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## . C&E 989 Form **990**

Extended to July 16, 2018

Return of Organization 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.

2016
Open to Public Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.lrs.gov/form9903 Inspection Internal Revenue Service A For the 2016 calendar year, or tax year beginning SEP 1, 2016 and ending AUG 31. Check if applicable D Employer identification number C Name of organization Midwestern State University Foundation, Address change Inc. Name change 75-1101337 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return (940)322-4436 807 8th Street, 2nd Floor 280,479.09 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 76301-3381 H(a) Is this a group return Wichita Falls, TX F Name and address of principal officer. Stephen Reno Gustafson for subordinates? C/O 807 8th Street, 2nd Floor, Wichita Falls H(b) Are all subordinates included? 501(c) ( 4947(a)(1)(or 1 I Tax-exempt status: X 501(c)(3) L ) ◀ (insert no.) L If "No," attach a list. (see instructions) H(c) Group exemption number J Website: ► N/A Other > K Form of organization: X Corporation Trust Association Year of formation: 1960 M State of legal domicile: TX .Part I∣ Summary Briefly describe the organization's mission or most significant activities. To receive contributions by Governance means of donations, gifts, and bequests and to expend such funds for 2 Check this box > \_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 0 Total number of volunteers (estimate if necessary) 6 0.00 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.00 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 715,436.15 Contributions and grants (Part VIII, line 1h) 164,771.65 0.00 0.00 Program service revenue (Part VIII, line 2g) 416,194.51 073,586.32 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ,863.53 2,354.88 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 240,712.85 133,494.19 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 459,707.00 560,905.00 Grants and similar amounts paid (Part IX, column (A), lines 1-3) SCAINNED SEP 1 in Assets or | Frances 0.00 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 0.00 0.00 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 · 图为"原数"的原始 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 243,998.18 618,950.65 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 703,705.18 179,855.65 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 429,789.01 060,857.20 Beginning of Current Year **End of Year** 22,305,641.9923 682,103,72 20 Total assets (Part X, line 16) 578.18 21,146.59 21 Total liabilities (Part X, line 26) 284,495.4023,678,525.54 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Stephen Reno Gustafson, Chairman/Trustee Here Type or print name and title Print/Type preparer's name Preparer's signature 7/10/18 P00123468 Paid Mac Cannedy Firm's name \_ Freemon, 75-0706311 Preparer Shapard & Story Firm's EIN Firm's address > 807 8th Street, 2nd Floor Use Only Wichita Falls, TX 76301-3381 Phone no (940)322-4436

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

# Midwestern State University Foundation, Form 990 (2016) Inc. 75-1101337\_ Page **2**\_ Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. To receive contributions by means of donations, gifts, and bequests and to expend such funds for the advancement of the literary, scientific, and other educational endeavors of Midwestern State University, a tax exempt institution of higher learning. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? .... If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 560,905.00 including grants of \$ 560,905.00) (Revenue \$ \_\_\_\_\_ ) (Expenses \$ Awarding scholarships to qualified students on the basis of need and merit. See Schedule 4 388,376.99 including grants of \$ Funding of various special projects of the University. See Schedule 5. 0.00 including grants of \$ \_ ) (Revenue \$ ) (Expenses \$ President's office discretionary fund, Institutional Advancement position and other activities to aid in the growth and operation of the University. Other program services (Describe in Schedule O) including grants of \$ Total program service expenses

Form 990 (2016)

Form 990 (2016)

Inc.

Part IV Checklist of Required Schedules

75-1101

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII <u>11c</u> 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Form **990** (2016)

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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> </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			ļ
	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			ĺ
	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		
C	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		
	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
ь	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	1		
	Schedule L, Part I	25b		Х
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,"	ŀ		Í
	complete Schedule L, Part II	26		Х
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	76		100
	instructions for applicable filing thresholds, conditions, and exceptions):	100	1, 46	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	A second to the second to the second tracker and tra			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

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	990 (2016) Inc. 75-1101	<u> 337</u>	Р	age (
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1.		١.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ		i
	(gambling) winnings to prize winners? .	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	`	1.	۱ , ۱
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	( ,	·	''
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ĺ	1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country: ▶	舒. :	3	1.2,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	er year	a vale	No.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ĺ	ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	* :		1.4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	(-,,,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	2 7 8	4.27	3,353
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	<u> </u>
h		7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. Y	京教の	FireJa
_	sponsoring organization have excess business holdings at any time during the year?	8	47.6.5	72. 100
9	Sponsoring organizations maintaining donor advised funds.	_	J. Blanch	14 C
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	¥	~ · · · · · · ·
10	Section 501(c)(7) organizations. Enter:		7.5	, , , ,
a	Initiation fees and capital contributions included on Part VIII, line 12	13	iz -	24-
b		ا۔		
11	Section 501(c)(12) organizations. Enter.	اڙ ۽	7.2	
a	Gross income from members or shareholders		45	15
D	Gross income from other sources (Do not net amounts due or paid to other sources against	· •	7.7	
10-	amounts due or received from them)  Continue 4047(-MA) was a superior to be received to the expension filing Form 200 in less of Form 10412	, , , , ,     40-	- 14(1	÷~ ~ .
	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  Section 504/5/800 muchfield page 554/500 muchfield	ے ۔ ا	on the second	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	<del> </del>	<del>  `</del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O		2.37	Ĭ.
D	Enter the amount of reserves the organization is required to maintain by the states in which the	, , , ,		,
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b		1	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del>                                     </del>	- 23
			990	(2016

_	Midwestern State University Foundation	ı,	75-110	1227	0.	age 6
	990 (2016) Inc.  t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	•	below, and for a			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	366 II IS	tractions.			X
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					LAI
Sec	tion A. Governing Body and Management				· ·	
		. 1		7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	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.	46	•	7 - 1		, .
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	athar	4 .		٠.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	ly other		•	X
_	officer, director, trustee, or key employee?	direct.		2		
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 99	n wae	filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's asset			5		X
5	<i>5 . 5</i>	101	•	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or app	noint oi	ne or			
7a		JOIN O	10 01	7a		х
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ackhala	ters or	10		
Ð	persons other than the governing body?	JUNIOR	2613, OI	7b		х
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	following:	3 (86-19 1-65) 2	£ ]	\$ £'59
8	The governing body?	by the	onowing.	8a	X	1
a b	Each committee with authority to act on behalf of the governing body?			8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at	the	0.5		
3	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 Rev	venue (	Code )		<u> </u>	
	, ma control of the c				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters.	affiliates.			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	1. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1,1, ° ¢ 13*5≠ 1	3 - E (
	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o confli	cts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
•	ın 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 ind	ependent	13	15.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 700	`;; ·	
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)			1 / Ja.	1 6	1 4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	ha			į.
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipation	14.5	£4.	1390
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation'	s	<u></u> .	','	1
	exempt status with respect to such arrangements?			16b	l	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None		<del></del>		<del>,</del>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)s only	availat	ie	
	for public inspection. Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request Other (explain i	n Sche	dule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, a	nd 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 boo	ks and	records >			
	Freemon, Shapard & Story - 940-322-4436					
	807 8th Street, 2nd Floor, Wichita Falls, TX 76303	1				

	midwestern state university roundation,		
Form 990 (2016)	Inc.	75-1101337	Page
Part VII Compensation	of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
Employees, ar	nd Independent Contractors		

	Check i	f Schedule	O cont	ains	a respo	nse or r	note to an	y lin	e in this P	art 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) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Reno Gustafson	2.00									
Chairman		X	<u></u>	X	L_	_		0.00	0.00	0.00
(2) Rick Haskin	1.00			ļ						
Secretary		X	L_	Х		<u> </u>		0.00	0.00	0.00
(3) Kevin O'Connell	1.00	1		} :		1				
Trustee		X		<u> </u>				0.00	0.00	0.00
(4) David Welch	1.00								0.00	
Trustee	1 20	X		_		-	-	0.00	0.00	0.00
(5) Warren Ayres	1.00								0 00	0 00
Trustee	1 00	X		$\vdash$	-	$\vdash$	_	0.00	0.00	0.00
(6) Charlie Prothro	1.00							0 00	0 00	0 00
Trustee	1.00	X			-	-		0.00	0.00	0.00
(7) Tony Fidelie, Jr.	1.00	X						0.00	0.00	0.00
Trustee	<del>                                     </del>	^			-	$\vdash$	-	0.00	0.00	0.00
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	990 (2016)Inc.									75-110	01337 Page 8
Part	VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st C		es (continued)	<del>- 1</del>
	(A)	(B)			)) Pos	C) Ition	,		(D)	(E)	(F)
	Name and title	Average hours per	(do not check more than o						Reportable	Reportable	Estimated
		week		cer ar					compensation	compensation from related	amount of other
		(list any	ខ្ល						the	organizations	compensation
		hours for	or director	- a	ŀ		Eg.		organization	(W-2/1099-MISC	) from the
		related organizations	uste	#ast		يوا	beus	i	(W-2/1099-MISC)		organization
		below	Individual trustee	Institutional trustee	_	yoldr	ye y	_			and related organizations
		line)	Indiv	In Stift	Office.	Кеу етріоуее	Highest compensated employee	Former			Organizations
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1b S	Sub-total							<b>&gt;</b>	0.00		
сТ	Total from continuation sheets to Part V	II, Section A							0.00		
	Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u></u>				<u> </u>	0.00		0.00
	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable	(
	compensation from the organization										Yes No
<b>3</b> D	Old the organization list any former officer,	director, or th	uste	e. ke	v er	nolo	vee	. or	highest compensated e	mplovee on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ine 1a? If "Yes," complete Schedule J for s				, -		,			, ,,	3 X
4 F	or any individual listed on line 1a, is the su	um of reportab	le co	qmc	ensa	ation	and	d oth	her compensation from	the organization	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual	-	4 X
	Old any person listed on line 1a receive or a							elat	ed organization or indiv	idual for services	
	endered to the organization? If "Yes," com on B. Independent Contractors	iplete Schedul	e J f	or s	uch	pers	son		·	<del></del>	5 X
	Complete this table for your five highest co	mnensated in	dene	nde	nt c	ontr		nrs t	hat received more than	\$100,000 of comp	ensation from
	he organization. Report compensation for	· ·									
	(A)								(B)		(C)
	Name and business	address							Description of s	ervices	Compensation
	gan Stanley			_							
3728	<u> Maplewood, Wichita</u>	Falls, <u>'</u>	ГX	76	530	98		-	Investment S	ervices	153,880.40
										İ	
		<del></del> ,					-				·· <del>·</del>
										<del>   -</del>	<u></u>
	otal number of independent contractors (i	=	ot lii	mite	d to	tho	se li: 1	sted	above) who received m	nore than	
	5100,000 of compensation from the organi	ZaliUII					<u> </u>				<del></del>

Page 8

Midwestern State University Foundation, Form 990 (2016) Inc. 75-1101337 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 164,771,65 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Program Service Revenue All other program service revenue 医等等证的可能。 Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 469,667,32 Income from investment of tax-exempt bond proceeds 2 354 88

	5	Royalties	· <u>·</u>	<u> </u>	2,354,88			2,354,88
			(i) Real	(II) Personal			程第2 是来	
	6	a Gross rents	Ĺ					(
		b Less. rental expenses			المهالي والمرابع المالية المالية			
		c Rental income or (loss)						
		d Net rental income or (loss) .	· <u>·</u>					
	7	a Gross amount from sales of	(i) Securities	(II) Other	with start in	The Braining	是古典的問題	· 在第2000年1月28日
		assets other than inventory	6 643 685 24				کار مرد از ایند مخورد در د از او خواد بر کار دری	
		b Less. cost or other basis						
		and sales expenses	5 039 766 24		1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
- 1		c Gain or (loss)	1,603,919,00		1. 1	TO STANKE	E 10. 1/80	
		d Net gain or (loss)	,	<u> </u>	1,603,919,00			1,603,919,00
ايو	8	a Gross income from fundraising	g events (not			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
e e		including \$	of					
Other Revenue		contributions reported on line	1c) See					
ا م. ا		Part IV, line 18	a)				i e tiae	
¥		b Less direct expenses	ь			Charles Solan S		*
		c Net income or (loss) from fund	raising events	<b>&gt;</b> _		13 18 1		· ·
	9	a Gross income from gaming ac	tivities. See				11 - E. J.	
}		Part IV, line 19	a					
		b Less. direct expenses	ь			: 1		~ · · · · · · · · · · · · · · · · · · ·
		c Net income or (loss) from gam	ing activities					
	10	a Gross sales of inventory, less	returns			,	ي *	1 m nr
}		and allowances	a			- 1		
		<b>b</b> Less cost of goods sold	., ь[				. ,,,,	***
ļ		c Net income or (loss) from sale	s of inventory	<u> </u>		·-··		
ļ		Miscellaneous Revenu	e	Business Code		,		1
	11	a						
		b						
		С						
		d All other revenue						
		e Total. Add lines 11a-11d		<b>•</b>		. /	_ ` ,	· 1, ,*
	12	Total revenue. See instructions.		<u> </u>	2,240,712.85	0.00	- 0.00	2 075 941.20
332009	9 11-	1-11-18						Form <b>990</b> (2016)

Form 990 (2016) Inc.

Part IX | Statement of Functional Expenses

75-1101337 Page 10

Seci	<u>ion 501(c)(3) and 501(c)(4) organizations must con</u> Check if Schedule O contains a respo			ompiete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	560,905.00	560,905.00		
2	Grants and other assistance to domestic			and the state of the state of	
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				red to the first and first to
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			30 Jan 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
4	Benefits paid to or for members			31 Mar. 2 3 .	16 x x x 3 22x 4
5	Compensation of current officers, directors,				
	trustees, and key employees		<del></del>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	<del></del>	<u>, ———</u>	<u> </u>	<del>                                     </del>
8	Pension plan accruals and contributions (include			<u> </u>	
0	section 401(k) and 403(b) employer contributions)			}	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		<del></del>		<del></del>
''	Management				
b	Legal		· · · · · · · · · · · · · · · · · · ·	······································	
c	Accounting	56,900.00		56,900.00	
d	Lobbying		<del></del>		
е	Professional fundraising services. See Part IV, line 17		There is a facility of the state of the		
f	Investment management fees	170,210.67		170,210.67	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u></u>
16	Occupancy				<u> </u>
17	Travel .			<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<del></del>		
19	Conferences, conventions, and meetings		<del></del>		<del> </del>
20	Interest		<del> </del>		<u> </u>
21	Payments to affiliates			<del> </del>	<del> </del>
22	Depreciation, depletion, and amortization		<del></del>		
23	Insurance		4	7, 7, 7, 7, 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		÷		
а	Schedule 2	391,839.98	388,376.99	3,462.99	
b					<del> </del>
C					<del> </del>
d			<del></del>	<del> </del>	<del> </del>
е	All other expenses	1 170 055 65	040 201 00	220 572 66	0.00
<u>25</u>		1,179,855.65	949,281.99	230,573.66	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.				
	educational campaign and ignoralising soficitation.				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 9,385,43 502,670.98 1 Cash · non interest-bearing 1,747,119.31 863,201.97 2 Savings and temporary cash investments 41,850.57 26,796.98 3 Pledges and grants receivable, net 3 11,691.34 89,539.70 Accounts receivable, net ... 4 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. 6 Notes and loans receivable, net 7 7 Inventories for sale or use ..... 246,159.69 33,094.20 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other ·利益指数的 261.55 basis Complete Part VI of Schedule D 10a 9,261.55 9,261.55 Less: accumulated depreciation 10b 10c 20,171,720.49 11 22,085,519.18 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 60,421.39 65,691.54 13 Investments - program-related. See Part IV, line 11 13 8,032.22 6,327.62 14 Intangible assets 14 . ... 15 Other assets. See Part IV, line 11 15 22,305,641.99 16 23,682,103.72 16 Total assets. Add lines 1 through 15 (must equal line 34 21,146.59 3,578.18 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. آمد من آ Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 3,578.18 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <289,351.58 > 27<341,957.10> 27 Unrestricted net assets 7,217,253.55 8,470,774.83 28 28 Temporarily restricted net assets 15,356,593.43 29 15,549,707.81 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 1.112.713 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 22,284,495.40 33 23,678,525.54 33 Total net assets or fund balances 22,305,641.99 34 23,682,103.72 Total liabilities and net assets/fund balances

Midwestern State University Foundation, Inc. 75-1101337 Page 12 Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,240,712.85 Total revenue (must equal Part VIII, column (A), line 12) 1,179,855.65 Total expenses (must equal Part IX, column (A), line 25) 2 1,060,857. Revenue less expenses Subtract line 2 from line 1 3 22,284,495.40 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 333,172.94 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 0.00 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 23,678,525.54 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes X Accrual Accounting method used to prepare the Form 990. Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

За

Form 990 (2016)

Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection :

Employer identification number

lan	e of t	he organization		stern St	ate	Univers	ity	, Fou	ndati	on,	i	identification number
Pa	rt I	Reason for I	<u>Inc.</u> Public Ch	narity Statu	S (All or	nanizations mu	st cor	nolete th	is part ) Se	e instruction		5-1101337
_									<del></del>	36 IIIStruction	<del>.</del>	
1 2		zation is not a privi A church, convent A school describe	tion of chur	ches, or associ	ation of	churches desc	ribed	in sectio	n 170(b)(	I)(A)(i).		06
3		A hospital or a cod	perative ho	spital service o	rganiza	ation described	ın sed	ction 170	(b)(1)(A)(ii	ii).		
4		A medical research	h organızatı	on operated in	conjund	ction with a hos	pital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
5	X	An organization of section 170(b)(1)			college	or university o	wned	or opera	ted by a g	overnmental i	unit describ	ped in
6		A federal, state, or			rnmenta	al unit describe	d in s	ection 17	70(b)(1)(A)	(v).		
7		An organization th	at normally	receives a sub-	stantial	part of its supp	ort fr	om a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(	A)(vi), (Com	nplete Part (I.)				_			_	
8		A community trust			(b)(1)(A	)(vi). (Complete	Part	II)				
9		An agricultural res							ed in conju	inction with a	land-grant	college
-		or university or a n	_									
		university	z <b>3</b>	<b> </b>			•			•	•	
10			at normally	receives, (1) m	ore than	n 33 1/3% of its	SUDE	ort from	contribution	ons, members	ship fees, a	and gross receipts from
		=	=									t from gross investment
					•	-						after June 30, 1975.
		See section 509(a			(,,,,,,,		-,				<b>3</b>	
11		An organization or		•	usively	to test for publ	ic saf	etv See	section 50	)9(a)(4)		
12	一	•	-	•	•	•		-			arry out the	purposes of one or
-		more publicly supp										
		lines 12a through	_									onder the Box in
_		Type I. A suppor										, alvina
а	<u> </u>	the supported o										
		• •	-	• •	-	-	oot a	majority .	or the dire	ctors or trusti	203 01 1110 3	aupporting
1	_	organization Yo		•			nnocti	on with it	e cupport	od organizati	an(e) by be	wing
b	Ь	Type II. A suppo control or manag										
							31 <del>0</del> 3a	ine perse	nis tilat ct	Jillioi oi illalia	age the sup	ported
_		organization(s).		-			atod u	a connec	tion with	and functions	illy intograt	ad with
С	Ь_	Type III function									my integrati	eu with,
		its supported or	-								rtad argan	ration(a)
d	Щ.	Type III non-fur	_	_		=						
		that is not functi		_		-		-		•	o an alleni	iveness
		requirement (see										
е	L	Check this box i	-							i Type I, Type	il, Type III	
_		functionally integ	•		tionally	integrated sup	portir	ng organa	zation			
		r the number of su		•								L
_9_		ide the following in Name of supported	formation a	bout the suppo (ii) EIN		ganization(s). Type of organizat	uon I	(iv) is the orga	nization listed	(v) Amount o	fmonotany	(vi) Amount of other
	٧,	organization		(11) (11)		scribed on lines 1	-10		nization listed ng document?	support (see ii	-	support (see instructions)
					abo	ve (see instructio	ns))	Yes	No			,
					ł							
				<del></del>								
								_				<del>                                     </del>
		<del> </del>			_		$\dashv$					

Midwestern State University Foundation, Schedule A (Form 990 or 990-EZ) 2016 Inc. 75-1101337 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (b) 2013 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 554076973,913.84715436.15164771.65 384676.12 include any "unusual grants.") 6879566 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 554076973,913.84715436.15164771.65 6879566 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 2065172 4814394 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2014 (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 384676.12 554076973,913.84715436.15164771.65 6879566 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 372471.69467013.56855800.57 1418058 2075941 5189285 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ر من المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا ومراجع المراجع 11 Total support, Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 39.89 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 50.71 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ►X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	olete Part II)			<del></del>	<del></del>
	A. Public Support	<del></del>			,	<del></del>	
Calendar yea	r (or fiscal year beginning in) 🕨	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, g	rants, contributions, and						1
membe	ership fees received. (Do not			}	1	1	
ınclude	any "unusual grants ")						
mercha formed any act	receipts from admissions, andise sold or services per- , or facilities furnished in tivity that is related to the cation's tax-exempt purpose						
3 Gross r	receipts from activities that						
are not	an unrelated trade or bus-			ł	1		
iness u	nder section 513				<u> </u>	/	
ızatıon'	renues levied for the organ- s benefit and either paid to ended on its behalf						
5 The val	ue of services or facilities					[	
furnish	ed by a governmental unit to						
the org	anization without charge				/	<u>                                     </u>	<u></u>
•	Add lines 1 through 5						
	ts included on lines 1, 2, and						
	ved from disqualified persons					1	
<b>b</b> Amounts from othe exceed th	included on lines 2 and 3 received in than disqualified persons that ie greater of \$5,000 or 1% of the in line 13 for the year						
c Add line	es 7a and 7b			/			
8 Public	support. (Subtract line 7c from line 6)	2. 1		<b>作。这样的</b>	脂酸性、湿疹、	其自己的理解	
	3. Total Support						
Calendar yea	r (or fiscal year beginning in)	(a) 2012	(b) 2013/	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amoun	ts from line 6						
dividen securiti	ncome from interest, ids, payments received on les loans, rents, royalties come from similar sources						
(less se	d business taxable income ction 511 taxes) from businesses d after June 30, 1975	/					
11 Net inc activities whether	es 10a and 10b ome from unrelated business es not included in line 10b, er or not the business is ly carried on						
or loss	ncome. Do not include gain from the sale of capital (Explain in Part VI)						
13 Total su	pport (Add lines 9, 10c, 11, and 12)			l <u> </u>	<u> </u>	<u> </u>	
14 First fiv	ve years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	his box and stop here	<i>'</i>					<b>&gt;</b>
Section C	C. Computation of Publ	ic Support Pe	rcentage		<del> </del>		
15 Public	support percentage for 2016 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	9
16 Public	support percentage from 2015	Schedule A, Part	III, line 15	<u></u>		16	9
	O. Computation of Inve						
	nent income percentage for 20					17	9
	nent income percentage from			,	•	18	
	% support tests - 2016. If the			on line 14, and line	e 15 is more than		
	· · · /	=					5.1.6t
	nan 33 1/3%, Check this box a						and
	% support tests - 2015. If the	=					11IU
	is not more than 33 1/3%, che		-				<b>!</b>
20 Private	foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Schedule A (Form 990 or 990 EZ) 2016 Inc.

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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)

· · · · ·	Yes	No
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Га	rt IV   Supporting Organizations (continued)		Von	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
` a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		٠,	1. 5.
_	below, the governing body of a supported organization?	11a	- '	
b	A family member of a person described in (a) above?	11b		
	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.	110		
	etion B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	·17.4	4. 2	125
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		7, 4; 7, 4;	, 2
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	d 945471	, 17 g = 1.	1
	controlled the organization's activities. If the organization had more than one supported organization,	2 4 2 2 3		10000
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			是語
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		35
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1700 m		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	19 (13)	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100	100	
	or management of the supporting organization was vested in the same persons that controlled or managed		\$7.6 £	1
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	480 G 30	\$45.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	يومن ويروي د ما في علم ال	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- 14	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		He s	1. 1. T
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Talker .	نَ رَفِّ الْمُنْ الْمِنْ	200
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		3.50	
	significant voice in the organization's investment policies and in directing the use of the organization's	12 ft = "at	A 74.7	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ēvinģ		THE
	supported organizations played in this regard.	3	L	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the Integral Part Test during the yea(see Instruction used to satisfy the yea(see Instruction used to satisfy the yea(see Instruction used to satisfy the y	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	ee instructions,		
2	Activities Test Answer (a) and (b) below.	[3.1.340]	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.5	2. 17	477
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1.3.5	Sec.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 1 - 2	2 2 2 X
	how the organization was responsive to those supported organizations, and how the organization determined	1 2 7 3	(4.2).	1 1 mm
	that these activities constituted substantially all of its activities	2a	/ 1 m2 x	f.a. *3
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	777		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ر و را را را را را را را را را را را را را		77 74
	reasons for the organization's position that its supported organization(s) would have engaged in these	a	1. A	-2" Y_}
_	activities but for the organization's involvement.	2b	2.5	1.0
3	Parent of Supported Organizations. Answer (a) and (b) below.		354	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Ch 25.	مريم ي	- ' '
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<b> </b>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<del>.</del>	~
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

Sche	dule A (Form 990 or 990 EZ) 2016 Inc.			5-1101337 Page 6
Pa	ур-			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in F	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	19.00		
а	Average monthly value of securities	1a		7 10 10 10 10 10 10 10 10 10 10 10 10 10
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	323	LAKATHE . LIKE	图式建设设置 (图)
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	不理論與其政治學()	
2	Enter 85% of line 1	2	a da kararan	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>设有的企业的基础的</b>	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	学 15年15年15日 1853年1855年1855年1855年1855年1855年1855年1855年	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see
		•	- · · ·	•

Schedule A (Form 990 or 990-EZ) 2016

75-1101337 Page 7 Schedule A (Form 990 or 990-EZ) 2016 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 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 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 8 (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (iii) (ii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Pre-2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e 1. H. (1878) g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 20 17. Add lines 3j and 4c Breakdown of line 7 8 b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

# Midwestern State University Foundation, Schedule A (Form 990 or 990-EZ) 2016 Inc. 75-1101337 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

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

2016 Inspection

OMB No 1545-0047

Midwestern State University Foundation, Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	or deliver deliver, or iter dry diller purpose de	. Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	
-	year >	,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	<del></del>	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner 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 (AS	SC 958), not to report in its reve <mark>nue</mark> stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	_	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>•</b> •

	dule D (Form 990) 2016 Inc.					101337 Page 2
Par	t III Organizations Maintaining C	Collections of Art, Hi	storical Tre	easures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, access	ion, and other records, che	ck any of the f	following that are a s	significant use of it	s collection items
	(check all that apply).		_			
а	Public exhibition	d	Loan or exch	nange programs		
b	Scholarly research	е 🗀	Other			
C	Preservation for future generations					
4	Provide a description of the organization's continuous	ollections and explain how	they further th	e organization's exe	empt purpose in P	art XIII.
5	During the year, did the organization solicit of	or receive donations of art,	historical treas	sures, or other simila	ır assets	
	to be sold to raise funds rather than to be m	aintained as part of the org	anization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arran	gements. Complete if the	ne organization	n answered "Yes" o	n Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21				
1a	Is the organization an agent, trustee, custod	ian or other intermediary fo	r contribution:	s or other assets no	t included	
	on Form 990, Part X?		••		L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	j table:			
						Amount
С	Beginning balance		-		1c	
d	Additions during the year				. 1d	
е	Distributions during the year				. 1e	
f	Ending balance		•		1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21, fo	r escrow or cu	istodial account liab	ılıty?	Yes No
ь	If "Yes," explain the arrangement in Part XIII	. Check here if the explana	tion has been	provided on Part XI	<u> </u>	
Par	t V Endowment Funds. Complete	if the organization answere	d "Yes" on Fo	rm 990, Part IV, line	10.	
		(a) Current year (b)	Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	22,573,846,00 21	906,999,00	23,812,978,00	16,879,891,	00 16,095,669,00
b	Contributions	164,771,65	613,236,15	73,913,84	5,540,768,	<u> 384,676,12</u>
С	Net investment earnings, gains, and losses	2,262,440,25 1,	440,288,61	<1,024,165,00	2,635,869,	51 2,066,096,83
d	Grants or scholarships	560,905.00	459,707.00	508,370,00	459,108,	00 407,224,00
е	Other expenditures for facilities					
	and programs	419,671,25	926,970,07	447,357,37	784,442,	77 1,259,327,81
f	Administrative expenses					
g	End of year balance	24,020,481,65 22,	573,846.00	21,906,999,00	23,812,978,	00 16,879,891,00
2	Provide the estimated percentage of the cur	rent year end balance (line	1g, column (a	)) held as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment ► 65.00	%				
С	Temporarily restricted endowment ▶3	<u>5.00</u> %				
	The percentages on lines 2a, 2b, and 2c sho					
За	Are there endowment funds not in the posse	ession of the organization t	hat are held a	nd administered for	the organization	
	pà.					Yes No
	(i) unrelated organizations				•	.   3a(i)   X
	(ii) related organizations		•		•	3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on	Schedule R?			3b
4	Describe in Part XIII the intended uses of the		it funds.			
Pai						
	Complete if the organization answere	d "Yes" on Form 990, Part	IV, line 11a. S	ee Form 990, Part >	(, line 10.	
	Description of property	(a) Cost or other	(b) Cost	''	Accumulated	(d) Book value
		basis (investment)	basis (		preciation	
1a	Land .	9,261.5	5	72.7	92 (12 12 12 12 12 12 12 12 12 12 12 12 12 1	9,261.55
b	Buildings		<u> </u>			
С	Leasehold improvements					
d	Equipment					
<u>e</u>	Other			<u></u>		<del></del>
<b>*</b> - 4 - 1	Add lines to through to (Column (d) must o	anual Form OOA Part V and	umn (D) line 1	001	<b>N</b>	9 261,55

(a) Description of security or category (including name of security)	n Form 990, Part IV, lin			nd-of-year market value
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<del></del>	- <del></del>
(G)		<del></del>		
(H)	<del> </del>	Market Department to the Process	man for the street of party	11. 14 년 / 대한 영화학 - 11 공항
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		The Same and Same and	St. Carried Bridge St. St. St. St.	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of (a) Description of investment	n Form 990, Part IV, lin	e 11c. See Form 99	0, Part X, line 13.	nd-of-year market value
	(b) Book value	(C) Method o	Valuation. Cost of e	id-or-year market value
(1)		<del></del>		
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(4) (5)		<del></del>		
(6)				
(7)		··		
(8)			<del></del>	
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otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<b>选择的证明</b> 有等的	المنافق والمنافق المنافقة	
Part IX Other Assets.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, lir	e 11d See Form 99	0, Part X, line 15	
	escription			(b) Book value
44)				
(2)				
(2)				
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(2) (3) (4) (5) (6) (7)				
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(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		0.110 or 11f Soo F	orm 990. Part V line	)C
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the part X of the			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability		e 11e or 11f. See Fo	orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes			orm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) (3)			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of a Description of liability (1) Federal income taxes (2) (3) (4) (5)			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of a Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			orm 990, Part X, line 2	25
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			orm 990, Part X, line	25
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			orm 990, Part X, line	25
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, lir		orm 990, Part X, line 2	25

Sche	dule D (Form 990) 2016 Inc .			<u>101337 Page 4</u>
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		
1	Total revenue, gains, and other support per audited financial statements		1 2	,573,885.79
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 333,172.9	4	
b	Donated services and use of facilities	2b	7.	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	333,172.94
3	Subtract line 2e from line 1		3 2	,240,712.85
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	·	F 3747	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000	
b	Other (Describe in Part XIII.)	4b	1.4	
c	Add lines 4a and 4b		4c	0.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••		,240,712.85
	t XII. Reconciliation of Expenses per Audited Financial State	ments With Expenses pe		
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	•		
1	Total expenses and losses per audited financial statements		1 1	,179,855.65
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		"4.3A	, 1 , 3 , 0 3 3 1 0 3
a	Donated services and use of facilities	2a		
- h	Prior year adjustments	2b		
C	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
d	Add lines 2a through 2d	20	2e	0.00
e	Subtract line 2e from line 1	•• • • • • • • • • • • • • • • • • • • •		,179,855.65
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		3 1	,119,033.03
4		45	ŽŽ, s	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	-   'A'T'	0 00
	Add lines 4a and 4b	-	4c   5 1	0.00 179,855.65,
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5 11	,113,655.65
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		4; Part X,	iiile 2, Part XI,
	t V, line 4:			
	owment funds will be held/used in accord	ance with indivi-	<u>dual</u>	tund donor
<u>agr</u>	eements.			
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Schedule D (Form 990) 2016

Schedule D	/Form 990) 2016	Tno	blate	Oniversicy	roundacton,	75-1101337	Dana 5
Part XIII	(Form 990) 2016 Supplemental Infor	mation (continued)				75-1101337	Page 5
	- Cappionionia mio	The trott (Continued)					
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SCHEDULE I (Form 990)

enorthent of the Treas

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.

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Open to Public Inspection

2016 No 1545-0047

			INTORU.	<ul> <li>Intermation about schedule I (Form 990) and its instructions is at www.irs.gov/rorm390.</li> </ul>	uctions is at www.irs.gov/ro/m990.		
Name of the	he organization	Midwestern	State	Name of the organization Midwestern State University Foundation,		Employer in	Employer identification number
		Inc.					75-1101337
Part	General Inform	Part I General Information on Grants and Assistance	Assistance				
1 Doe	s the organization	n maintain records to si	substantiate	the amount of the grants or assistance, the grante	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
crite	ria used to awar	criteria used to award the grants or assistance?	nce?				X Yes
2 Des	cribe in Part IV th	e organization's proced	dures for mo	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Se		
Part II	Grants and Ot	ther Assistance to Dor	mestic Orga	anizations and Domestic Governments. Complex	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, 1	or any
	recipient that re	eceived more than \$5,0	000. Part II c	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.			

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Midwestern State University - Schedule 4 - 3410 Taft Blvd Wichita Falls, TX 76308	75-6001738	170(b)(1)(a)(vi)	00,206,095	00.0	0.00cash		Funds to be expended on scholarships as designated in scholarship agreements.
						C g	
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	ind government or s listed in the line	ganizations listed in the table	e line 1 table				<b>A A</b>

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

Schedule I (Form 990) (2016)

75-1101337

Inc.

(e) Method of valuation Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (h) Nimber of (c) Amount of (d) Amount of non-Schedule I (Form 990) (2016)

Part III Grants and Other

(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 noncash assistance
Part IV Supplemental Information. Provide the information required in	quired in Part I, lir	ie 2, Part III, columr	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
Part I, Line 2:					
The Foundation Board monitors the	the use of g	rant funds	by corres	grant funds by corresponding with	
appropriate coordinating personnel	at	estern Sta	te Univers	Midwestern State University to ensure	
that all scholarships are being disbursed		according to	to agreement	nt	
guidelines. The Foundation receives	an	annual audit	audit which also checks	o checks	
procedures and disbursements.					

# SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open To Public Inspection

Employer identification number

75-1101337 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications 50 50 5 K Clothing and household goods Cars and other vehicles 6 Boats and planes 8 Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

Schedule M (Form 990) (2016) Inc.
Part II Supplemental Inform 75-110133<u>7</u> Page 2 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.

Midwestern State University Foundation,

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 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.

Midwestern State University Foundation,

, Inspection has the 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 11b:
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.