

KANSAS STATE UNIVERSITY FOUNDATION
PUBLIC DISCLOSURE COPY
FORM 990
TAX YEAR 2018

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 2019

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Name and title of officer

GREG LOHRENTZ, SR VP OPS/FINANCE

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|----|------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | 164560314. |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5). | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 8 7 2 3 3 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4 3 3 7 2 2 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 06/16/2020

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

AR

Fed

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018**Open to Public
Inspection****A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

B Check if applicable:

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Address change |
| <input type="checkbox"/> | Name change |
| <input type="checkbox"/> | Initial return |
| <input type="checkbox"/> | Terminated |
| <input type="checkbox"/> | Amended return |
| <input type="checkbox"/> | Application pending |

C Name of organization

KANSAS STATE UNIVERSITY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1800 KIMBALL AVE, STE 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MANHATTAN, KS 66502

F Name and address of principal officer:

GREG LOHRENTZ

1800 KIMBALL AVENUE, STE 200, MANHATTAN, KS 66502

D Employer identification number

48-0667209

E Telephone number

(785) 775-2000

G Gross receipts \$ 255,394,011.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.KSUFOUNDATION.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1944 **M** State of legal domicile: KS**Part I Summary**

| | | | |
|--|--|--------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: KSU FOUNDATION ENCOURAGES AND PRUDENTLY MANAGES GIFTS DONATED FOR THE BENEFIT OF KSU AND FOSTERS A CULTURE THAT UNITES PHILANTHROPIC DESIRES WITH UNIVERSITY PRIORITIES. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13. |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 180. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 883. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 247,729. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 84,667,904. | 141,547,988. |
| | 9 Program service revenue (Part VIII, line 2g) | 6,063,391. | 5,926,495. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 35,067,368. | 10,094,865. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,151,922. | 6,990,966. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 130,950,585. | 164,560,314. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 79,962,883. | 76,989,087. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 12,514,210. | 13,744,211. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 434,681. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,531,598. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,901,883. | 21,977,486. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 113,813,657. | 112,710,784. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 17,136,928. | 51,849,530. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 771,823,779. | 855,938,673. |
| | 21 Total liabilities (Part X, line 26) | 73,044,621. | 74,075,836. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 698,779,158. | 781,862,837. |

**COPY FOR
PUBLIC INSPECTION****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|-------------------------|------------------------|---|-----------|
| Sign Here | Signature of officer | 04/14/2020 | | | |
| | GREG LOHRENTZ Type or print name and title | SR VP OPS/FINANCE | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICHAEL J ENGLE | | 04/14/2020 | | P00482834 |
| | Firm's name ▶ BKD, LLP | Firm's EIN ▶ 44-0160260 | Phone no. 816-221-6300 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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/e-file-providers/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. | Employer identification number (EIN) or |
| | KANSAS STATE UNIVERSITY FOUNDATION | 48-0667209 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 1800 KIMBALL AVE, STE 200 | |
| | 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) **01**

| 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 |

GREG LOHRENTZ

- The books are in the care of ► 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, 2020, 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, 2018, and ending 06/30, 2019.

- 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.

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF THE KANSAS STATE UNIVERSITY FOUNDATION IS TO SECURE
AND PRUDENTLY MANAGE PRIVATE GIFTS IN SUPPORT OF KANSAS STATE
UNIVERSITY AND FOSTER A CULTURE THAT UNITES PHILANTHROPIC DESIRES
WITH UNIVERSITY PRIORITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 60,405,399. including grants of \$ 50,472,997.) (Revenue \$ 5,485,422.)

KANSAS STATE UNIVERSITY ADMINISTRATIVE SUPPORT FOR CENTRAL
ADMINISTRATION, COLLEGES AND ATHLETICS. EXPENDITURES INCLUDE MONIES
TRANSFERRED AND OR EXPENDED FOR SALARIES FOR FACULTY AND STAFF,
TRAVEL FOR CONFERENCES, SEMINARS, SPEAKERS, VISITING PROFESSORS,
EMPLOYEE RECRUITMENT, PROFESSIONAL AND CONSULTING SERVICES,
EQUIPMENT AND COMPUTING PURCHASES. ADDITIONALLY, MONIES ARE
TRANSFERRED TO ATHLETICS FOR USE IN SUPPORT OF ACADEMIC SERVICES,
SPORTS MEDICINE, EQUIPMENT AND COMPUTER PURCHASES, TRAVEL COSTS AS
WELL AS CAPITAL IMPROVEMENTS.

4b (Code:) (Expenses \$ 17,466,445. including grants of \$ 17,222,071.) (Revenue \$ 292,642.)

KANSAS STATE UNIVERSITY SCHOLARSHIPS--GENEROUS DONORS TO KANSAS
STATE UNIVERSITY FOUNDATION HAVE PROVIDED ENDOWED AND EXPENDABLE
FUNDS TO BE USED FOR PROVIDING SCHOLARSHIPS TO UNDERGRADUATE AND
GRADUATE STUDENTS OF KANSAS STATE UNIVERSITY. APPROXIMATELY 6,000
STUDENTS RECEIVED SCHOLARSHIP ASSISTANCE DURING THE 18/19 ACADEMIC
YEAR.

4c (Code:) (Expenses \$ 12,710,044. including grants of \$ 8,034,962.) (Revenue \$ 24,489.)

KANSAS STATE UNIVERSITY ACADEMIC SUPPORT EXPENDITURES ARE MADE FOR
THE PURCHASE OF COMPUTER HARDWARE AND SOFTWARE, FURNITURE AND
EQUIPMENT, PROFESSIONAL SERVICES AND CONSULTATIONS, CLASSROOM AND
LAB SUPPLIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,176,647. including grants of \$ 1,259,057.) (Revenue \$ 371,671.)

4e Total program service expenses ► 93,758,535.

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 (see instructions)? | 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 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 | X |
| 10 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 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b X | |
| 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 | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | 12a | X |
| 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 | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 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 | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | 17 X | |
| 18 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 X | |
| 19 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 |
| 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 1? If "Yes," complete Schedule I, Parts I and II. | 21 X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | X | |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☒ X

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 331 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | Yes | No |
|--|-------------|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 180 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b X | |
| 3a 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 X | |
| 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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 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 |
| c 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). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c X | |
| d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7 | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h X | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| 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: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 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. | 13a | |
| 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 13b | | |
| c Enter the amount of reserves on hand 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

Form **990** (2018)

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 ☒ **X**

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 1a 13 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 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 Did the organization have members or stockholders? | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| 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? . . | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | X | |
| 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? | X | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 1**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 GREG LOHRENTZ 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 785-775-2000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ **X****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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARY VANIER TREASURER, BD OF DIRECTORS | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (2) RAND BERNEY CHAIR, BOT | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (3) JAN BURTON SECRETARY/BD OF DIRECTORS | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4) CHARLES CHANDLER MEMBER/BD OF DIRECTOR | 4.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) SHARON EVERS MEMBER/BD OF DIRECTORS | 4.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) CARL ICE VICE CHAIR./BD OF DIRECTORS | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (7) KELLY LECHTENBERG MEMBER/BD OF DIRECTORS | 5.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) STEPHEN LACY CHAIR./BD OF DIRECTORS | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (9) STEVE THEEDE MEMBER, BD OF DIR | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) DAVID EVERITT MEMBER, BD OF DIR | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) DAMON HININGER MEMBER, BD OF DIRECTORS | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) TIM TAYLOR MEMBER, BD OF DIRECTORS | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) CHARLENE LAKE MEMBER, BD OF DIRECTORS | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) MICHELLE MUNSON MEMBER, BD OF DIRECTOR | 4.00 0. | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) KENDAL FRAZIER MEMBER, BD OF DIR | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (16) SYLVIA ROBINSON MEMBER, BD OF DIR | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) GREG LOHRENTZ SR VP OPERATIONS AND FINANCE/C | 44.00 5.00 | | | X | | | | 314,008. | 0. | 91,217. |
| (18) LOIS COX VP FOR INVESTMENTS/CIO | 45.00 1.00 | | | X | | | | 254,878. | 0. | 36,562. |
| (19) GREG WILLEMS PRESIDENT/CEO | 45.00 2.00 | | | X | | | | 423,353. | 0. | 95,282. |
| (20) DEBORAH TUTTLE SR DIR ACCOUNTING/CONTROLLER | 40.00 5.00 | | | X | | | | 119,436. | 0. | 21,560. |
| (21) CHRISTY SCOTT SR DIR OF COMPLIANCE SERVICES | 45.00 1.00 | | | X | | | | 122,068. | 0. | 13,350. |
| (22) JOHN MORRIS SR VP DEVELOPMENT/CDO | 45.00 0. | | | | X | | | 247,936. | 0. | 110,816. |
| (23) CHRISTOPHER SPOONER AVP UNIVERSITY WIDE DEVELOPMEN | 45.00 0. | | | | | X | | 162,835. | 0. | 19,260. |
| (24) JILL TREGO VP CULTURE & ENGAGEMENT | 45.00 0. | | | | | X | | 156,352. | 0. | 26,673. |
| (25) JENNIFER RETTELE-THOMAS ASSOC VP CAMPAIGN AND PRINCIPA | 45.00 0. | | | | | X | | 145,872. | 0. | 23,118. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,248,594. | 0. | 487,652. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,248,594. | 0. | 487,652. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **23**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| 26) SHEILA WALKER | 45.00 | | | | | | | | | | |
| AVP OF COLLEGIATE DEVELOPMENT | 0. | | | | X | | | 150,926. | 0. | 24,585. | |
| 27) CHRISTOPHER MILLS | 45.00 | | | | | | | | | | |
| AVP INFORMATION TECH AND INFRA | 0. | | | | X | | | 150,930. | 0. | 25,229. | |
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| | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | | |

| | | |
|---|---|----|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 23 |
|---|---|----|

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--|-----------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 1,038,805. | | | |
| | c | Fundraising events | 1c | 1,756,535. | | | |
| | d | Related organizations | 1d | 8,284,490. | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 130,468,158. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 23,728,924. | | | |
| | h | Total. Add lines 1a-1f | | 141,547,988. | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | PROGRAM SERVICE REVENUES | | 900099 | 5,926,495. | 5,926,495. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | 5,926,495. | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). | | | 1,263,447. | | 1,263,447. |
| | 4 | Income from investment of tax-exempt bond proceeds . | | | 0. | | |
| | 5 | Royalties | | | 308,464. | | 308,464. |
| | | | | (i) Real | (ii) Personal | | |
| | 6a | Gross rents | | 1,736,038. | | | |
| | b | Less: rental expenses | | 1,889,800. | | | |
| | c | Rental income or (loss) | | -153,762. | | | |
| | d | Net rental income or (loss) | | -153,762. | | 144,687. | -298,449. |
| | 7a | Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | |
| | | | | 96,556,447. | | | |
| | b | Less: cost or other basis and sales expenses | | 87,700,544. | 24,485. | | |
| | c | Gain or (loss) | | 8,855,903. | -24,485. | | |
| | d | Net gain or (loss) | | 8,831,418. | | | 8,831,418. |
| | 8a | Gross income from fundraising events (not including \$ 1,756,535. of contributions reported on line 1c). See Part IV, line 18 | a | 1,094,784. | | | |
| | b | Less: direct expenses | b | 1,218,868. | | | |
| | c | Net income or (loss) from fundraising events | | -124,084. | | | -124,084. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | a | 0. | | | |
| | b | Less: direct expenses | b | 0. | | | |
| | c | Net income or (loss) from gaming activities | | 0. | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | 0. | | | |
| b | Less: cost of goods sold | b | 0. | | | | |
| c | Net income or (loss) from sales of inventory | | 0. | | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| 11a | MANAGEMENT FEE REVENUES | | 900099 | 12,799,294. | | | 12,799,294. |
| b | PARTNERSHIP & OTHER INVESTMENT INC | | 525990 | -5,982,364. | | 103,042. | -6,085,406. |
| c | MISCELLANEOUS INCOME | | 900099 | 143,418. | | | 143,418. |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 6,960,348. | | | |
| 12 | Total revenue. See instructions. | | | 164,560,314. | 5,926,495. | 247,729. | 16,838,102. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21 | 59,705,202. | 59,705,202. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 17,222,071. | 17,222,071. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 61,814. | 61,814. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,803,396. | | 1,249,720. | 553,676. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 9,296,953. | 1,077,675. | 2,192,092. | 6,027,186. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 867,626. | 85,421. | 217,874. | 564,331. |
| 9 Other employee benefits | 1,124,756. | 84,921. | 328,269. | 711,566. |
| 10 Payroll taxes | 651,480. | 63,763. | 162,388. | 425,329. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 209,981. | 20,204. | 189,777. | |
| c Accounting | 138,732. | | 138,732. | |
| d Lobbying | 26,410. | 26,410. | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 6,160,992. | 5,599,687. | 202,449. | 358,856. |
| 12 Advertising and promotion | 982,759. | 64,589. | 175,044. | 743,126. |
| 13 Office expenses | 1,247,647. | 750,181. | 125,128. | 372,338. |
| 14 Information technology | 1,046,537. | 263,558. | 523,853. | 259,126. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 723,924. | 269,552. | 323,932. | 130,440. |
| 17 Travel | 2,179,330. | 1,326,267. | 76,236. | 776,827. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 453,722. | 200,811. | 85,671. | 167,240. |
| 20 Interest | 193,445. | 68,601. | 124,844. | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 722,188. | | 361,094. | 361,094. |
| 23 Insurance | 1,007,630. | 912,359. | 95,188. | 83. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT & FURNISHINGS | 1,617,188. | 1,550,900. | 46,822. | 19,466. |
| b OFFICIAL HOSPITALITY | 1,168,748. | 1,168,748. | | |
| c FILING FEES & SERVICE CHARGE | 1,044,854. | 931,627. | 113,227. | |
| d MISCELLANEOUS EXPENSES | 3,053,399. | 2,304,174. | 688,311. | 60,914. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 112,710,784. | 93,758,535. | 7,420,651. | 11,531,598. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 Savings and temporary cash investments | 93,355,750. | 2 | 66,365,011. |
| | 3 Pledges and grants receivable, net | 44,649,260. | 3 | 71,296,543. |
| | 4 Accounts receivable, net | 0. | 4 | 0. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 10,601,432. | 7 | 16,427,944. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 0. | 9 | 0. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 53,190,524. | | |
| | b Less: accumulated depreciation | 10b 2,388,478. | | |
| | | 48,725,370. | 10c | 50,802,046. |
| | 11 Investments - publicly traded securities | 312,905,667. | 11 | 359,336,120. |
| | 12 Investments - other securities. See Part IV, line 11 | 254,538,575. | 12 | 284,254,800. |
| | 13 Investments - program-related. See Part IV, line 11 | 7,047,725. | 13 | 7,456,209. |
| | 14 Intangible assets | 0. | 14 | 0. |
| 15 Other assets. See Part IV, line 11 | 0. | 15 | 0. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 771,823,779. | 16 | 855,938,673. | |
| Liabilities | 17 Accounts payable and accrued expenses | 9,633,074. | 17 | 14,688,205. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 0. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 14,082,005. | 20 | 7,560,000. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 17,209,135. | 23 | 18,753,175. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 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 | 32,120,407. | 25 | 33,074,456. |
| | 26 Total liabilities. Add lines 17 through 25 | 73,044,621. | 26 | 74,075,836. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 40,193,987. | 27 | 58,645,632. |
| | 28 Temporarily restricted net assets | 244,786,238. | 28 | 264,302,200. |
| | 29 Permanently restricted net assets | 413,798,933. | 29 | 458,915,005. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 698,779,158. | 33 | 781,862,837. |
| | 34 Total liabilities and net assets/fund balances | 771,823,779. | 34 | 855,938,673. |

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck 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 | 164,560,314. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 112,710,784. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 51,849,530. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 698,779,158. |
| 5 | Net unrealized gains (losses) on investments | 5 | 31,234,149. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 781,862,837. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2018)

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

2018

**Open to Public
Inspection**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

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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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|-------------|-------------|-------------|-------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 98,245,295. | 91,843,107. | 77,797,285. | 84,667,904. | 141,547,988. | 494,101,579. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 98,245,295. | 91,843,107. | 77,797,285. | 84,667,904. | 141,547,988. | 494,101,579. |
| 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). | | | | | | 45,879,643. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 448,221,936. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|--------------|--------------------------|
| 7 Amounts from line 4. | 98,245,295. | 91,843,107. | 77,797,285. | 84,667,904. | 141,547,988. | 494,101,579. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,654,890. | 1,566,841. | 1,842,016. | 2,113,014. | 3,307,949. | 10,484,710. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 125,739. | 0. | 0. | 125,739. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 | 10,051,039. | 7,844,163. | 6,384,328. | 4,478,448. | 6,857,306. | 35,615,284. |
| 11 Total support. Add lines 7 through 10 | | | | | | 540,327,312. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 24,291,742. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). | 14 | 82.95 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 85.27 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. 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 | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2018. 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. | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2017. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 501(c)(3) organization, check this box and stop here <input type="checkbox"/> ► | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 ☐ ►

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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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 the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section 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 year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| 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 | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year | |
|---------------------------|--|--------------|--|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | |
| 10 | Line 8 amount divided by line 9 amount | | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| c | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL |
|-------------------------|--------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| MANAGEMENT FEE REVENUES | 7,934,430. | 7,814,598. | 11,036,637. | 11,373,879. | 12,799,294. | 50,958,838. |
| PARTNERSHIP INCOME | -4,221,826. | -6,666,915. | -4,735,829. | -7,109,938. | -6,085,406. | -28,819,914. |
| FEE INCOME | 6,005,156. | 6,277,951. | | | | 12,283,107. |
| MISCELLANEOUS INCOME | 333,279. | 418,529. | 83,520. | 214,507. | 143,418. | 1,193,253. |
| TOTALS | <u>10,051,039.</u> | <u>7,844,163.</u> | <u>6,384,328.</u> | <u>4,478,448.</u> | <u>6,857,306.</u> | <u>35,615,284.</u> |

Schedule of Contributors

OMB No. 1545-0047

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **KANSAS STATE UNIVERSITY FOUNDATION**Employer identification number
48-0667209**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 15,071,049. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 25,068,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 4,691,314. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 3,410,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 2,850,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **KANSAS STATE UNIVERSITY FOUNDATION**Employer identification number
48-0667209**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | | \$ 4,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 13,222,705. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 7,084,280. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 1 | MARKETABLE SECURITIES | \$ 15,071,049. | 03/15/2019 |
| 8 | MARKETABLE SECURITIES | \$ 2,192,143. | 12/21/2018 |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization KANSAS STATE UNIVERSITY FOUNDATION | Employer identification number 48-0667209 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | 8,862. | 8,862. | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 17,548. | 17,548. | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 26,410. | 26,410. | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 112,684,372. | 122,592,075. | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 112,710,782. | 122,618,485. | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | 1,000,000. | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | 480,999. | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 60,149. | 43,089. | 39,375. | 26,410. | 169,023. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 30,848. | 20,231. | 22,910. | 8,862. | 82,851. |

Schedule C (Form 990 or 990-EZ) 2018

Part IV **Supplemental Information** *(continued)*

Part IV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: KANSAS STATE UNIVERSITY FOUNDATION
 ADDRESS: 1800 KIMBALL AVE, STE 200
 MANHATTAN, KS 66502
 EIN: 48-0667209

ORGANIZATION IS AN ELECTING ORGANIZATION.

| | |
|--|--------------|
| GRASSROOTS LOBBYING AMOUNT: | 8,862. |
| DIRECT LOBBYING AMOUNT: | 17,548. |
| TOTAL LOBBYING EXPENDITURES: | 26,410. |
| OTHER EXEMPT PURPOSE EXPENDITURES: | 112,684,372. |
| TOTAL EXEMPT PURPOSE EXPENDITURES: | 112,710,782. |
| LOBBYING NONTAXABLE AMOUNT: | 1,000,000. |
| GRASSROOTS NONTAXABLE AMOUNT: | 250,000. |
| TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: | |
| TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: | |
| SHARE OF EXCESS LOBBYING EXPENDITURES: | |

ORGANIZATION NAME: FOUNDATION FOR ENGINEERING AT KSU
 ADDRESS: 1800 KIMBALL AVENUE, STE 200
 MANHATTAN, KS 66502
 EIN: 26-3520449

| | |
|--|------------|
| GRASSROOTS LOBBYING AMOUNT: | |
| DIRECT LOBBYING AMOUNT: | |
| TOTAL LOBBYING EXPENDITURES: | |
| OTHER EXEMPT PURPOSE EXPENDITURES: | 1,205,730. |
| TOTAL EXEMPT PURPOSE EXPENDITURES: | 1,205,730. |
| LOBBYING NONTAXABLE AMOUNT: | 195,573. |
| GRASSROOTS NONTAXABLE AMOUNT: | 48,893. |
| TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: | |
| TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: | |
| SHARE OF EXCESS LOBBYING EXPENDITURES: | |

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: KSU CHARITABLE REAL ESTATE FOUNDATION
 ADDRESS: 1800 KIMBALL AVENUE, STE 200
 MANHATTAN, KS 66502
 EIN: 45-3417512

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 7,335,499.

TOTAL EXEMPT PURPOSE EXPENDITURES: 7,335,499.

LOBBYING NONTAXABLE AMOUNT: 516,775.

GRASSROOTS NONTAXABLE AMOUNT: 129,194.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: KSU GOLF COURSE MANAGMENT & RESEARCH FND
 ADDRESS: 5200 COLBERT HILLS DR.
 MANHATTAN, KS 66503
 EIN: 74-2830002

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 1,366,472.

TOTAL EXEMPT PURPOSE EXPENDITURES: 1,366,472.

LOBBYING NONTAXABLE AMOUNT: 211,647.

GRASSROOTS NONTAXABLE AMOUNT: 52,912.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) . . | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

| | |
|--|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|--|------|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: | |
| (i) Revenue included on Form 990, Part VIII, line 1. | ▶ \$ |
| (ii) Assets included in Form 990, Part X. | ▶ \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1. | ▶ \$ |
| b Assets included in Form 990, Part X. | ▶ \$ |

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 581,746,190. | 538,649,819. | 505,222,438. | 519,777,500. | 528,301,796. |
| b Contributions | 29,381,535. | 28,937,282. | 19,305,591. | 25,098,317. | 25,283,191. |
| c Net investment earnings, gains, and losses | 29,644,844. | 36,304,037. | 32,687,762. | -17,920,765. | -10,528,347. |
| d Grants or scholarships | 12,145,261. | 11,400,310. | 11,593,209. | 11,190,097. | 9,444,122. |
| e Other expenditures for facilities and programs | 7,617,776. | 10,485,735. | 6,963,266. | 10,518,066. | 13,826,888. |
| f Administrative expenses | | 258,903. | 9,496. | 24,451. | 8,130. |
| g End of year balance | 621,009,532. | 581,746,190. | 538,649,820. | 505,222,438. | 519,777,500. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 11.0000 %

b Permanent endowment ▶ 75.0000 %

c Temporarily restricted endowment ▶ 14.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

| | |
|-------|----|
| Yes | No |
| 3a(i) | X |

(ii) related organizations

| | |
|--------|----|
| Yes | No |
| 3a(ii) | X |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

| | |
|-----|----|
| Yes | No |
| 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 11,566,797. | 415,996. | | 11,982,793. |
| b Buildings | 24,621,902. | 12,916,503. | 1,149,783. | 36,388,622. |
| c Leasehold improvements | | | | |
| d Equipment | | 3,669,326. | 1,238,695. | 2,430,631. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 50,802,046. |

Schedule D (Form 990) 2018

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) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) PARTNERSHIPS & OTHER INVEST. | 284,254,800. | FMV |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 284,254,800. | |

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.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (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.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) UNITRUST/ANNUITY | 19,913,227. | |
| (3) ASSETS HELD FOR OTHERS | 13,161,229. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 33,074,456. | |

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | 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: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII 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 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | 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 | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

THE FOUNDATION HOLDS PERMANENT ENDOWMENTS IN PERPETUITY, INVESTING
THE PRINCIPAL AND USING A PORTION OF THE ANNUAL INVESTMENT RETURN TO
SUPPORT THE PURPOSE DESIGNATED BY THE DONOR.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

48-0667209

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EAST ASIA AND THE PACIFIC | 0. | 0. | FUNDRAISING | | |
| (2) EUROPE | 0. | 0. | GRANTMAKING | | 41,043. |
| (3) CENTRAL AMERICA AND THE CARIBB | 0. | 0. | INVESTMENTS | | 99,765,909. |
| (4) EUROPE (INCLUDING ICELAND AND | 0. | 0. | INVESTMENTS | | 30,188,219. |
| (5) EUROPE | 0. | 0. | FUNDRAISING | | |
| (6) CENTRAL AMERICA/CARIBBEAN | 0. | 0. | FUNDRAISING | | |
| (7) MIDDLE EAST AND NORTH AFRICA | 0. | 0. | FUNDRAISING | | |
| (8) NORTH AMERICA | 0. | 0. | FUNDRAISING | | |
| (9) SOUTH AMERICA | 0. | 0. | FUNDRAISING | | |
| (10) SUB-SAHARAN AFRICA | 0. | 0. | GRANTMAKING | | 9,464. |
| (11) SOUTH AMERICA | 0. | 0. | GRANTMAKING | | 6,306. |
| (12) SOUTH ASIA | 0. | 0. | GRANTMAKING | | 5,000. |
| (13) SUB-SAHARAN AFRICA | 0. | 0. | FUNDRAISING | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 130,015,941. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 130,015,941. |

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

Schedule F (Form 990) 2018

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | EUROPE/ICELAND/GREENLAND | TRAVEL | 27,950. | | | | |
| (2) | | | SOUTH AMERICA | EQUIPMENT | 6,307. | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶ 2.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) SCHOLARSHIP | EUROPE/ICELAND/GREENLAND | 2. | 13,093. | | | | |
| (2) SCHOLARSHIP | SUB-SAHARAN AFRICA | 1. | 9,464. | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ **Yes** ☒ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2018

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE FOUNDATION REQUIRES DETAILED SUPPORTING DOCUMENTATION FOR ALL EXPENDITURES. ANNUAL TRAINING OF ACCOUNTING PERSONNEL IS PROVIDED TO ENSURE THAT SPENDING IS IN ACCORDANCE WITH DONOR INTENT. SCHOLARSHIP REQUESTS FROM FUNDS ARE COORDINATED THROUGH THE OFFICE OF STUDENT FINANCIAL ASSISTANCE (SFA) FOR KANSAS STATE UNIVERSITY. SFA DETERMINES WHETHER THE STUDENT MEETS THE REQUIREMENTS STIPULATED BY THE DONOR.

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ACCOUNTING METHOD USED FOR REPORTING EXPENDITURES IN THE REGION IS THE ACCRUAL METHOD.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

48-0667209

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | ▶ | | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 POWERCAT AUCTION (event type) | (b) Event #2 WABASH CANNONBALL (event type) | (c) Other events 30. (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|--|
| | | | | | |
| Revenue | 1 Gross receipts | 599,774. | 625,306. | 1,567,946. | 2,793,026. |
| | 2 Less: Contributions | 207,199. | 503,676. | 1,038,189. | 1,749,064. |
| | 3 Gross income (line 1 minus line 2) | 392,575. | 121,630. | 529,757. | 1,043,962. |
| Direct Expenses | 4 Cash prizes | | | 2,280. | 2,280. |
| | 5 Noncash prizes | | 27,551. | 29,450. | 57,001. |
| | 6 Rent/facility costs | | 40,799. | 35,706. | 76,505. |
| | 7 Food and beverages | 49,803. | 120,113. | 233,330. | 403,246. |
| | 8 Entertainment | 900. | 5,328. | 28,654. | 34,882. |
| | 9 Other direct expenses | 165,682. | 82,236. | 400,559. | 648,477. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,222,391. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -178,429. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| (1) KANSAS STATE UNIVERSITY ANDERSON HALL MANHATTAN, KS 66502 | 48-0771751 | GOVERNMENT | 12,454,514. | | BOOK | | EQUIPMENT & SUPPORT |
| (2) KANSAS STATE UNIVERSITY ANDERSON HALL MANHATTAN, KS 66502 | 48-0771751 | GOVERNMENT | | 6,572,370. | VARIOUS | SEE PART IV | SUPPORT |
| (3) K-STATE ATHLETICS 1800 COLLEGE AVE MANHATTAN, KS 66502 | 48-6098838 | 501(C)(3) | 45,268,315. | | BOOK | | SCHOLARSHIPS/SUPPORT |
| (4) K-STATE ATHLETICS 1800 COLLEGE AVE MANHATTAN, KS 66502 | 48-6098838 | 501(C)(3) | | 16,657,102. | VARIOUS | SEE PART IV | SUPPORT |
| (5) US DEPT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202 | 74-2830002 | GOVERNMENT | 66,113. | | BOOK | | FEDERALLY FUNDED AWA AWARD REIMBURSEMENT |
| (6) GATES CAPITAL MANAGEMENT CORP 100 PARK AVE. 22ND FL NEW YORK, NY 10017 | 13-3636543 | | 11,081. | | BOOK | | AWARD |
| (7) THE WICHITA EAGLE 825 E. DOUGLAS WICHITA, KS 67201 | 48-0571718 | | 5,556. | | BOOK | | AWARD |
| (8) MANHATTAN CHAMBER OF COMMERCE 501 POYNTZ MANHATTAN, KS 66502 | 48-0319620 | 501(C)(6) | 38,333. | | BOOK | | AWARD |
| (9) AMERICAN INSTITUTE OF BIOLOGICAL SCIENCE IN 950 HERNDON PARKWAY STE. 450 | 53-0220853 | 501(C)(3) | 11,474. | | BOOK | | AWARD |
| (10) KANSAS STATE UNIVERSITY ALUMNI ASSOCIATION 1720 ALUMNI CENTER MANHATTAN, KS 66502 | 48-0495058 | 501(C)(3) | 1,849,149. | | | | SUPPORT SCHOLARSHIPS |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) (2018)

Part III **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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIP | 5,877. | 17,121,436. | | | |
| 2 OTHER AWARDS FOR STUDENTS | 141. | 100,635. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE FOUNDATION REQUIRES DETAILED SUPPORTING DOCUMENTATION FOR ALL EXPENDITURES. ANNUAL TRAINING BY ACCOUNTING PERSONNEL IS PROVIDED TO ENSURE THAT SPENDING IS IN ACCORDANCE WITH DONOR INTENT. AWARDS ARE MADE AS PART OF VARIOUS ENTREPRENEURSHIP AND MENTORSHIP PROGRAMS THAT PROVIDE ACCESS TO KANSAS STATE FACULTY, STUDENTS, AND ALUMNI TO HELP LAUNCH AND GROW KANSAS BUSINESS. SCHOLARSHIP REQUESTS FROM FUNDS ARE COORDINATED THROUGH THE OFFICE OF STUDENT FINANCIAL ASSISTANCE (SFA) FOR KANSAS STATE UNIVERSITY. SFA DETERMINES WHETHER THE STUDENT MEETS THE REQUIREMENTS STIPULATED BY THE DONOR.

Part III **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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART II, COLUMN H - DESCRIPTION OF NONCASH ASSISTANCE

LINE 2, PAGE 48 - ADMINISTRATIVE SUPPORT, DEPARTMENTAL SUPPORT, PROPERTY

PLANT & EQUIPMENT

LINE 4, PAGE 48 - ADMINISTRATIVE SUPPORT, DEPARTMENTAL SUPPORT, PROPERTY

PLANT & EQUIPMENT, RESEARCH, OPERATIONAL MAINTENANCE,

CONSTRUCTION

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

| | | |
|----|---|---|
| | | |
| 1b | X | |
| 2 | X | |
| | | |
| | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| | | |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 GREG LOHRENTZ SR VP OPERATIONS AND FINANCE/C | (i) | 301,021. | 0. | 12,987. | 80,731. | 10,486. | 405,225. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 2 LOIS COX VP FOR INVESTMENTS/CIO | (i) | 254,467. | 0. | 411. | 26,076. | 10,486. | 291,440. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 3 GREG WILLEMS PRESIDENT/CEO | (i) | 355,055. | 56,925. | 11,373. | 85,103. | 10,179. | 518,635. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 4 CHRISTOPHER SPOONER AVP UNIVERSITY WIDE DEVELOPMEN | (i) | 162,564. | 0. | 271. | 16,244. | 3,016. | 182,095. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 5 JILL TREGO VP CULTURE & ENGAGEMENT | (i) | 156,234. | 0. | 118. | 16,246. | 10,427. | 183,025. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 6 JENNIFER RETTELE-THOMAS ASSOC VP CAMPAIGN AND PRINCIPA | (i) | 145,754. | 0. | 118. | 14,789. | 8,329. | 168,990. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 7 SHEILA WALKER AVP OF COLLEGIATE DEVELOPMENT | (i) | 150,749. | 0. | 177. | 15,558. | 9,027. | 175,511. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 8 CHRISTOPHER MILLS AVP INFORMATION TECH AND INFRA | (i) | 150,753. | 0. | 177. | 15,890. | 9,339. | 176,159. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 9 JOHN MORRIS SR VP DEVELOPMENT/CDO | (i) | 220,843. | 15,750. | 11,343. | 97,950. | 12,866. | 358,752. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

KANSAS STATE UNIVERSITY FOUNDATION PAID FOR COUNTRY CLUB DUES FOR GREG WILLEMS, GREG LOHRENTZ, AND JOHN MORRIS. THE AMOUNT PAID FOR CLUB DUES WAS INCLUDED AS TAXABLE COMPENSATION ON THEIR W-2S. OCCASSIONALLY, A CHARTER FLIGHT IS USED TO ATTEND BUSINESS ACTIVITIES WITH DONORS TO THE FOUNDATION. THE SPOUSE FOR THE CEO IS EXPECTED TO ATTEND SOME FUNDRAISING EVENTS. THESE EVENTS ARE LEGITIMATE BUSINESS FUNCTIONS THAT SERVE TO ACCOMPLISH THE ORGANIZATION'S MISSION AND, THEREFORE, THESE EXPENSES ARE NOT INCLUDED IN THE TAXABLE WAGES OF THE CEO.

SCHEDULE J, PART I, LINE 4B

GREG WILLEMS, GREG LOHRENTZ AND JOHN MORRIS PARTICIPATE IN A 457(F) PLAN WITH THE KANSAS STATE UNIVERSITY FOUNDATION.

| | VESTED ----- | ACCRUED ----- |
|---------------|-----------------|------------------|
| GREG WILLEMS | - | \$50,000 |
| GREG LOHRENTZ | - | \$50,000 |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| | | |
|-------------|---|----------|
| JOHN MORRIS | - | \$75,000 |
|-------------|---|----------|

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

KANSAS STATE UNIVERSITY FOUNDATION

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A KANSAS DEVELOPMENT FINANCE AUTHORITY | 48-1066589 | 485429WEO | 09/12/2013 | 7,982,005. | SEE PART VI | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | |
|--|------------|----|-----|----|-----|----|-----|----|
| 1 Amount of bonds retired | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | 7,982,349. | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | 542,108. | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | 140,183. | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | 7,300,000. | | | | | | | |
| 11 Other spent proceeds | 58. | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | 2014 | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

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

Schedule K (Form 990) 2018

Part III Private Business Use

KANSAS STATE UNIVERSITY FOUNDATION

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | X | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART I, LINE A, COLUMN (F)

THE 2013D BONDS WERE ISSUED TO CONSTRUCT AN OFFICE BUILDING.

PART IV, LINE 2, COLUMN C

THE REBATE CALCULATION FOR THE BONDS WAS PREPARED AS OF 4/1/2015 AND ALL

BOND PROCEEDS WERE SPENT AS OF THE REBATE COMPUTATION DATE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | X | 4 . | 7,502 . | APPRAISAL |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 2,060 . | COST OR SALES |
| 5 Clothing and household goods | X | | 51,806 . | COST OR SALES |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | X | 1 . | 90,586 . | APPRAISAL |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 193 . | 22,209,481 . | SELLING PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | X | 3 . | 125,154 . | APPRAISAL |
| 19 Food inventory | X | 34 . | 306,188 . | COST OR SALES |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (AUCTION ITEMS) | X | 282 . | 114,870 . | COST OR SALES |
| 26 Other ▶ (EQUIPMENT) | X | 20 . | 207,306 . | COST OR SALES |
| 27 Other ▶ (LIVESTOCK) | X | 37 . | 375,319 . | APPRAISAL/SALES |
| 28 Other ▶ (MISCELLANEOUS) | X | 6 . | 238,653 . | COST OR SALES |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 7 .

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32B

A THIRD PARTY AUCTIONEER IS SOMETIMES USED FOR THE SALE OF LIVESTOCK AND
AUCTION ITEMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

FORM 990, PART III, LINE 4D

KANSAS STATE UNIVERSITY CONSTRUCTION PROJECTS, INCLUDING CONSTRUCTION AND
PROFESSIONAL SERVICES ASSOCIATED WITH THE CONSTRUCTION & IMPROVEMENT OF
BUILDINGS LOCATED ON THE CAMPUS OF KANSAS STATE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 4

THE BYLAWS WERE AMENDED TO REFLECT A CHANGE IN REQUIRED MEETINGS TO A
MINIMUM OF THREE TIMES PER YEAR.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OF THE KANSAS STATE UNIVERSITY FOUNDATION INCLUDE ALUMNI AND
FRIENDS OF KANSAS STATE UNIVERSITY WITH A DEMONSTRATED RECORD OF
DEDICATION AND/OR CONTRIBUTION TO THE WELL-BEING AND DEVELOPMENT OF
KANSAS STATE UNIVERSITY. THESE INDIVIDUALS ARE ELECTED TO THE BOARD OF
TRUSTEES OF THE KANSAS STATE UNIVERSITY FOUNDATION BY CURRENT MEMBERS OF
THE BOARD OF TRUSTEES (A MAXIMUM OF 500 MEMBERS IS PROVIDED FOR IN THE
BYLAWS). SERVING AS A MEMBER OF THE BOARD OF TRUSTEES IS MORE THAN
HONORARY, IT ENCOURAGES ACTIVE PARTICIPATION IN A VARIETY OF ACTIVITIES
CONTRIBUTING TO THE EDUCATIONAL AND FINANCIAL SUCCESS OF THE UNIVERSITY
AND THE FOUNDATION. HOWEVER, MEMBERS OF THE BOARD OF TRUSTEES SHALL NOT
HAVE ANY FIDUCIARY DUTY TO THE FOUNDATION OR THE OTHER MEMBERS. THE
MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS. THE
MEMBERS ARE NOT ENTITLED TO RECEIVE A SHARE OF KANSAS STATE UNIVERSITY'S
NET ASSETS UPON DISSOLUTION.

| | |
|--|--|
| Name of the organization KANSAS STATE UNIVERSITY FOUNDATION | Employer identification number 48-0667209 |
|--|--|

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF TRUSTEES ELECT FROM ITS MEMBERSHIP, UP TO 14 PERSONS TO SERVE ON THE BOARD OF DIRECTORS, WHICH SHALL BE A SEPARATE AND DISTINCT BODY FROM THE BOARD OF TRUSTEES. THE CHIEF EXECUTIVE OFFICER OF THE ALUMNI ASSOCIATION BOARD OF DIRECTORS (OR DESIGNATE), MAKES UP THE 15TH MEMBER TO THE BOARD OF DIRECTORS. THE MANAGEMENT, CONTROL AND SUPERVISION OF THE BUSINESS AND AFFAIRS OF THE FOUNDATION SHALL BE VESTED IN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

THE BYLAWS FOR THE FOUNDATION MAY BE AMENDED BY (I) A TWO-THIRDS (2/3) VOTE OF THOSE MEMBERS PRESENT AND ENTITLED TO VOTE AT ANY ANNUAL OR DULY CALLED SPECIAL MEETING OF THE BOARD OF TRUSTEES, PROVIDED THE PROPOSED AMENDMENTS HAVE BEEN SUBMITTED TO THE MEMBERS AT LEAST THIRTY (30) DAYS PRIOR TO SUCH MEETING; OR (II) A MAJORITY VOTE OF THOSE DIRECTORS PRESENT AND ENTITLED TO VOTE AT ANY MEETING OF THE BOARD OF DIRECTORS. OTHERWISE, NO DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES (MEMBERS).

FORM 990, PART VI, SECTION B, LINE 11B

THE IRS FORM 990 IS PREPARED BY THE SR. DIRECTOR OF COMPLIANCE SERVICES OF THE KANSAS STATE UNIVERSITY FOUNDATION. THE FORM 990 IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. ANY QUESTIONS OR CONCERNS THAT THE INDEPENDENT ACCOUNTANT HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE COMPLETED DRAFT OF THE RETURN IS THEN REVIEWED BY THE FOUNDATION'S SR. VICE-PRESIDENT,

| | |
|--|--|
| Name of the organization KANSAS STATE UNIVERSITY FOUNDATION | Employer identification number 48-0667209 |
|--|--|

OPERATIONS AND FINANCE. ONCE ALL REVIEWS ARE COMPLETED, THE FINAL RETURN IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN WITH THE IRS. THE RETURN IS FILED ELECTRONICALLY WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ANNUALLY, MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS OF THE FOUNDATION, MEMBERS OF ANY FOUNDATION COMMITTEE WITH BOARD-DELEGATED POWERS, AND KEY EMPLOYEES MUST COMPLETE THE CONFLICT OF INTEREST STATEMENT. ANY POTENTIAL CONFLICTS THAT ARE DISCLOSED ON THE COMPLETED STATEMENT ARE DISCUSSED AT A BOARD OF DIRECTORS MEETING. IT IS THE RESPONSIBILITY OF EACH PERSON WHO IS REQUIRED TO COMPLETE THE QUESTIONNAIRE TO NOTIFY THE CHAIRMAN OF THE BOARD OF DIRECTORS AS SOON AS ANY POTENTIAL CONFLICT OF INTEREST MEASURE, CONTRACT, RESOLUTION, GRANT, OR OTHER TRANSACTION OCCURS. THE FOLLOWING PROCEDURES ARE REQUIRED FOR BOARD ACTION WHEN A CONFLICT OF INTEREST EXISTS; THE INTERESTED PERSON MAY MAKE A PRESENTATION AT A BOARD MEETING, BUT AFTER MUST LEAVE THE MEETING DURING THE VOTE ON THE TRANSACTION; THE BOARD MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES; THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF DISINTERESTED MEMBERS WHETHER THE TRANSACTION IS IN THE FOUNDATION'S BEST INTEREST; THE BOARD WILL FOLLOW ALL CONFLICTS OF INTEREST LAWS TO THE EXTENT THEY APPLY TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A

ANNUALLY, THE COMPENSATION COMMITTEE OF THE KANSAS STATE UNIVERSITY FOUNDATION WILL FOLLOW THE REBUTTABLE PRESUMPTION PROCEDURE WHEN DETERMINING AND APPROVING THE COMPENSATION OF THE CEO. CONTEMPORANEOUS

| | |
|--|--|
| Name of the organization KANSAS STATE UNIVERSITY FOUNDATION | Employer identification number 48-0667209 |
|--|--|

MINUTES ARE MAINTAINED.

FORM 990, PART VI, SECTION B, LINE 15B

ANNUALLY, THE COMPENSATION COMMITTEE OF THE KANSAS STATE UNIVERSITY FOUNDATION WILL FOLLOW THE REBUTTABLE PRESUMPTION PROCEDURE WHEN DETERMINING AND APPROVING THE COMPENSATION OF THE VP OF INVESTMENTS/CIO. CONTEMPORANEOUS MINUTES ARE MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 19

THE KANSAS STATE UNIVERSITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.KSUFOUNDATION.ORG

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK,AZ,CA,CO,
DC,GA,KS,KY,ME,MD,MA,MI,
MN,NV,NH,NJ,NY,OH,OK,PA,
SC,TN,UT,WA,WV,WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| THE LAW COMPANY, LLC 345 RIVERVIEW WICHITA, KS 67203 | CONSTRUCTION | 1,552,659. |
| HUTTON CONSTRUCTION CORP 2229 S WEST ST. WICHITA, KS 67213 | CONSTRUCTION | 449,036. |

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| HOEFER WYSOCKI ARCHITECTS LLC 11460 TOMAHAWK CREEK PKWY STE.400 LEAWOOD, KS 66211 | CONSTRUCTION | 307,364. |
| CDW GOVERNMENT LLC 75 TRI-STATE INTERNATIONAL LINCOLNSHIRE, IL 60069 | HARDWARE/SOFTWARE | 288,003. |
| MCCOWN GORDON CONSTRUCTION LLC 422 ADMIRAL BLVD KANSAS CITY, MO 64106 | CONSTRUCTION | 313,285. |

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) 1880 KIMBALL, LLC 82-1781264 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 | REAL ESTATE | KS | -620,843. | 377,885. | KSU FOUND. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) KSU GOLF COURSE MGMT AND RESEARCH FOUND. 74-2830002 5200 COLBERT HILLS DR MANHATTAN, KS 66503 | GOLF COURSE | KS | 501(C)(3) | 12A | KSU FOUND. | X | |
| (2) FOUNDATION FOR ENGINEERING AT KSU 26-3520449 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 | SUPPORT | KS | 501(C)(3) | 12A | KSU FOUND. | X | |
| (3) KSU CHARITABLE REAL ESTATE FOUNDATION 45-3417512 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 | REAL ESTATE | KS | 501(C)(3) | 12A | KSU FOUND. | X | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) LAZY T4 RANCH LLLP 20-0499056 1800 KIMBALL AVE., STE 200 MAN | REAL ESTATE | CO | KSU CREF | N/A | | | | | | | | |
| (2) DOUBLE "R" RANCH LLLP 84-13789 1800 KIMBALL AVE, STE 200 MANH | REAL ESTATE | CO | KSU CREF | N/A | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) CHARITABLE REMAINDER TRUST (99) 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 | CHARITABLE TRUST | KS | KSU FOUNDATION | TRUST | 0. | 0. | | X | |
| (2) THE 1800 KIMBALL OFFICE CONDOMINIUM ASSO 81-0821703 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 | CONDOMINIUM ASSOC | KS | KSU FOUNDATION | C CORP | 0. | 0. | | X | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|---|
| (1) FOUNDATION FOR ENGINEERING AT KSU | C | 1,200,210. | CASH |
| (2) KSU CHARITABLE REAL ESTATE FOUNDATION | C | 7,084,280. | CASH |
| (3) KSU CHARITABLE REAL ESTATE FOUNDATION | O | 150,354. | CASH |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

- ▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2018

Name of estate or trust

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 5 -2,037. |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet. | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶ | | | | 7 -2,037. |

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. | | | | 12 405,055. |
| 13 Capital gain distributions. | | | | 13 |
| 14 Gain from Form 4797, Part I. | | | | 14 |
| 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss Carryover Worksheet | | | | 15 () |
| 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶ | | | | 16 405,055. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

Part III Summary of Parts I and II**Caution:** Read the instructions *before* completing this part.

| | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|-----------|--|------------------------------------|----------------------------|-----------|
| 17 | Net short-term gain or (loss). | 17 | | -2,037. |
| 18 | Net long-term gain or (loss): | | | |
| a | Total for year | 18a | | 405,055. |
| b | Unrecaptured section 1250 gain (see line 18 of the worksheet.) | 18b | | |
| c | 28% rate gain | 18c | | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a. ▶ | 19 | | 403,018. |

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

| | | | |
|-----------|--|-----------|-----|
| 20 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 | 20 | () |
|-----------|--|-----------|-----|

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

| | | | | |
|-----------|--|-----------|--|--|
| 21 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38). | 21 | | |
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero. | 22 | | |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 23 | | |
| 24 | Add lines 22 and 23 | 24 | | |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶ | 25 | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 | | |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- | 27 | | |
| 28 | Enter the smaller of the amount on line 21 or \$2,600 | 28 | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶ | 30 | | |
| 31 | Enter the smaller of line 21 or line 26 | 31 | | |
| 32 | Subtract line 30 from line 26. | 32 | | |
| 33 | Enter the smaller of line 21 or \$12,700 | 33 | | |
| 34 | Add lines 27 and 30 | 34 | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | |
| 36 | Enter the smaller of line 32 or line 35 | 36 | | |
| 37 | Multiply line 36 by 15% (0.15) ▶ | 37 | | |
| 38 | Enter the amount from line 31 | 38 | | |
| 39 | Add lines 30 and 36 | 39 | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | 40 | | |
| 41 | Multiply line 40 by 20% (0.20) ▶ | 41 | | |
| 42 | Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 42 | | |
| 43 | Add lines 37, 41, and 42 | 43 | | |
| 44 | Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 44 | | |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 40) ▶ | 45 | | |

Schedule D (Form 1041) 2018

K-120

Rev. 7-18

2018 CORPORATE INCOME TAX

021

151018

Page 1 of 6

For the taxable year beginning

07012018

ending

06302019

KANSAS STATE UNIVERSITY FOUNDATION
2323 ANDERSON AVE., STE 500

EIN this entity

EIN Federal Consolidated Parent

480667209

MANHATTAN

KS 66502

A. Method Used to Determine Income of Corporation in Kansas

B. Business Activity Code

G. Type of Federal Return Filed:

☒ 1. Activity wholly within Kansas - Single entity☒ 1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS

2. Consolidated

3. Single entity apportionment method (K-120AS)

07011944

H. Have you submitted Form K-120EL?

4. Combined income method - Single corporation filing (Sch. K-121)

D. Date Business Discontinued in KS

I. Enter your original federal due date if other than 15th day of the 4th month after the end of the tax year.

5. Combined income method - Multiple corporation filing (Sch. K-121)

11152018

6. Qualified elective two-factor (K-120AS) Year qualified:

E. State and Month/Day/Year of Incorporation

J. Name or address has changed?

7. Common carrier mileage (Enclose mileage apportionment schedule)

07011944

8. Alternative or separate accounting (Enclose letter of authorization and schedule)

F. State of Commercial Domicile

KS

Filing an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2018.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income

12. Nonbusiness income - Total company
(Sch. req.)

2. Total state and municipal interest

13. Apportionable business income
(Subtract line 12 from line 11)

247729.00

3. Taxes on or measured by income or
fees or payments in lieu of income taxes
(Part IV, line 2)14. Average percent to Kansas (Part VI, lines A,
B, C, & E: if 100% enter 100.0000)

100.0000

4. Federal net operating loss deduction

247729.00

A C.
B5. Other additions to federal taxable
income (Sch. req.)15. Amount to Kansas. (Multiply line 13 by
line 14)

247729.00

6. Total additions to federal taxable income
(Add lines 2, 3, 4, & 5)

247729.00

16. Nonbusiness income - Kansas
(Sch. req.)7. Interest on U. S. government obligations
(Part V, line 2)

17. Kansas Expensing Recapture (Sch. req.)

8. IRC Section 78 and 80% of foreign
dividends (Sch. req.)

18. Kansas Expensing Deduction (Sch. req.)

9. Other subtractions from federal taxable
income (Sch. req.)19. Kansas net income before NOL
deduction (Add lines 15, 16 and 17,
then subtract line 18)

247729.00

10. Total subtractions from federal taxable
income (Add lines 7, 8, & 9)20. Kansas net operating loss deduction
(Sch. req.)

247729.00

11. Net income before apportionment (Add
line 1 to line 6 and subtract line 10)

247729.00

21. Combined report (Schedule K-121) or
alternative/separate accounting income
(Sch. req.)

STMT 1

K-120

Rev. 7-18

Page 2 of 6

2018 CORPORATE INCOME TAX

021

151118

KANSAS STATE UNIVERSITY FOUNDATION

480667209

22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)

33. Overpayment from original return (This figure is a subtraction; see instructions)

23. Normal tax (4% of line 22)

34. Total prepaid credits (Add lines 28-32 and subtract line 33)

38313.00

24. Surtax (3% of line 22 in excess of \$50,000)

35. Balance due (If line 27 exceeds line 34)

25. Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.)

36. Interest

26. Total nonrefundable credits (Part I, line 27; cannot exceed amount on line 25)

37. Penalty

27. Balance (Subtract line 26 from line 25; cannot be less than zero)

38. Estimated tax penalty

28. Estimated tax paid and amount credited forward (Part II, line 4)

3313.00

If annualizing to compute penalty, check this field

29. Other tax payments (enclose separate schedule)

39. Total tax, interest & penalty due (Add lines 35-38) Complete Form K-120V & enclose it with your payment.

30. Amount paid with Kansas extension

35000.00

40. Overpayment (If line 27 plus line 38 is less than line 34)

38313.00

31. Total of all other refundable credits (Part I, line 34)

41. Refund. Enter the amount of line 40 you wish to be refunded

23313.00

32. Payments remitted with original return (See instructions)

42. Credit Forward. Enter the amount of line 40 (original return only) you wish to apply to 2019 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30)

15000.00

X

I authorize the Director of Taxation or the Director's designee to discuss my K-120 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

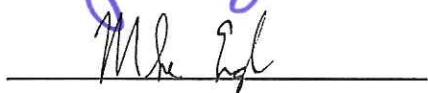
Officer
Signature
(Required)

Title

SR VP OPERATIONS & FINANCE COO/CFO

Date

6-24-2020

Preparer
Signature

Preparer

Phone

Number

8162216300

Preparer SSN

or EIN/PTIN

440160260

Date

06/16/2020

CORPORATE INCOME TAX
PO BOX 758571
TOPEKA KS 66675-8571

For Office Use Only

PART I - NONREFUNDABLE CREDITS

1. Center for Entrepreneurship Credit (Enclose Schedule K-31; see instructions)
2. Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions)
3. Business and Job Development Credit - **for carry forward use only** (Enclose Schedule K-34; See instructions)
4. Historic Preservation Credit (Enclose Schedule K-35; See instructions)
5. Disabled Access Credit (Enclose Schedule K-37; See instructions)
6. Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions)
7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions)
8. Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions)
9. Research and Development Credit (Enclose Schedule K-53; See instructions)
10. Venture Capital Credit - **for carryforward use only** (Enclose Schedule K-55; See instructions)
11. Seed Capital Credit - **for carryforward use only** (Enclose Schedule K-55; See instructions)
12. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)
13. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
14. Alternative-Fueled Motor Vehicle Property Credit (Enclose Schedule K-62; See instructions)
15. Low Income Student Scholarship Credit (Enclose Schedule K-70; see instructions)
16. Law Enforcement Training Center Credit - **for carry forward use only** (Enclose Schedule K-72; see instructions)
17. Petroleum Refinery Credit - **for carry forward use only** (Enclose Schedule K-73; see instructions)
18. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; see instructions)
19. Single City Port Authority Credit (Enclose Schedule K-76; see instructions)
20. Qualifying Pipeline Credit - **for carry forward use only** (Enclose Schedule K-77; see instructions)
21. BioMass-to-Energy Credit - **for carry forward use only** (Enclose Schedule K-79; see instructions)
22. Environmental Compliance Credit (Enclose Schedule K-81; see instructions)
23. Storage and Blending Equipment Credit - **for carry forward use only** (Enclose Schedule K-82; see instructions)
24. Electric Cogeneration Facility Credit - **for carry forward use only** (Enclose Schedule K-83; see instructions)
25. Declared Disaster Capital Investment Credit - **for carry forward use only** (Enclose Schedule K-87; see instructions)
26. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions)
27. **Total nonrefundable credits (Enter on line 26, page 2)**

REFUNDABLE CREDITS

28. Telecommunications Credit (Enclose Schedule K-36; See instructions)
29. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)
30. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)
31. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
32. Individual Development Account Credit (Enclose Schedule K-68; See instructions)
33. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
34. **Total refundable credits (Enter on line 31, page 2)**

PART II

ADDITIONAL INFORMATION

1. Did the corporation file a Kansas Income Tax return under the same name for the preceding year? ☒ Yes ☐ No If "no", enter previous name and EIN. _____

2. Enter the address of the corporation's principal location in Kansas.

2323 ANDERSON AVE., STE 500
MANHATTAN KS 66502

3. The corporation's books are in care of:

Name GREG LOHRENTZ

Address 2323 ANDERSON AVE., STE 500
MANHATTAN KS 66502

Telephone _____

4. List each estimated tax payment and credit forward amount claimed on this return.

| Date | Amount | Date | Amount |
|--------|--------|------|--------|
| CREDIT | 3,313. | | |
| | | | |
| | | | |

5. Has your corporation been involved in any reorganization during the period covered by this return? ☐ Yes ☒ No If "yes", enclose a detailed explanation.

6. If this is a final return for Kansas, please state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated. _____

7. If your federal taxable income has been redetermined for any prior year(s) that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return (Form K-120 or K-120X, whichever is applicable).

☐

Revenue Agent's Report

☐

Net Operating Loss

☐

Amended Return

Years ended _____

8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line:

a. Sales Tax _____

b. Compensating Use Tax _____

c. Withholding Tax _____

d. Other (specify) _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

| Name of Corporation | Employer ID Number |
|--|--------------------|
| KSU GOLF COURSE MGMT & RESEARCH FOUND. | 74-2830002 |
| FOUNDATION FOR ENGINEERING AT KSU | 26-3520449 |
| KSU CHARITABLE REAL ESTATE FOUNDATION | 45-3417512 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

PART IV SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes. (Include federal environmental tax: itemize)

| | |
|---|--|
| | |
| | |
| | |
| | |
| 2. Total (Enter on line 3, page 1) | |
| 3. Total other taxes | |
| 4. Total taxes (Must equal line 17 of the federal return) | |

PART V SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (Describe type):

| | |
|--|--|
| | |
| | |
| | |
| | |
| 2. Total (Enter on line 7, page 1) | |
| 3. Total other interest income | |
| 4. Total interest income (Must equal line 5 of the federal return) | |

K-220

(Rev. 7-18)

2018

180118

**KANSAS UNDERPAYMENT OF ESTIMATED TAX
(CORPORATE INCOME TAX)**

| | |
|------------------------------------|--------------------------------------|
| Name as shown on Form K-120 | Employer Identification Number (EIN) |
| KANSAS STATE UNIVERSITY FOUNDATION | 480667209 |

CURRENT AND PRIOR YEAR INFORMATION

| | | |
|--|---|--|
| 1. Subtract line 31 from line 27 on Form K-120 and enter result | 1 | |
| 2. Multiply line 1 by 90% | 2 | |
| 3. Prior year's tax liability (Subtract line 31 from line 27 of last year's Form K-120). | 3 | |

PART I - EXCEPTIONS TO THE PENALTY

| | | | | | |
|---|---|--------------------|--------------------|--------------------|---------------------|
| 4. Enter in Columns (1) through (4) the installment due dates that correspond to the 15th day of the 4th, 6th, 9th and 12th month of the taxable year | 4 | 10/15/2018 | 12/17/2018 | 03/15/2019 | 06/17/2019 |
| 5. Cumulative timely paid estimated tax payments and credit forward from the beginning of the tax year through each installment due date | 5 | 3,313. | 3,313. | 3,313. | 3,313. |
| | | 25% of line 2 or 3 | 50% of line 2 or 3 | 75% of line 2 or 3 | 100% of line 2 or 3 |
| 6. Exception 1 - Cumulative amount from either line 2 or line 3, whichever is less. | 6 | | | | |
| 7. Exception 2 - Tax on annualized 2018 income | 7 | 22.5% of tax | 45% of tax | 67.5% of tax | 90% of tax |

PART II - FIGURING THE PENALTY

| | | | | | |
|--|----|------------|------------|------------|------------|
| 8. Amount of underpayment. Enter the sum of line 6 less line 5; or line 7, less line 5; whichever is applicable | 8 | | | | |
| 9. Due date of each installment | 9 | 10/15/2018 | 12/17/2018 | 03/15/2019 | 06/17/2019 |
| 10. Number of days from the due date of the installment in one column to the due date of the next installment in the next column or to 12/31/18; whichever is earlier. If paid late, see instructions | 10 | | | | |
| 11. For calendar years enter the number of days from 1/1/19 to the due date of the return or the date the tax was paid, whichever was earlier. For fiscal years or if tax was paid late, see instructions. | 11 | 63 | 88 | 94 | 91 |
| 12. $\frac{\text{Line 10}}{365}$ X (5% X amount on line 8) | 12 | | | | |
| 13. $\frac{\text{Line 11}}{365}$ X (6% X amount on line 8) | 13 | | | | |
| 14. Penalty (Add lines 12 and 13). | 14 | | | | |
| 15. Total penalty. Add amounts in each column of line 14 and enter total here and on the <i>Estimated Tax Penalty</i> line of Form K-120. | 15 | | | | |

KANSAS FORM K-120, PAGE 1 DETAIL

LINE 20 - NOL CARRYOVER

```
=====
```

| | | |
|--|----------|---------|
| CARRYOVER GENERATED IN TAX YEAR 2013 | 134,841. | |
| NOL UTILIZED IN 2016 | 125,739. | |
| NOL UTILIZED IN 2018 | 9,102. | |
| | ----- | ----- |
| TOTAL NOL UTILIZED | 134,841. | |
| | ----- | ----- |
| NOL CARRIED FORWARD TO 2019 | | NONE |
| | | ----- |
| CARRYOVER GENERATED IN TAX YEAR 2014 | 27,608. | |
| NOL UTILIZED IN 2018 | 27,608. | |
| | ----- | ----- |
| TOTAL NOL UTILIZED | 27,608. | |
| | ----- | ----- |
| NOL CARRIED FORWARD TO 2019 | | NONE |
| | | ----- |
| CARRYOVER GENERATED IN TAX YEAR 2015 | 160,840. | |
| NOL UTILIZED IN 2018 | 160,840. | |
| | ----- | ----- |
| TOTAL NOL UTILIZED | 160,840. | |
| | ----- | ----- |
| NOL CARRIED FORWARD TO 2019 | | NONE |
| | | ----- |
| CARRYOVER GENERATED IN TAX YEAR 2017 | 65,146. | |
| NOL UTILIZED IN 2018 | 50,179. | |
| | ----- | ----- |
| TOTAL NOL UTILIZED | 50,179. | |
| | ----- | ----- |
| NOL CARRIED FORWARD TO 2019 | | 14,967. |
| | | ----- |
| TOTAL NOL CARRIED FORWARD TO 2019 | | 14,967. |
| | | ===== |