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Return of rganization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public

A F	or the	2015 calendar year, or tax year beginning SEP 1,	2015 and	ending A	UG 31, 2016	5
3 c	heck if	C Name of organization			D Employer identif	ication number
aț	oplicable	Midwestern State University	Foundation	n,		
	Addres change	s I _		•		
	Name change		75-1	1101337		
	Initial	Number and street (or P.O. box if mail is not delivered to si	treet address)	Room/suite	E Telephone numb	
$\overline{}$	Final return/	807 8th Street, 2nd Floor) 322-4436		
	termin- ated	City or town, state or province, country, and ZIP or for	G Gross receipts \$	9,736,447.66		
	Amend		H(a) Is this a group			
置	Applica			fgon	for subordinate	
	tion _pendin	C/O 807 8th Street, 2nd Floo			2	
ı T		mpt status: X 501(c)(3)			1	a list. (see instructions)
		e: N/A	1110.) [] 4347 (a)(1)	01 321	H(c) Group exempti	
		organization: X Corporation Trust Association	Other ▶	I Vear		M State of legal domicile: TX
	irt l	Summary	Other	<u> L TCal</u>	oriorniation. 1900	IVI State of legal dollilone. IA
		Briefly describe the organization's mission or most significan	at activities: TO x	0001770	contributi	lons by
Activities & Governance		means of donations, gifts, and				
nan						
/eri		Check this box If the organization discontinued its		isea of more	1	1
ő	1	Number of voting members of the governing body (Part VI, I		•	3	
∞	l	Number of independent voting members of the governing be	· · · · · ·		. 4	
ţįes		Total number of individuals employed in calendar year 2015	(Part V, line 2a)		. 5	
Ξ		Total number of volunteers (estimate if necessary)	•		. <u>6</u>	
AC	שע	Total unrelated business revenue from Part VIII, column (C),			<u> 7</u> a	
<u> (</u>	<u>D</u> b	Net unrelated business taxable income from Form 990-T, lin	e 34			0.00
کے	2				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)			73,913.84	
5		Program service revenue (Part VIII, line 2g)			0.00	
g A Beye	10	'(nvestment income (Part VIII, column (A), اابادچ ع, 4, and 7 d)	-		851,585.96	
	11	Other revenue (Part VIII, column 👸, lines 5, 6d/8c, 9c, 10c,	and 11e)		4,214.63	
	1 ***	Total revenue - add lines 8 through 11 (must equal Part VIII,			929,714.43	1 2,133,494.19
0	13	Grants and similar amounts paid (PartilX, columnia), lines	·β)		508,370.00	<u>459,707.00</u>
<u>=</u>	14	Benefits paid to or for members (Part IX, column (A), line 4)2			0.00	0.00
	15	Salaries, other compensation, employee benefits (Part; IX, c	olumn (A), lines 5-10)		0.00	0.00
SE.	16a	Professional fundraising fees (Part X, column (A), line 11e)	,,		0.00	
Expense 8		Total fundraising expenses (Part IX, column (D), line 25)	> 0	.00	世界的表现代的	
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1	,018,191.8	7 1,243,998.18
		Total expenses Add lines 13-17 (must equal Part IX, column		1	,526,561.8	7 1,703,705.18
		Revenue less expenses Subtract line 18 from line 12			<596,847.4	
280				Ве	ginning of Current Year	
ages ages	20	Total assets (Part X, line 16)			,665,811.8	
SSE Base	21	Total liabilities (Part X, line 26)	• •		6,690.9	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		21		
	art-II	Signature Block				
		lities of perjury, I declare that I have examined this return, including	accompanying schedul	es and statem	nents, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of prepayer (other than officer) is base				
		1 th 1 / Merty	(A)			
Sig	n	Signature of officer			Date	12 0 117
Her		Stephen Reno Gustafson, Cha	airman/Trus	tee	<i>[</i> ·	-13-2017
• !	-	Type or print name and title				
		Print/Type preparer's name Preparer'	's signature		Date Check	PTIN
Pai	d	Mac Cannedy Mod	a Camala		7/7/17 self-empl	D00123468
	parer	Firm's name Freemon, Shapard & St	tory		Firm's EIN	75-0706311
	Only		Floor			
	•		301-3381		Phone no. (940)322-4436
Ma	v the l	RS discuss this return with the preparer shown above? (see				X Yes No
_	001 12-			ions.		Form 990 (2015)

positio	n and	other	activities	to aid	in	the	growth	and	operation	of	the
Univers											
<u> </u>											
											
											
											
									······································		
											
											
Other program	n services	(Describe in	Schedule O.)								
(Expenses \$			including grants of \$)	(Revenue \$)		
Total progran	service ex	kpenses ►	1,480,5	12.14							
									F	orm 99	90 (201
2 ·15											•

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	Midwest	State	University	Foundat					
Form 990 (2015)	Inc.	<u> </u>							
Part IV. Checklist of Required Schedules									

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X _
6	Did the organization maintain any donor advised 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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow 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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	x	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	A.	6, 8, 3, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
11	as applicable			1 H 3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1.4 de 6960	POP PERSON.	\$ * ;
-	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_x_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	^	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		Y
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		_X_ _X_
14a	The state of the s	14a		X
b	The state of the s			T
-	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	complete Schedule G, Part III	19	1	x
	Complete Conedule O, 1 art in	_	990	(2015)

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Form 990 (2015) Inc.

Part IV. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did 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	22		_X_
23	Did 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? If "Yes," complete			
	Schedule J	23		X_
24a	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit 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 I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	与数别	7300	
	instructions for applicable filing thresholds, conditions, and exceptions):			nt () Lead 21
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ļ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	•		
	contributions? If "Yes," complete Schedule M	30_	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ŀ
	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	}	l
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Ì
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		İ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Eorn	- นนก	(2015)

Form	990 (2015) Inc.	75-1101	337	D	age 5
Par	 	73-1101	. 3 3 7	<u> </u>	age 3
	Check if Schedule O contains a response or note to any line in this Part V				
			:	V	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ا مه ا	思想接受	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 4			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	<u> </u>			
·	(gambling) winnings to prize winners?	sportable garning	ie Marie	الدينة الم	Link
20			1c	X STILED	\$457~ <u>-</u> 0
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	TO SERVICE		S. 19. 19.
_	filed for the calendar year ending with or within the year covered by this return			7.全部。	既新孙
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return	• •	2b	- 3.35%	#-51-cV
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)		ئىلىنىڭ ئىلىنىڭ ئايىرىڭ يالى	1970
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. ,	3a		X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Lusta de	X
Ø	If "Yes," enter the name of the foreign country:		10.4.2	30.3	1,4 1 2 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	13.153	E.T.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b	1 - 7 72	3
7	Organizations that may receive deductible contributions under section 170(c).		SEE SEE	aä	Charles .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
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 w	as required			
	to file Form 8282?	, ,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	激亂.	138	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			4 12 7
	sponsoring organization have excess business holdings at any time during the year?		8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.		1	100	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b		
10	Section 501(c)(7) organizations. Enter:		2.2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	14 m 14 1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			120 14 1
11	Section 501(c)(12) organizations. Enter:		5.4		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		4. 22. 39. 4. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20		3. S
	amounts due or received from them)	11b	753	170 (176)	
12a	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	12b		3 375	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · · · · · · · · · · · · · · · ·			
	to the control of the		13a	T	
-	Note. See the instructions for additional information the organization must report on Schedule O.		15725		5 35
b			to Time	(C. 55	
J	organization is licensed to issue qualified health plans	13b			130
С	refer to the second second	130		F. 347	超影 等
14a	The state of the s		14a	Contraction.	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	 le ()	14b		†
	11 100 100 K 1100 & FORM FEO TO TOPON WINDOW PARTITION IN THE PROPERTY OF THE OWNER WINDOWS	 	_	990	(2015)
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

State University Foundat

Inc. <u>75-1101337</u> Page 6 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		a 44.	12.77
	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.	建设		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	X		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		海田	
_	officer, director, trustee, or key employee?	2	e, e, » garre,	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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7 4	more members of the governing body?	_ _		v
h		7a		<u>X</u>
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			v
		7b	457	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4	
a		8a	X	X
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
9	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.)	9		
	tion of the internal Nevertae Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
•	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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			TO SEE
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	A (3) HR	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	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		34 X	建
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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).	de tagel		THE PARTY
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
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	関域で		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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) a	avaılab	le	
	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	i finan	cıal	
	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			
	807 8th Street, 2nd Floor, Wichita Falls, TX 76301			

Midwest	State	University	Foundat	À,
Tma	1	-		

orm 990 (2015)	Inc.					75-11	01337
Part, VII Compen	sation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	
	es, and Independe				-		

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 reportable 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) (B)					2)			(D)	(E)	(F)
Name and Title	Average	(de		Pos heck		than (one i	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			ıs botl	h an	compensation	compensation	amount of
	week	\vdash	767 ax 1	44	recit	mus	(80)	from	from related	other
	(list any hours for	ig i				_		the	organizations (W-2/1099-MISC)	compensation
	related	5	ee		l	sated		organization (W-2/1099-MISC)	(44-2/1099-141130)	from the organization
	organizations	Tage 1	al frus		yee	mper		(***271033***********************************		and related
	below	Individual trustee or director	Institutional trustee		8	est co	a			organizations
	line)	Indrv	Insti	Officer	Keye	Highest compensated employee	Form			
(1) Reno Gustafson	2.00									l
Chairman		X		X			L	0.00	0.00	0.00
(2) Rick Haskin	1.00									
Secretary		X		X				0.00	0.00	0.00
(3) Kevin O'Connell	1.00	ļ			ļ	}				
Trustee		X	_		ļ.,	<u> </u>	ļ	0.00	0.00	0.00
(4) David Welch	1.00									
Trustee	1 2 2 2 2	X	_	<u> </u>	_	↓	<u> </u>	0.00	0.00	0.00
(5) Warren Ayres	1.00						l			0.00
Trustee		X	<u> </u>		-	├	<u> </u>	0.00	0.00	0.00
(6) Charlie Prothro	1.00		ļ					0.00	0.00	0 00
Trustee	1 00	X		├	⊢	├—		0.00	0.00	0.00
(7) Tony Fidelie, Jr.	1.00	-		1	1			0.00	0.00	0.00
Trustee	1 00	X	-	 	-	├	-	0.00	0.00	0.00
(8) Dr. Suzanne Shipley	1.00	X						0.00	0 00	0.00
Trustee		 ^	├	-	╁	╁	-	0.00	0.00	0.00
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Page 7

Form 990 (2015) 75-1101337 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (E) (F) Average Position Name and title Reportable Reportable Estimated (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any organizations the compensation hours for organization (W-2/1099-MISC) from the Highest compensated employee Individual trustee or related nstitutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations Officer line) 0.00 0.00 0.00 1b Sub-total 0.00 c Total from continuation sheets to Part VII, Section A 0.00 0.00 0.00 0.00 0.00 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization No Yes THE ST Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ... 3 . .. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) (B) Name and business address Description of services Compensation Morgan Stanley 3728 Maplewood, Wichita Falls, TX 76308 Investment Services 140,756.96

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Page 9

Form 990 (2015) Inc.
Part VIII Statement of Revenue

		Check if Schedule O contain	ins a response	or note to any lin	e in this Part VIII			
	·				(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	a Federated campaigns	1a		CHAPTER STATE			agration and the second
fts, Grant r Amount	t	b Membership dues	1b					
E'S	c		1c					
# H		d Related organizations	1d					
S.E	ε	e Government grants (contribution	· -					
P is	f		, 					
1 <u>a</u> g	-	similar amounts not included above	1 1	715,436,15				的基本
ξÖ		Noncash contributions included in lines 1	<u> </u>				The Month	
Contributions, Gif and Other Similar	•	h Total. Add lines 1a-1f				建设等的		
		· · · · · · · · · · · · · · · · · · ·		Business Code			No. of the second	
به	2 2	a			PALL CITY OF THE PARTY OF	NO WALL BUD YELLS SOME	Date Not made a state see to a s a	WELL SELECTION OF
آر څ		b						
اعِ مُ		c						
E a		d						
Program Service Revenue		e						
ā	1	f All other program service rever	nue .					
	9	g Total. Add lines 2a-2f				是有是中国政府的	Section Section	"推进"和"证 "。
	3	Investment income (including o	dividends, inte	rest, and				
		other similar amounts)		▶	497,658,34			497,658,34
	4	Income from investment of tax	exempt bond	proceeds				
	5	Royalties		. •	1,863,53			1,863,53
		Ī	(i) Real	(ii) Personal				THE STATE OF
	6 :	a Gross rents						
		b Less: rental expenses				是这个种种的	表示的表示。	で記載がはいる。
		c Rental income or (loss)						
		d Net rental income or (loss)	·					
	7 :	a Gross amount from sales of	(ı) Securities	(ii) Other	的自然的事。注:			James California
		assets other than inventory	8,521,489,6	4		译述的改		所にはちば
		b Less, cost or other basis						STATE OF THE STATE
		and sales expenses	7 602 953 4	.7	医乳腺蛋白 。			
		c Gain or (loss)	918,536,1	.7	Rep. G. Ser	Market Color	。 學為了次學為方法	A STATE OF
		d Net gain or (loss)			918,536,17			918,536,17
ø.	8	a Gross income from fundraising	events (not		The said of the said of the said of	The state of the s	to the second	The state of the s
Š	l	including \$	of					
ě		contributions reported on line	1c). See			The sale of the sale of the sale		
ξ.		Part IV, line 18		a				
Other Reven		b Less: direct expenses		b				
J	1	c Net income or (loss) from fund	_		Address of the second of the s		a organic to the part of the	Your seed provided in the control of
	9	a Gross income from gaming ac	tivities. See		Marine amore might of	Language Mary Mary Call		TOTAL TEN OF S
		Part IV, line 19		a			Market and the	
		b Less: direct expenses		b				第二次第1200 1200 1200 1200 1200 1200 1200 1200
		c Net income or (loss) from gam	ing activities	<u>, </u>	Marie at a marie of the Co	Sur leaded in 1997 by 1	N S C as BLONER B	2.76 - CST - CST
	10	a Gross sales of inventory, less	returns		以为这种意识		國際主義學	
		and allowances		a				
		b Less: cost of goods sold .		b			相识的"明珠经济"	国际外部 特别的
	_	c Net income or (loss) from sales			of the control of the	200 AND 2012 SO 1898 1997 1	P. C. San Carrier	July in the same and the same
	<u></u>	Miscellaneous Revenu	е	Business Code			国际政治的一个常性的	BE THE WASHINGTON
	11			·		 		
		b				ļ		
		c		-		 	 	
		d All other revenue	•		 	SATISFALINE LA		I statilica sance
		e Total. Add lines 11a-11d	•					
	12	Total revenue. See instructions.		<u></u>	2 133 494 19	0.00	<u>0.0</u> 0	1 418 058 04

	990 (2015) Inc.		<u> </u>	75-1	101337 Page 10
Par	t:IX Statement of Functional Expens	es			·
Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	. Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 3b, 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	459,707.00	459,707.00		
2	Grants and other assistance to domestic				
	individuals. 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				
	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):				
a	Management				
b	Legal				
C	Accounting	56,900.00		56,900.00	
d	Lobbying	00,500.00		30,300.00	
e	Professional fundraising services. See Part IV, line 17		STATE OF THE STATE	ST APPLE APPLIES.	
f	Investment management fees	156,678.96	Life after Child (as), 1 , when 1 , or 3, 3 and 2)	156,678.96	
g	Other. (If line 11g amount exceeds 10% of line 25,	230,010.30		1307070.30	
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
10	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				
23 24	Other expenses. Itemize expenses not covered	- ११ सम्बद्धाः स्टब्स्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रा	THE WASTEST OF THE	When I the stands	Carried San San San San San San San San San San
24	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 O.)	The state of the s			
а	Schedule 2	1,030,419.22	1,020,805.14	9,614.08	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,703,705.18	1,480,512.14	223,193.04	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)

Part X Balance Sheet

State University Foundate

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 9.385.43 394,835.91 1 Cash - non-interest-bearing 201,247.62 747,119.31 2 Savings and temporary cash investments 307,517.73 41,850.57 3 Pledges and grants receivable, net 40,075.32 11.691.34 4 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 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 Assets Notes and loans receivable, net 7 7 8 8 inventories for sale or use 290.90 246,159.69 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 9,261.55 basis Complete Part VI of Schedule D 10a 10b 9,261.55 10c 261. Less accumulated depreciation b 19,632,936.32 20,171,720.49 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 55,285.96 60,421.39 Investments - program-related. See Part IV, line 11 13 13 12,360.57 8,032.22 14 Intangible assets Other assets. See Part IV, line 11 15 15 665,811.88 305,641.99 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,690.95 21,146.59 17 17 Accounts payable and accrued expenses 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D F. Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. ... 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 6.690.95 .146. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <247,878.36>27 Unrestricted net assets 27 7,194,500.15 28 Temporarily restricted net assets 28 712,499.14 5,356,593.43 29 Permanently restricted net assets المراج المراجع 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 31 32 Retained earnings, endowment, accumulated income, or other funds 32 21,659,120.93 33 22,284,495.40 33 Total net assets or fund balances 21,665,811.88 34 22,305,641.99 Total liabilities and net assets/fund balances

~~~	1990 (2015) State University Foundate,	75	1101	227		10
	t XI, Reconciliation of Net Assets	/5-	1101	<u>. 33 /</u>	Pag	ge 12
-,,	Check if Schedule O contains a response or note to any line in this Part XI					
	Officer it Schedule O Contains a response of flote to any line in this Part XI	T				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.1	L33,	494	. 19
2	Total expenses (must equal Part IX, column (A), line 25)	2		703,		
3	Revenue less expenses Subtract line 2 from line 1	3		129,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		559,		
5	Net unrealized gains (losses) on investments	5		195,		
6	Donated services and use of facilities	6		<u> </u>	<u> </u>	
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	22.2	284,	495	.40
Pai	rt XIII Financial Statements and Reporting	10	<u> </u>	<u> </u>	<u> </u>	• • •
	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			21.54 JU		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		, , , , , , , , , , , , , , , , , , ,		
2a				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	• • •	7,775	7,3,0	, , , , ,
	separate basis, consolidated basis, or both.			12.13		7 ( ) 2 ( ) 3 ( ) 4
	Separate basis Consolidated basis Both consolidated and separate basis			Bright ("	150	熱感
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 separar	e basis		1 mm 1 m	2	Sec. 2
	consolidated basis, or both.			32.2	S. 14	15.76.50
	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,	,		1	25 mg
	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 C	).	17.45	24.25 E.J. 2	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				1	The last
	Act and OMB Circular A-133?			3a		X
<b>h</b>	If "Ves " did the organization undergo the required sudit or audits? If the organization did not undergo the requi	ired au	dit			

Form **990** (2015)

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** 

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.

OMB No 1545-0047 Openito Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Midwestern State University Foundation,

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 (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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) iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

tion, Schedule A (Form 990 or 990-EZ) 2015 Inc.

Part II | Support Schedule for Organical Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t

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

	talls to qualify under the tests	s listed below, plea	se complete Part I	111.)	<del></del>	<del></del>	
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					[	
	include any "unusual grants.")	1797632	384676.12	<u> 5540769</u>	73,913.84	715436.15	<u>8512426</u>
	Tax revenues levied for the organ-			;			
	ızatıon's benefit and either paid to						
	or expended on its behalf						<del></del>
3	The value of services or facilities					]	
	furnished by a governmental unit to					]	
	the organization without charge			·			
4	Total. Add lines 1 through 3	1797632	384676.12	5540769	73,913.84	715436.15	8512426
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Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			,		
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(1) Total
7	Amounts from line 4	1797632	384676.12	<u>5540769</u>	73,913.84	715436.15	8512426
8	Gross income from interest,	ļ			ĺ	ļ ļ	
	dividends, payments received on						
	securities loans, rents, royalties			 		}	
	and income from similar sources	373933.26	372471.69	467013.56	855800.57	1418056	<u>3487275</u>
9	Net income from unrelated business						
	activities, whether or not the		ļ		ļ	[	
	business is regularly carried on			<b>_</b>	<del></del>		<del></del>
10	Other income. Do not include gain	1	\			1	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1 HOUSE RESULT IN	PROPERTY AND A SPECIAL	Library Control Control	When the attraction 12	CHECKER'S NOT TO SEE TO SEE	11000500
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12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	<b>_</b>
Sai	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage				
	Public support percentage for 2015 (			column (fl)	<del></del>	14	50.71 %
	Public support percentage from 2014			Solumin (i))		15	59.90 %
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75-1101337 Page 2

Schedule A (Form 990 or 990-EZ) 2015 Inc.

# 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

	. qualify under the tests listed b	elow, please comp	lete Part II.)	<del></del>			
Sec	tion A. Public Support				<del>,</del>	<del>,</del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not			ļ !			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			·			
	are not an unrelated trade or bus-				1		
	iness under section 513						
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			<del></del>			
-	furnished by a governmental unit to					]	
	the organization without charge				1	[	
6	Total. Add lines 1 through 5						
	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				<del> </del>		<del> </del>
	Add lines 7a and 7b	सुबस्तु हाएट चयुर्ह	140 MJX 350 J	4) \$ 500 gentre 3000			· · · · · · · · · · · · · · · · · · ·
Sec	Public support. (Subtract line 7c from line 6)	1		[	1		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6	<b></b>			<del> </del>		<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income	i					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					<u> </u>	·
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)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	L	l	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here		<del></del>		<del></del>		
	ction C. Computation of Pub					T :- T	<del></del>
	Public support percentage for 2015 (			column (f))	•	15	%
	Public support percentage from 2014			<del></del>	<del></del>	16	%
	ction D. Computation of Inve						·
	Investment income percentage for 20			ne 13, column (f))	•	17	%
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19:	a 33 1/3% support tests - 2015. If the						/ is not
	more than 33 1/3%, check this box a	•					. ▶∟.
ı	o 33 1/3% support tests - 2014. If the						
	line 10 is not more than 22 1/20/ ab.	ock this hav and -	ton here. The ere	anization disables	se a nublichi cuse	notted organization	<b>▶</b> 1 1
00	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

# Schedule A (Form 990 or 990 EZ) 2015 Inc. Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

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75-1101337 Page 5 Schedule A (Form 990 or 990-EZ) 2015 Inc Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11<u>c</u> Section B. Type I Supporting Organizations Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes Nο Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions): The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer (a) and (b) below. 2 a 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. a 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. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

dule A (Form 990 or 990-EZ) 2015 Inc.			5-1101337 Page 6
t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga		
Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970. See instru	ctions. All
other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		- <del></del>
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	7 4 Lini	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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	•		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE PERSON OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	
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emergency temporary reduction (see instructions)	6		
<del></del>	lly-ıntegr	ated Type III supporting orga	anization (see
	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must colon A - Adjusted Net Income  Net short-term capital gain Recoveries of pnor-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI). Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete on A - Adjusted Net Income  Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Ion B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities 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 factors (explain in detail in Part VI). 1 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 7 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Income tax imposed in prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 1 Enter greater of line 2 or line 3 Income tax imposed in prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, li	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions on A - Adjusted Net Income  On A - Adjusted Net Income  (A) Pnor Year  Net short-term capital gain  Net short-te

Schedule A (Form 990 or 990-EZ) 2015

75-1101337 Page 7 Schedule A (Form 990 or 990-EZ) 2015 Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 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 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: 3 C THE RESERVE TO SERVE AS A SERVED TO SERVE AS A SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO SERVED TO d From 2013 e From 2014 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f, Distributions for 2015 from Section D, **建筑是"温度"** a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2015

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c Excess from 2013

d Excess from 2014 e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015	Midy Inc.	tern	State	University	Fou tion,	75~1101337 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	<b>mation.</b> 2, 3b, 3c, ines 2 and	4b, 4c, 5a, □ □3; Part IV, §	6, 9a, 9b, 9c Section E. Im	, 11a, 11b, and 11c; P es 1c. 2a. 2b. 3a and (	art IV, Section B, lines 1 3b: Part V. line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V.
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### SCHEDULE D

(Form 990) ·

Supplemental Financial Statements
Complete If the organization answered "Yes" on Form 990,

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

Attach to Form 990.

2015

Department of the Treasury Internal Revenue Service

Name of the organization

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

Midwestern State University Foundation. Employees

Employer identification number

Inc 75-1101337 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	Midwe	rn State	University	Found	n,			
	dule D (Form 990) 2015 Inc.					75-11	01337	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tre	easures, or Oth	er Simil	ar Asse	S(continue	d)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	ignificant	use of its	collection it	ems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations		<del></del>					
4	Provide a description of the organization's co	ollections and explai	in how they further th	ne organization's exe	mpt purp	ose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" or	Form 99	), Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?					. $\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		,			
							Amount	
C	Beginning balance				. 1c			
d	Additions during the year			••	1d			
е	Distributions during the year				1e			
f	Ending balance				11			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pa	TV Endowment Funds. Complete	f the organization ar	nswered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance	21,906,999,29	23,812,978,00	16,879,891.00	16,09	5,669,00	14,811	865,00
b	Contributions .	613,236,15	73,913,84	5,540,768,65	384	4,676,12	1,792	631.70
c	Net investment earnings, gains, and losses	1,440,288,61	<1.024.165.00	2,635,869,51	2,06	5,096.83	239	054.2
d	Grants or scholarships	459,707.00	508,370,00	459,108.00	40	7,224.00	276	396.1
е	Other expenditures for facilities							
	and programs .	926,970,07	447,357,37	784,442,77	1,25	9,327,81	471	485,1
f	Administrative expenses				ļ			
g	End of year balance	22,573,846,98	21,906,999,00	23,812,978,00	16,87	9,891.00	16,095	669,00
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 68.00	%						
С	· · · · · · · · · · · · · · · · · · ·	2.00%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	zation that are held a	nd administered for	the organi	zation		

No by: (i) unrelated organizations . . 3a(i) 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.

[Part VI] Land, Buildings, and Equipment.

	Complete if the organization answere		, line 11a. See Form 9	90, Part X, line 10.	
	Description of property	(a) Cost or other basis (investment)	<ul><li>(b) Cost or other basis (other)</li></ul>	(c) Accumulated depreciation	(d) Book value
1a	Land .	9,261.55		ESTABLISHED IN	9,261.55
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
Γota	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colum	n (B), line 10c)	<b>&gt;</b>	9,261.55

Schedule D (Form 990) 2015

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Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)				d of year market value
	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives		<del></del>	<del></del>	<del></del>
(2) Closely-held equity interests		<del> </del>		· · · · · · · · · · · · · · · · · · ·
(3) Other		<del></del>		<del></del>
(A)	<del></del>	<del> </del>		
(B)				
(C)	<del></del>			·
(D)	<del></del>			
(E)	<del> </del>	<del></del>		
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Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Figure 15 de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de la Constitución de	不能的原理的	<b>発売が、表現の水準に</b> ご
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				<del></del>
(a) Description of investment	(b) Book value	(c) Method of	f valuation: Cost or er	d-of-year market value
(1)				
(2)				
(3)			<del></del>	·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		THE PERSON NAMED IN	THE TAKEN	<b>建筑 松木 水粉 10万</b>
Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, III Description	ne 11d. See Form 99	0, Part X, line 15.	(b) Book value
(2)			·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.) .			
Complete if the organization answered "Yes" of	on Form 990, Part IV, In	ne 11e or 11f. See Fo	orm 990, Part X, line 2	5
1. (a) Description of liability		(b) Book value	REAL STREET	DOMENIA PER PER PER PER PER PER PER PER PER PER
(1) Federal income taxes				
(2)				
(3)				
(4)		<del></del>		
(5)		<del>* • . • . • . • . • . • . • . • . • .</del>		
(6)				
(7)				
(8)		·		
(9)	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>		to the organization	s financial statements	that reports the
organization's liability for uncertain tax positions under				_
organization a liability for directain tax positions drider	, <del> </del>	CALL OF THE STATE OF THE STATE OF	100.11010 1100 0001	· E· O TIGOG III I dit AIII L

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 1 2, 329,079,0 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2 b CRecoveries of prior year grants 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d	-	-						-	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2 a through 2d 3 Subtract line 2e from line 1 3 2, 133, 493.1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 12b. 2 Amounts included on line 1 but not on Form 990, Part IX, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 12b. 2 Donated services and use of facilities b Prior year adjustments C Other losses C Oth	Schedule D (Form 990) 2015	Inc.							Page <b>4</b>
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lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.									
Part V. line 4:	*						4; Part	X, line 2; Part	XI,
Endowment funds will be held/used in accordance with individual fund dono	Part V, line 4: Endowment funds	will be held	/used in	accordance	e_wi	th individ	lual	fund d	onor
agreements.	agreements.								

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Part XI, I	Line 41	o - Ot	thei	Adjusti	nen	ts:					
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Part XII,	Line 4	<u> 1</u> b - 0	Othe	er Adjus	tme:	nts	3:				·
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Schedule D (Ec-	m 900) 2015	Inc	State	university	roution,	75-1101337 Page 5
Part XIII Su	upplemental Infe	ormation (continued)		····	roution,	/3-110133/ Page 5
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						Schedule D (Form 990) 2015

532055 09-21-15

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

MODEN to Public

OMB No 1545-0047

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

Name of the organization Midwestern	State	University F	Foundation				Employer identification number 75-1101337
Part 1: 4 General Information on Grants and Assistance	and Assistance						
l on	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	[
cntena used to award the grants or assistance?	stance?	•		:		:	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
編	Domestic Organ	izations and Domestic	c Governments. Considerate is need	omplete if the orga	ınızatıon answered "\	res" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(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, -							Funds to be expended on scholarships as designated in scholarship
Wichita Falls, TX 76308	75-6001738	170(b)(1)(A)(vi)	459,707,00	0.00cash	cash		agreements.
	and government or	rganizations listed in th	e line 1 table		,	·	
3 Center (order number of order organizations) listed in the line in above 1 HA Ear Department Behindlion Act Notice see the Instructions for Form	s isted in the line	tions for Form 990					Schedule I (Form 990) (2015)

532101 10-28-15

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 III, column (b), and any other additional information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional Information.	
Part I, Line 2:					
The Foundation Board monitors the	nse of	rant funds	by corres	grant funds by corresponding with	
appropriate coordinating personnel	at	Midwestern Sta	State University to	ity to ensure	
that all scholarships are being disbursed	- 1	according to	to agreement	ıt	
quidelines. The Foundation receives	an	annual audit	audit which also checks	checks	
procedures and disbursements.					
			,		
- Carlotte					

Schedule I (Form 990) (2015)

## SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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.

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

Midwestern State University Foundation, Employ

Openito Rublic porm990.

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75-1101337

·Par	RGP Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications		<b>学习为证证的</b>		
5	Clothing and household goods		172 - 124 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 -		
6	Cars and other vehicles		The Way of Early Salakes		
7	Boats and planes		-		
8	Intellectual property				
9	Securities - Publicly traded	Х	3	70.781.04	Fair market value
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				
23	Scientific specimens				
24	Archeological artifacts				
25	Other • ()				
26	Other • ()		<u> </u>		
27	Other • ()				
28	Other (		<u> </u>		<u> </u>
29	Number of Forms 8283 received by the orga				
	for which the organization completed Form	3283, Part IV,	Donee Acknowled	lgement 29	
					yes No
30a	During the year, did the organization receive				911 20, that it
	must hold for at least three years from the d		ial contribution, an	d which is not required to be	
	exempt purposes for the entire holding period				30a X
b	o If "Yes," describe the arrangement in Part II.				1 1
31	Does the organization have a gift acceptant				
32a	Does the organization hire or use third partie	es or related (	organizations to so	ucit, process, or seil noncasr	
_	contributions?	,		• •	32a   X
	o If "Yes," describe in Part II.	in column (s)	for a type of area	erty for which column (a) is a	pecked
33	If the organization did not report an amount	in column (c)	ior a type of prop	erty for which column (a) is ci	TOUROU,

Midwesta State University Foundat, Schedule M (Form 990) (2015) 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**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 990-EZ

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,

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Name of the organization

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.