

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017.

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 501(c)()</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year</p> <p>718,675,159.</p>	<input type="checkbox"/> 501(c)()	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p style="text-align:center;">KANSAS STATE UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p style="text-align:center;">1800 KIMBALL AVE, STE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p style="text-align:center;">MANHATTAN, KS 66502</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 501(c) corporation</td> <td><input type="checkbox"/> 501(c) trust</td> <td><input type="checkbox"/> 401(a) trust</td> <td><input type="checkbox"/> Other trust</td> </tr> </table>	<input type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align:center;">48-0667209</p> <p>E Unrelated business activity codes (See instructions.)</p> <p style="text-align:center;">525990</p>
<input type="checkbox"/> 501(c)()	<input type="checkbox"/> 220(e)											
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)											
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)											
<input type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust									

H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ GREG LOHRENTZ Telephone number ▶ 785-532-6266

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 193,266.		193,266.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 145,637.	ATCH 2	145,637.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 338,903.		338,903.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules) ATTACHMENT 3	20		13,971.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) ATTACHMENT 4	28		199,193.
29 Total deductions. Add lines 14 through 28	29		213,164.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		125,739.
31 Net operating loss deduction (limited to the amount on line 30)	31		125,739.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. KANSAS STATE UNIVERSITY FOUNDATION	Employer identification number (EIN) or 48-0667209
	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 KIMBALL AVE, STE 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MANHATTAN, KS 66502	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ GREG LOHRENTZ
1800 KIMBALL AVE, STE 200 MANHATTAN KS 66502

Telephone No. ▶ 785 532-6266 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34. ATCH .5
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041).
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Tax on Non-Compliant Facility Income. See instructions
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41a
b Other credits (see instructions). 41b
c General business credit. Attach Form 3800 (see instructions). 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40. 42
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule). 43
44 Total tax. Add lines 42 and 43. 44 0.
45 a Payments: A 2015 overpayment credited to 2016 45a
b 2016 estimated tax payments 45b
c Tax deposited with Form 8868. 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 45g
46 Total payments. Add lines 45a through 45g. 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 49
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax [] Refunded [] 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here GREG LOHRENTZ 05/15/2018 SR VP OPS/FINANCE
Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name MICHAEL J ENGLE Preparer's signature Date MAY 15 2018 Check [] if self-employed PTIN P00482834
Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone no. 816 221-6300

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2,	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 6		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

ALLOCATION OF UNRELATED BUSINESS INCOME FROM VARIOUS INVESTMENTS.

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PARTNERSHIP INCOME	145,637.
INCOME (LOSS) FROM PARTNERSHIPS	<u>145,637.</u>

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	338,903.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	<u>199,193.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	13,971.
CHARITABLE CONTRIBUTION	50,909,138.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>13,971.</u>

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PARTNERSHIP EXPENSES 199,193.

PART II - LINE 28 - OTHER DEDUCTIONS 199,193.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

- 1 TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T
- 2 LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000
TAXABLE INCOME BRACKET, WHICHEVER IS LESS
- 3 SUBTRACT LINE 2 FROM LINE 1
- 4 LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000
TAXABLE INCOME BRACKET, WHICHEVER IS LESS
- 5 SUBTRACT LINE 4 FROM LINE 3
- 6 LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000
TAXABLE INCOME BRACKET, WHICHEVER IS LESS
- 7 SUBTRACT LINE 6 FROM LINE 5
- 8 ENTER 15% OF LINE 2
- 9 ENTER 25% OF LINE 4
- 10 ENTER 34% OF LINE 6
- 11 ENTER 35% OF LINE 7
- 12 MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE
EXCESS OVER \$100,000 OR (B) \$11,750
- 13 MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE
EXCESS OVER \$15 MILLION OR (B) \$100,000
- 14 TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON
LINE 35C, PAGE 2, 990-T

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MARY VANIER 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIRECTORS	0	0.
GREG LOHRENTZ 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	SR VP OPERATIONS & FINANCE/COO	0	0.
LOIS COX 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	VP FOR INVESTMENTS/CIO	0	0.
JANET AYRES 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	SECRETARY, BOT BD OF DIR	0	0.
RAND BERNEY 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	VICE CHAIR, BOD OF DIR	0	0.
JAN BURTON 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.
CHARLES CHANDLER 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTOR	0	0.
SHARON EVERS 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.
MIKE GOSS 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.
CARL ICE 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
KELLY LECHTENBERG 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.
STEPHEN LACY 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER/BD OF DIRECTORS	0	0.
RICHARD MYERS 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	CHAIRMAN, BD OF DIRECTORS	0	0.
GREG WILLEMS 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	PRESIDENT/CEO	0	0.
STEVE THEEDE 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIR	0	0.
DAN YUNK 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIR	0	0.
DAVID EVERITT 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIR	0	0.
DEBORAH TUTTLE 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	SR DIR ACCOUNTING/CONTROLLER	0	0.
CHRISTY SCOTT 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	SR DIR OF COMPLIANCE SERVICES	0	0.
DAMON HININGER 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIRECTORS	0	0.

ATTACHMENT 6 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TIM TAYLOR 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIRECTORS	0	0.
CHARLENE LAKE 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	MEMBER, BD OF DIRECTORS	0	0.
TOTAL COMPENSATION			<u>0.</u>

Kansas State University Foundation
NOL Carryforward
June 30, 2017

48-0667209

	<u>NOL Generated</u>	<u>NOL Utilized in 6/30/17</u>	<u>NOL Remaining</u>
6/30/2014	134,841	(125,739)	9,102
6/30/2015	27,608		27,608
6/30/2016	160,840		160,840
			<u>NOL Carryforward to 6/30/2018</u> <u>197,550</u>

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Name KANSAS STATE UNIVERSITY FOUNDATION	Employer identification number 48-0667209
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Part I Apportionment Plan Information

- 1 Type of controlled group:
- a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only
- 2 This corporation has been a member of this group:
- a For the entire year.
 - b From _____, until _____.
- 3 This corporation consents and represents to:
- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a Elected by the component members of the group.
 - b Required for the component members of the group.
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending 06/30/2013, and for all succeeding tax years.
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See instructions.
- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
 - b No. The members may not adopt or amend an apportionment plan.
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
 - c The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	KANSAS STATE UNIVERSITY FOUNDATION 48-06667209	2017-06	50,000.	25,000.	9,925,000.	18,000,000.	28,000,000.	
2	KSU GOLF COURSE MGMT & RESEARCH FOUNDATION 74-2830002	2016-12	NONE	NONE	NONE	NONE	NONE	
3	FOUNDATION FOR ENGINEERING AT KSU 26-3520449	2017-06	NONE	NONE	NONE	NONE	NONE	
4	KSU CHARITABLE REAL ESTATE FOUNDATION 45-3417512	2017-06	NONE	NONE	NONE	NONE	NONE	
5								
6								
7								
8								
9								
10								
Total			50,000.	25,000.	9,925,000.	18,000,000.	28,000,000.	

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Part III Income Tax Apportionment (See instructions)

Income Tax Apportionment

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 KANSAS STATE UNIVERSITY FOUNDATION	7,500.	6,250.	3,374,500.	6,300,000.	11,750.	100,000.	9,800,000.
2 KSU GOLF COURSE MGMT & RESEARCH FOUNDATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 FOUNDATION FOR ENGINEERING AT KSU	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 KSU CHARITABLE REAL ESTATE FOUNDATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5							
6							
7							
8							
9							
10							
Total	7,500.	6,250.	3,374,500.	6,300,000.	11,750.	100,000.	9,800,000.

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Part IV Other Apportionments (See instructions)

Other Apportionments

(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 KANSAS STATE UNIVERSITY FOUNDATION	NONE	40,000.	150,000.	NONE	NONE
2 KSU GOLF COURSE MGMT & RESEARCH FOUNDATION	NONE	NONE	NONE	NONE	NONE
3 FOUNDATION FOR ENGINEERING AT KSU	NONE	NONE	NONE	NONE	NONE
4 KSU CHARITABLE REAL ESTATE FOUNDATION	NONE	NONE	NONE	NONE	NONE
5					
6					
7					
8					
9					
10					
Total	NONE	40,000.	150,000.	NONE	NONE

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