Extended to July 15, 2019

Department of the Treasury

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 publi¢. Q

Intern	al Reve	enue Service	➤ Go to www.irs.go	v/Form990 for in	structions an	id the lates	t information.	1000	Inspec	ction
AF	or th	e 2017 calend	lar year, or tax year beginning	SEP 1, 20	17 and	ending 7	UG 31.	2018		
R c	heck if	C Name o	f organization				D Employer		ion number	
a	pplicab	10 1	-	maite Va			D Limployer	luentincati	ion number	
<u></u>	Addre	200	estern State Unive	ersity ro	undatio) II ,				
<u> </u>	_]chang	P Inc.					1			
<u> </u>	_Name	ge Doing bi	usiness as				·	<u>75-110</u>	1337	
	Initial return	Number	and street (or P 0, box if mail is not de	elivered to street ad	dress)	Room/suite	E Telephone	number	<u></u>	
Γ=	Final		8th Street, 2nd Fl		,		1 '		22-443	6
	returnلـ termir					·				
	ated ∏Amen		own, state or province, country, and		ostal code		G Gross receipts		,047,2	93.50
<u> </u>	_lreturn	MICII		<u> 301-3381 </u>			H(a) Is this a			
L	Applii tion	r Name a	nd address of principal officer $St\epsilon$				for subo			X No
	pendi	"9 C/O 8	07 8th Street, 2nd	l Floor,	Wichita	Falls	H(b) Are all subc	rdinates includ	led? Yes	☐ No
1 T	ax·ex	empt status) 🗸 (insert no.)	4947(a)(1)		9 –)			tions)
		te: ► N/A		/		1	H(c) Group ex			,
			X Corporation Trust A	ssociation	Other >	I Van-	of formation: 1			my my
				SSUCIATION	Other	I L Year	or formation. 1.	700 M S	ate of legal dol	mcile. LA
<u>ra</u>	rt I	Summary				<u> </u>			 -	
ا به	1	Briefly describ	e the organization's mission or mos	t significant activ	ities: ${f To}$ ${f r}$	eceive	<u>contril</u>	<u>oution</u>	s by	
2		means o	f donations, gifts	s, and be	quests	and to	expend	such	funds	<u>for</u>
Ę	2	Check this bo	x If the organization discr	ontinued its opera	t rons or dispo	Siete (of miol/s	than 25% of it	s net asset	s	
Š	3	Number of vot	x if the organization disconting members of the governing body	(Part VI. line 1a)	I REC	EIVED		3		7
હ	_		rependent voting members of the go				ואר	4		
~ઇ					101 111	1 7 2019	(Q)			
ies	5	lotal number	of individuals employed in calendar	year 2017 (Part V	TEN ZAUL	1 2013	হ	5		0
. <u>\$</u>	6	Total number	of volunteers (estimate if necessary))	000		- 도	6		0
Activities & Governance	7 a	Total unrelated	d business revenue from Part VIII, c	olumn (C), line 12		DEN, UT	ł	7a		0.00
~	b	Net unrelated	business taxable income from Form	990-T, line 34	L			7b		0.00
							Prior Year		Current Y	
	_	Contributions	and grants (Bart VIII Juan 16)				164,77	65 7	,185,3	
a l			and grants (Part VIII, line 1h)			 			1105,5	
Revenue		=	ce revenue (Part VIII, line 2g)			<u> </u>		0.00	000	0.00
ě	10	Investment inc	come (Part VIII, column (A), lines 3, 4	1, and 7d)		<u>2</u>	,073,586		,070,6	
~	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8e	c, 9c, 10c, and 1 ⁻	1e)	<u> </u>	<u>2,35</u>	1.88	2,3	<u>75.32</u>
	12	Total revenue	- add lines 8 through 11 (must equa	l Part VIII, columi	n (A), line 12)	2	,240,712	2.85 9	,258,4	20.21
			milar amounts paid (Part IX, column				560,90		569,6	50.00
J			to or for members (Part IX, column (0.00		0.00
					A) Junea 5 10)			0.00		0.00
Ses			r compensation, employee benefits		A), lines 5-10)					
Expenses			undraising fees (Part IX, column (A),		•			0.00		0.00
つき	b	Total fundraisi	ing expenses (Part IX, column (D), lir	ne 25) 🕨	0	<u>.00</u>				
2	17	Other expense	es (Part IX, column (A), lines 11a-11c	J, 11f-24e)		<u> </u>	<u>618,950</u>) <u>.65</u>	<u>697,0</u>	<u> 24.47</u>
	18	Total expense	s Add lines 13-17 (must equal Part	IX, column (A), lin	ie 25)	1	,179,855	5.65 1	,266,6	74.47
]			expenses Subtract line 18 from line		,	<u> </u>	,060,85	7.20 7	,991,7	45.74
		1101011001000	SAPORIOGO COCHIGORINIO TO NOMENTINIO				ginning of Currer		End of Ye	
Assets or Balances		Total assets (F				<u> 23</u>	<u>,682,103</u>			
돌	21	Total liabilities	(Part X, line 26)			<u> </u>	3,578			47.81
<u> 폴립</u>	22		fund balances Subtract line 21 from	n line 20			<u>,678,525</u>	<u>5.5432</u>	<u>,077,9</u>	<u>74.60</u>
² Pa	rt II	Signature	Block							
Unde	r pena	alties of periury. I	declare that I have examined this return	, including accomp	anying schedule	s and statem	ents, and to the b	est of my kn	owledge and b	elief, it is
) true	COLLEC	t and complete	Declaration of prepare (other than office	er is pased on all u	nformation of w	hich orenarer	has any knowled	ne	ŭ	·
5 00,	00.100	, and complete.	14 / 1901	or) is based on an in	TOTTICALOTT OF 17	пол ргоралог	Thus drift knowled	30		
			e of officer	<u> </u>			Date		,	
Sign	1	•	/			_	Date	7/10/	2019	
Here	•		hen Reno Gustaf <i>s</i> on	, Chairm	an/Trus	tee		1101	29/	
		Type or p	rint name and title							
		Print/Type prep	parer's name	Preparer's signati	ure _		ate	Check	PTIN	
Paid		Mac Can		1		1 -	7/9/19	if self-employed	P00123	468
				C C+	(Ossan	-up-	4			
Prepa			Freemon, Shapard			<u> </u>	Firm's	ZIIN /	<u>5-0706</u> ;	31T_
Use (Only	Firm's address		2nd Floo			l			
		L	<u>Wichita Falls, T</u>	<u> 76301–</u>	3381		Phone	no. (940)322-4 ₄	436
May	the IF	RS discuss this	return with the preparer shown abo	ove? (see instruct	tions)				X Yes	No_No

75-1101337 Page 2 Form 990 (2017) Inc. 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 beguests 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 (Code) (Expenses \$ 569,650.00 including grants of \$ 569,650.00) (Revenue \$ Awarding scholarships to qualified students on the basis of need and merit. See Schedule 4 358, 487.23 including grants of \$) (Revenue \$ Funding of various special projects of the University. See Schedule 5. 0.00 including grants of \$ _) (Revenue \$ 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)) (Revenue \$ including grants of \$ 4e Total program service expenses

Form 990 (2017)

Midwestern State University Foundation,

Form 990 (2017) Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			"
	If "Yes," complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		-43
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
0	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	х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			112
	as applicable.		12.	
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	12.5	6 7	4
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c)	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		_X_
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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	19		_X_
		Form	990 (

Form 990 (2017) Inc.
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 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		Х
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	1		1
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7 * 4	, * (*4) **	4
	instructions for applicable filing thresholds, conditions, and exceptions)	25.3	4.1	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	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>X</u> _
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_		_ <u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ľ	
	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		<u>X</u>
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		<u>X</u>
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	X	
		Form	990 c	20171

	Midwestern State University Foundation,			
Form	1990 (2017) Inc. 75-1101	337	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		-30 -
	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	j	-13	5
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0] '	- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming] <i>'</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,			7.7
	filed for the calendar year ending with or within the year covered by this return]: ·		""
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		' '	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	[
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	. ``	۱. ۱. ۱	74.,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	· '	1.5	-,
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	- 1		1.2.5.2
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		<u>X</u>
	· · · · · · · · · · · · · · · · · · ·	7b		└ ─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ŀ
	to file Form 8282?	7c_		X_
	If "Yes," indicate the number of Forms 8282 filed during the year	- 5- "	·	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
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?	79_	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	121
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		's a . '	7 % 4
	sponsoring organization have excess business holdings at any time during the year?	. 8	32 m	ļ
9	Sponsoring organizations maintaining donor advised funds.		, 1	ľ <i>′</i>
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		` <u>`</u>	1
_	Innuarion tops and capital control more inclined on Part VIII IIIO 17	. ,		

a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter
a Gross income from members or shareholders

11a 11b 12 12

10b

13b

13c

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 1041? 12a

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2017)

X

13a

14a

14b

Midwestern State University Foundation, Form 990 (2017) Inc. 75-1101337 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х) 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply ___ Own website Another's website X Upon request → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Freemon, Shapard & Story - 940-322-4436

76301

807 8th Street, 2nd Floor, Wichita Falls, TX

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Form 990 (2017)	Inc.	75-1101337	Page
Part VII Compensation	on of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
Employees, a	and Independent Contractors		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received 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 week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)) than is bo	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Б огтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Reno Gustafson Chairman	2.00	x		х				0.00	0.00	0.00
(2) Rick Haskin	1.00					_				
Trustee	1.00	X						0.00	0.00	0.00
(3) Kevin O'Connell	1.00		_	_	Г			· · · · · · · · · · · · · · · · · · ·		
Trustee		х						0.00	0.00	0.00
(4) David Welch	1.00									
Trustee		X						0.00	0.00	0.00
(5) Warren Ayres Trustee	1.00	x						0.00	0.00	0.00
(6) Charlie Prothro	1.00									
Trustee	1 00	Х		-		<u> </u>		0.00	0.00	0.00
(7) Tony Fidelie, Jr. Trustee	1.00	x						0.00	0.00	0.00
										· · · · · · · · · · · · · · · · · · ·
						<u> </u>				
			_			_				
										

Average

hours per

Inc.

(A)

Name and title

(A) Name and business address	(B) Description of services	(C) Compensation		
Morgan Stanley 3728 Maplewood, Wichita Falls, TX 76308	Investment Services	167,427.95		
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 1	sted above) who received more than			

Midwestern State University Foundation, Form 990 (2017) 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 (B) (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 7 185 359 89 similar amounts not included above 16,374,68 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 502,524,84 502,524.84 Income from investment of tax-exempt bond proceeds Royalties 5 2,375,32 (i) Real (ii) Personal Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 357,033,45 b Less cost or other basis and sales expenses 788,873,29 c Gain or (loss) 568 160.16 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

9 258 420 21

0.00

d All other revenue
 e Total. Add lines 11a-11d
 Total revenue See instructions.

Form 990 (2017) Inc.
Part IX Statement of Functional Expenses

75-1101337 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	I .			
	and domestic governments. See Part IV, line 21	569,650.00	569,650.00	हिंदे देने हैं इस समिति है है नहीं नहीं है	是"许多是是是一个
2	Grants and other assistance to domestic			日常以及的思想的	THE STATE OF THE S
	ındıvıduals See Part IV, line 22			四个第二次 平均的影響	建筑建筑建筑
3	Grants and other assistance to foreign			的特別數學亦可能	的情况是是是不是
	organizations, foreign governments, and foreign			[] "是一个	
	individuals See Part IV, lines 15 and 16			建筑实施中等主义的	A PROPERTY OF THE STREET
4	Benefits paid to or for members	, , , , , , , , , , , , , , , , , , , ,		\$P\$ 100 \$10 \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	1945年18月1日 · 1953年18月1日
5	Compensation of current officers, directors,		·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	55,000.00		55,000.00	-
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			* Colympacture Color	
f	Investment management fees	184,074.06		184,074.06	
9	Other (If line 11g amount exceeds 10% of line 25,	•			
	column (A) amount, list line 11g expenses on Sch 0)			·	
12	Advertising and promotion				
13	Office expenses	96.70		96.70	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings		· 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	the second secon	783 GANES 345 61 124	HOUSE SENTENCE	C To be a great of
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)		有以是外域的	的表情情情不是最近	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	amount, list line 24e expenses on Schedule 0.) Schedule 2	457,853.71	358,487.23	99,366.48	27 feet 2 - 550 3 - 12(4 \$6 \$50
a		457,055.71	330,401.23	33,300.40	<u> </u>
b					
C					
ď	All Allers and a second		· · · · · · · · · · · · · · · · · · ·		
	All other expenses	1 266 674 47	020 127 22	220 E27 24	0.00
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,266,674.47	928,137.23	338,537.24	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.				

Form 990 (2017)
Part X Balance Sheet

Inc.

75-1101337 Page 11

Pa	rt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	502,670.98	1 719,470.75
	2	Savings and temporary cash investments	863,201.97	2 2,086,107.40
	3	Pledges and grants receivable, net	26,796.98	3 5,345,628.12
	4	Accounts receivable, net	89,539.70	4 80,568.69
	5	Loans and other receivables from current and former officers, directors,	是"解析"。	Carl Propriet Philosophy Comment
		trustees, key employees, and highest compensated employees Complete		
		Part II of Schedule L	Life Wall Committee Commit	5
	6	Loans and other receivables from other disqualified persons (as defined under	· · · · · · · · · · · · · · · · · · ·	The Kind of the Children of the
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		THE THE PARTY OF T
		employers and sponsoring organizations of section 501(c)(9) voluntary		
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net		7
Ä	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	33,094.20	9 33,725.66
	10a	Land, buildings, and equipment cost or other		以外,不是不是这个有效的
		basis Complete Part VI of Schedule D 10a 9, 261.55	T	
	þ	Less accumulated depreciation 10b		10c 9,261.55
	11	Investments - publicly traded securities	22,085,519.18	11 23,740,989.28
	12	investments - other securities. See Part IV, line 11	65 604 54	12
	13	Investments · program-related. See Part IV, line 11	65,691.54	13 71,163.03
	14	Intangible assets	6,327.62	7,007.93
	15	Other assets See Part IV, line 11	22 602 102 72	15 22 002 022 41
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,682,103.72	16 32,093,922.41
	17	Accounts payable and accrued expenses	3,578.18	15,947.81
	18 19	Grants payable Deferred revenue	 	19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
w	22	Loans and other payables to current and former officers, directors, trustees,	COLDENS TO SANCE	WE THE SECRET STATES
Liabilities		key employees, highest compensated employees, and disqualified persons		
abil		Complete Part II of Schedule L	EXTREMEDIATION OF EACH CONFESSION	22
ا تـ	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		25
	26	Total liabilities. Add lines 17 through 25	3,578.18	26 15,947.81
		Organizations that follow SFAS 117 (ASC 958), check here ▶		
sec		complete lines 27 through 29, and lines 33 and 34.	2.41 057 10	
land	27	Unrestricted net assets	<341,957.10	
Ва	28	Temporarily restricted net assets		28 15,746,179.43
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SEAS 117 (ASC 959), shock here.		29 16,616,682.88
F		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	外外性的法性的過程	
ts o	30	Capital stock or trust principal, or current funds	The same control of the same o	(1986년 - 1987년 전략 1985년 - 1987년 - 198
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31
Ţ.	32	Retained earnings, endowment, accumulated income, or other funds		32
Š	33	Total net assets or fund balances	<u> </u>	33 32,077,974.60
	34	Total liabilities and net assets/fund balances		34 32,093,922.41
		<u> </u>		Form 990 (2017)

	1990 (2017) Inc.	75	-110133	<u>7 Ра</u>	age 12
Pa	rt Ⅺ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,258		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,266		
3	Revenue less expenses Subtract line 2 from line 1	_ 3	7,991		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,678		
5	Net unrealized gains (losses) on investments	_5	407	<u>,703</u>	3.33
6	Donated services and use of facilities	6			
7	Investment expenses	7_			
8	Prior period adjustments	8			0.01
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(0.00
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	_10	32,077	<u>,974</u>	1.60
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			(1) (2)
	separate basis, consolidated basis, or both			計劃	
	Separate basis Consolidated basis Both consolidated and separate basis		1 m		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	s, 🔯	176	
	consolidated basis, or both.		المارية والمارية المارية المارية المارية المارية	7 8 6 15	
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	: X	la car
	If the organization changed either its oversight process or selection process during the tax year, explain in School		15/33/4/18		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	udit 虚数		
	Act and OMB Circular A-133?		3a	Ц	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	ıdıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			For	m 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

...Inspection.

Name of the organization Midwestern State University Foundation, Employer identification number 75-1101337 Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 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) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 554076973,913.84715436.15164771.65 7185360 13680250 include any "unusual grants.") 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 7185360 13680250 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2081547 6 Public support. Subtract line 5 from line 11598704 Section B. Total Support (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 554076973,913.84715436.15164771.65 7185360 13680250 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 467013.56855800.57 1418056 2075941 2073060 6889872 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) 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 56.39 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 39.89 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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 - 2017. 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

b 10% -facts-and-circumstances test - 2016. 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 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

Schedule A (Form 990 or 990-EZ) 2017

Midwestern State University Foundation, 75-1101337 Page 3 Schedule A (Form 990 or 990-EZ) 2017 Inc . Part III Support Schedule for Organization's 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 below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b , , \ · 中意公司 (1885年) 1. 30 30 8 Public support. (Subtract line 7c from line 6) Section B. Total Support <u>(b) ́2</u>014 (c) 2015 (e) 2017 (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 t(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017 Inc.

75-1101337 Page 4

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 Yes No 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 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) 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 3a 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. 3b 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 Зс 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 4a 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 4b 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 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 Part VI. 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) 7 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) 8 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. 9b 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. 9с 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

10a

10b

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	edule A (Form 990 or 990-EZ) 2017 Inc.	75-110133	7 P	age 5
Pa	rt IV. Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Filte	600	7.75
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	12 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	below, the governing body of a supported organization?	11a		1
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.	11c	_	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	2 55	Tark Asi	14.0
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	200		E
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		13.2	, , , , , , , , , , , , , , , , , , ,
	controlled the organization's activities if the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2626	7000
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	[[[[]]]] [[] [] [] [] [] [7 -54	1,12,20
2	Did the organization operate for the benefit of any supported organization other than the supported	502.78	* 55.5 4	(-)3-S
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		4 4	7.
		10 July 10 Jul	2 8	J. 7. 3.
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	To will	₹44£	224,74
<u> </u>	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			Τ.,
		B. 77.00	<u>Yes</u> जाक्ष्रहरू.	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			新
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		2 3 4 4 A	De la
	or management of the supporting organization was vested in the same persons that controlled or managed	[A A A A A A A A A A A A A A A A A A A	1.53	100
	the supported organization(s)	11		
Sec	tion D. All Type III Supporting Organizations	<u>- </u>		
		P. or white	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24 800	12.00	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	X	1	建筑
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.000		4 24
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	145.4 8.4 8.4 8.4 8.4 8.4 8.4 8.4 8.4 8.4 8		14.0
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		h(g)	100
	significant voice in the organization's investment policies and in directing the use of the organization's	2 2 17	31.3	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 3 3 4 7		別数
	supported organizations played in this regard	3		<u> </u>
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 in	structions).		
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 en	tity (see instructions))	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	र्जा के देव	1	22.0
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		, r 	1. 1.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	37.
	how the organization was responsive to those supported organizations, and how the organization determined		, ,	1.50
	that these activities constituted substantially all of its activities	2a		'
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2. 25. 9.	· *.	2.π.s.,
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		(3.55%). (3.7°2)	
		44		
	reasons for the organization's position that its supported organization(s) would have engaged in these	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	142.79
_	activities but for the organization's involvement	2b		7.7.9
3	Parent of Supported Organizations Answer (a) and (b) below.			1 3 4
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[* \langle 4 \langle 2.]	براء شراء	3. 3.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		b + , - 15
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	['	کا ہے)وہ تھ	25.54
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

	edule A (Form 990 or 990 EZ) 2017 Inc.			5-1101337 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	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	17 46		· 1945年 194
	instructions for short tax year or assets held for part of year)	2 (1) (1)		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
_ d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1982	The state of the s	
_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	TO COMMENT IN LIFE SATE AND AND AND	<u> </u>
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	SINGER STREET	
2	Enter 85% of line 1	2	的主体的自由的主体的	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	学では、自己は、自己は、自己は、自己は、自己は、自己は、自己は、自己は、自己は、自己	
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	ly integra	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 Inc. 75-1101337 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a Principal Control of the Control o **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years **建设建筑或水油和设建等** h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c Breakdown of line 7 **医肾内部 计图像** a Excess from 2013 The second of the second b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E						01337 Page 8
Part VI	Part IV, Section A line 1, Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b ction D, lines 2 , 6, and 8, and	, 3c, 4b, 4c, 5a, 6, 9 and 3, Part IV, Sec	9a, 9b, 9c, 11a, 11b, stion E, lines 1c, 2a, 2	and 11c, Part IV, Sect 2b, 3a, and 3b, Part V,	II, line 17a or 17b, Part II ion B, lines 1 and 2, Part line 1, Part V, Section B, r any additional informat	IV, Section C, line 1e, Part V,
	(See instructions)	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection.

OMB No 1545-0047

Midwestern State University Foundation,

Employer identification number 75-1101337

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d 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?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	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
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	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
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Tracquires or Oth	or Cimilar Assats
Pa			ier Similar Assets.
	Complete if the organization answered "Yes" on Form	······································	
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		and business about confined at any business.
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in luttherance of publi	c service, provide the following amounts
	relating to these items		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	aguires or other similar assets for fines.	\$
2	If the organization received or held works of art, historical tre		ain, provide
_	the following amounts required to be reported under SFAS 1	to (ASC 330) relating to these items	~ •
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$
11	Asserta included in Collingary, Edit A		- ∙ ∙ 0

	edule D (Form 990) 2017 Inc.					75-110		
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	<u>er Simil</u>	ar Assets	(continu	ed)
3	. Using the organization's acquisition, access	on, and other record	is, check any of the	following that are a s	significant	use of its co	llection i	tems
	(check all that apply)							
а	Public exhibition	C	_	hange programs				
þ	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	· ·	-	-		ose in Part X	Ш	
5	During the year, did the organization solicit of				ır assets			
1.00	to be sold to raise funds rather than to be m						Yes	L No_
Pa	Escrow and Custodial Arran		ete if the organization	n answered "Yes" or	n Form 990	0, Part IV, line	e 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?					LJ'	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
						A	mount	
	Beginning balance				1c	 _		
	Additions during the year				1d			
е	Distributions during the year				1e	ļ		
f	Ending balance				<u>1f</u>	L		
	Did the organization include an amount on F					\\ \	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII							
T, a	tiv : Endowment Funds. Complete r					vassa baak (- >	
		(a) Current year	(b) Prior year	(c) Two years back				ears back
1a	Beginning of year balance	24,020,481,65	22,573,846,00					891,00
þ	Contributions	7,185,359,89	164,771,65	613,236,15		3 913 84		768,65
C	Net investment earnings, gains, and losses	2,122,039,73	2,262,440,25	1,440,288,61		4 165.00		869,51
d	Grants or scholarships	569,650,00	560,905,00	459,707,00	508	3,370,00	459	108.00
е	Other expenditures for facilities	205 250 24	440 674 05	006 070 07		2.050.00	204	440 77
	and programs	395,369,94	419,671,25	926,970,07	44/	7,357,37	/84	442.77
T _	Administrative expenses	30 362 061 33	24 020 491 65	22 572 846 00	21 006	- 000 00	22 912	978.00
g	End of year balance Provide the estimated percentage of the curi			22,573,846,00	21,900	1,999,00	23,612	978.00
2	Board designated or quasi-endowment	ent year end balanc	e (iiiie 19, coluitiit (a	III II eiu as				
a	Permanent endowment > 51.34	%						
0	· ————————————————————————————————————	8.66 %						
С	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse		ation that are held ar	nd administered for t	he organiz	zation		
Sa		SSION OF the organiza	ation that are note a	id administered for t	ine organiz	Lation	V	es No
	(i) unrelated organizations					ſ	3a(ı)	X
	(ii) related organizations					Г	3a(II)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			<u> </u>	3b	
4	Describe in Part XIII the intended uses of the					L		
	t.VI: Land, Buildings, and Equipm							
1.34.3755	Complete if the organization answered), Part IV, line 11a S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or o			ccumulate	ed Id) Book v	alue
	Section of property	basis (investr	',		preciation	,	, = - • · · ·	
	Land	9,26		·. ,	ં નું નું નું ન		9.26	51.55
	Buildings	7,20						<u></u>
	Leasehold improvements							
ď	Equipment				-			
e	Other							
	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line 1	Oc)		>	9,26	51.55

Schedule D (Form 990) 2017

Inc. 75-1101337 Page 3 Schedule D (Form 990) 2017 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation Cost or end of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Midwestern State University Foundation, Schedule D (Form 990) 2017 Inc 75-1101337 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 9,666,123.54 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 407,703.33 Net unrealized gains (losses) on investments 2a h Donated services and use of facilities 2b - Ps Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 407,703.33 Add lines 2a through 2d 2e 3 9,258,420.21 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 0.00 Add lines 4a and 4b 4c 9,258,420.21 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,266,674.47 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments 2b b 2c С Other losses Other (Describe in Part XIII) 2d 0.00 e Add lines 2a through 2d 2e 266,674.47 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b 0.00 c Add lines 4a and 4b 40 266,674.47 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part:XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4:

agreements.

Endowment funds will be held/used in accordance with individual fund donor

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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e lates
30 for the
Form990
irs.gov/Fc
o www.irs
▼ Go t

2017	Open to Public	Inspection

OMB No 1545-0047

Schedule I (Form 990) (2017)					ions for Form 990.	, see the Instruct	LHA For Paperwork Reduction Act Notice, see the Instructions for For
A A				listed in the line 1 table		and government or s listed in the line	 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table
Funds to be expended on scholarships as designated in scholarship agreements,		0.00cash		569,650.00	170(b)(1)(A)(vi)	75-6001738	Midwestern State University – Schedule 4 - 3410 Taft Blvd. – Wichita Falls, TX 76308
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
IV, line 21, for any	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed.	anization answered "	complete if the org	c Governments. Conal space is need	zations and Domesti	Domestic Organi \$5,000 Part II can	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000 Part II can be duplicated if additional space is needed
X Yes No			d States	funds in the <u>Unite</u>	toring the use of grant	stance? ocedures for moni	criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	y for the grants or as	grantees' eligibilit	or assistance, the	amount of the grants	to substantiate the	1 Does the organization maintain records to substantiate the amount of
/ CCTOTT_C/						nd Assistance	Part General Information on Grants and Assistance
Employer identification number 75-1101337			,	Foundation	ity	n State Univers	Name of the organization Midwestern

Foundation,
University
State
idwestern

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 Midwe Inc. Schedule 1 (Form 990) (2017) Part III

Page 2

75-1101337

(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 Pa	jured in Part I, Irr	ne 2, Part III, column	rt I, line 2, Part III, column (b), and any other additional information	Iditional information	
Part I, Line 2:	- {				
The Foundation Board monitors the use	이	rant funds	by corres	f grant funds by corresponding with	
appropriate coordinating personnel	at	estern Sta	te Univers	Midwestern State University to ensure	
that all scholarships are being disbursed	sbursed	according	according to agreement	nt	
Juidelines. The Foundation receives	an	annual audit	audit which also checks	checks	
procedures and disbursements.					

Schedule I (Form 990) (2017)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open To Publication

Name of the organization

Midwestern State University Foundation,

Employer identification number

75-1101337

Ра	T.I' Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d Method of d noncash contrib	etermir		ts
1	Art · Works of art	 -	Norma Gornandara		, 19				
2	Art - Historical treasures					····			
3	Art - Fractional interests					·			
-			For the Art of the		+				
4	Books and publications		Brok Brail Agres						
5	Clothing and household goods		the little was Enthusine			- 			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property			·					
9	Securities - Publicly traded								
10	Securities · Closely held stock					- 			
11	Securities - Partnership, LLC, or								
	trust interests	<u> </u>							
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures					·			
14	Qualified conservation contribution - Other		·			<u></u>			
15	Real estate · Residential								
16	Real estate - Commercial						<u>_</u>		
17	Real estate - Other					· · · · · · · · · · · · · · · · · · ·			
18	Collectibles					<u>. </u>			
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other					·			
26	Other								
27	Other								
28	Other (······································			
29	Number of Forms 8283 received by the organiz	zation durini	the tax year for c	ontributions		· · · · · · · · · · · · · · · · · · ·			
23	for which the organization completed Form 828			ſ	29				
	101 Which the organization completed 1 01111 020), r art iv, i	Solice Monitorious	jement				Yes	No
20-	Divine the view did the executation receive by		n any proporty for	orted in Part Lline	se 1 through	28 that it		163	140
sua	During the year, did the organization receive by						1 ~	<i>"</i>	
	must hold for at least three years from the date		ai contribution, and	which isn't require	ed to be use	ed for	00-	1 1	-
	exempt purposes for the entire holding period?	,					30a		X
	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance p					ons7	31		X
32a	•	or related or	ganizations to soli	cit, process, or sell	noncash				
	contributions?						32a	_X	ļ
b	If "Yes," describe in Part II							,	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column	(a) is checl	ked,		^	
	describe in Part II						l'		

Schedule M (Form 990) 2017 Inc.	75-1101337 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information	s, and whether the organization ibination of both. Also complete
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 wit	th the current
investment policy of the Foundation.	
	·

732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Midwestern State University Foundation, Inc.

Employer identification number 75-1101337

Form 990, Part I, Line 1, Description of Organization Mission:
the advancement of the literary, scientific, and other educational
endeavors of Midwestern State University, a tax exempt institution of
higher learning.
·
Form 990, Part VI, Section A, line 8b:
Committees are not applicable to this organization.
Form 990, Part VI, Section B, line 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.