule	Schedule I (Form 990) (2014)	Inc.
Part III	Grants and Other Assi	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicate	Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information	

The Foundation Board monitors the use of grant funds by corresponding with Part I, Line 2:

appropriate coordinating personnel at Midwestern State University to ensure

that all scholarships are being disbursed according to agreement

The Foundation receives an annual audit which also checks quidelines.

procedures and disbursements.

SCHEDULE M (Form 990)

Noncash Contributions



OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Inc.

▶ Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Midwestern State University Foundation,

Employer identification number 75-1101337

Par	t I Types of Property					,			
		(a)	(b)	(c)	ution	(d)			
		Check if applicable	Number of contributions or	Noncash contrib amounts reporte		Method of de noncash contribu		_	2
		applicable		Form 990, Part VIII		noneasi continua			
1	Art - Works of art								
2	Art · Historical treasures								
3	Art · Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities Publicly traded	X	3	2,697	.64	Fair market	va:	lue	
10	Securities Closely held stock								
11	Securities - Partnership, LLC, or	· ·							
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial						 		
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				·				
22	Historical artifacts					W			
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other ()								
27	Other • ()								
28_	Other (<u> </u>							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions	İ				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement [29	·			
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, line	s 1 throu	igh 28, that it			l
	must hold for at least three years from the dat	e of the initi	al contribution, an	d which is not requi	red to be	used for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II								1
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standar	d contrib	outions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to so	icit, process, or sell	noncast	1			
	contributions?						32a	X	<u> </u>
b	If "Yes," describe in Part II								1
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colum	n (a) is c	hecked,			1
	describe in Part II						<u></u>		L

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

Schedule M (Form 990) (2014)

Midwest n State University Founda n, Schedule M (Form 990) (2014) Inc. 75-1101337 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M, Line 32b:
The Foundation uses Morgan Stanley, it's brokerage firm, to process and
sell non-cash contributions as needed to stay aligned with the current
investment policy of the Foundation.
· · · · · · · · · · · · · · · · · · ·

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Attach to Form 990 or 990-EZ. ł 990-EZ

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Midwestern State University Foundation, Inc.

Employer identification number 75-1101337

Form 990, Part I, Line 1, Description of Organization Mission:
the advancement of the literary, scientific, and other educational
endeavors of Midwestern State University, a tax exempt institution of
higher learning.
Form 990, Part VI, Section A, line 8b:
Committees are not applicable to this organization.
Form 990, Part VI, Section B, line 11:
A copy of the 990 is received and reviewed for accuracy and completeness by
the Chairman and Board before filing.
Form 990, Part VI, Section C, Line 19:
The organization makes information available to the public upon request.