KANSAS STATE UNIVERSITY FOUNDATION FORM 990 TAX YEAR 2021





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

Ms. Christy Scott Kansas State University Foundation 1800 Kimball Avenue, Suite 200 Manhattan, KS 66502

Enclosed are the following income tax returns prepared on behalf of KANSAS STATE UNIVERSITY FOUNDATION for the year ended June 30, 2022.

2021 990-T - Exempt Organization Business Income Tax Return

2021 8879-TE - IRS E-file Signature Authorization Form 2021

990 - Return of Organization Exempt from Income Tax 2021

8879-TE - IRS E-file Signature Authorization Form 2022

990-W - Estimated Tax Worksheet for Form 990-T

2021 Kansas K-120 Kansas Corporate Income Tax - Signed

2022 Kansas Corporate Estimated Income Tax Voucher

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Michael J. Engle
FORVIS, LLP

Enclosures





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

KANSAS STATE UNIVERSITY FOUNDATION

Instructions for Filing Form 990-W 990-W - Estimated Tax Worksheet for Form 990-T For 2022

Deposit	On or Before	Amount			
1	October 15, 2022		\$0		
2	December 15, 2022	PAID	\$90,000		
3	March 15, 2023	PAID	\$80,000		
4	June 15, 2023		<u>\$29,781</u>		
Total est	timated tax	\$199,781			
Overpayment of 2021 income tax credited against 2022 tax					
Total estimate of 2022 income tax					

Each deposit should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

Since the estimated tax is for an amount which is less than 100% of your 2021 liability (the "safe harbor" amount), it is essential that your estimated income be reviewed prior to each installment payment date in order to minimize or avoid a penalty for underpayment of estimated tax.

The enclosed estimated tax vouchers have been prepared based on the assumption that your 2022 withholding will at least equal your 2021 withholding. If it appears that this assumption is incorrect, please contact us immediately to determine if revised estimates are required to avoid any underpayment penalties.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2022 Estimated Tax	Α	
B.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2021 FORM 990-T c 264,478.		
	Required Annual Payment (Smaller of lines B or C)		264,478.
E.	Income tax withheld (if applicable)	E	
	Balance (As rounded to the nearest multiple of		264,480.

Record of Estimated Tax Payments										
Payment number	(a) Date	(b) Amount	(c) 2021 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))						
1	10/15/2022	NONE	64,699.	64,699.						
2	12/15/2022	90,000.	NONE	80,000.						
3	03/15/2023	80,000.	NONE	80,000.						
4	06/15/2023	29,781.	NONE	29,781.						
Total		199,781.	64,699.	254,480.						

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

KANSAS STATE UNIVERSITY FOUNDATION

Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1201 Walnut, Suite 1700 Kansas City MO 64106-2246

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of filer

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

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
KANSAS STATE UNIVERSITY FOUNDATION	48-0667209
Name and title of officer or person subject to tax	
GREG LOHRENTZ, SR VP OPS/FINANCE	
Part I Type of Return and Return Information	t if any from the return Form 0020
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amour CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you	
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was	
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	
applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	256518677.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here . ▶ b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line	5) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III	, line 22) .10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject of entity)	t to tax with respect to (name e examined a copy of the
of entity), (EIN) and that I have 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and believed.	
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic reti	있었다. 해 가 배워 그 11 H. 12 H.
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to	
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing	
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a	
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S.	
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the finance	
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries ar	
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and	, if applicable, the consent to
electronic funds withdrawal.	
PIN: check one box only	
X I authorize FORVIS, LLP to enter my PIN	8 7 2 3 3 as my signature Enter five numbers, but
	do not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the re agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned	
return's disclosure consent screen.	I ERO to enter my Pin on the
Transference in articular recognition and articles and articles are also and articles and articles are articles and articles are articles and articles are articles are articles and articles are articl	0001 1 (1)
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this veturn that a copy of the return is being filed with a state agence.	(5)
of the IRS Fed/State program, I will enter my PIN of the return's disclosure consent screen.	sylles) regulating charities as part
	11/2023
Part III Certification and Authentication	11/2023
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 2021 electronically filed return ind	icated above. I confirm that I
am submitting this return in accordance with the requirements/of Pub. 4163, Modernized e-File (MeF) Informatio	n for Authorized IRS e-file
Providers for Business Returns.	
ERO's signature ▶ Date ▶	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To D	10.50

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 D Employer identification number C Name of organization B Check if applicable KANSAS STATE UNIVERSITY FOUNDATION Address 48-0667209 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1800 KIMBALL AVE, STE 200 (785)775 - 2000Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code Amended MANHATTAN, KS 66502 G Gross receipts \$ 380,243,953. return Application pending F Name and address of principal officer: H(a) Is this a group return for Yes GREG LOHRENTZ Χ Nο subordinates? 1800 KIMBALL AVE, STE Yes No 200, MANHATTAN, H(b) Are all subordinates included? KS 66502 If "No," attach a list. See instructions X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or WWW.KSUFOUNDATION.ORG Website: H(c) Group exemption number Form of organization: | X | Corporation Other > L Year of formation: 1944 M State of legal domicile: KS Summary Part I 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 Governance THAT UNITES PHILANTHROPIC DESIRES WITH UNIVERSITY PRIORITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 15 **Activities &** 15 5 234 Total number of individuals employed in calendar year 2021 (Part V, line 2a)........ 6 550 7a Total unrelated business revenue from Part VIII, column (C), line 12 2,453,353. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 1,259,417. **Current Year Prior Year** 170,830,403. 120,464,996 2,128,124 1,682,989. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 66,113,592. 63,381,483. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 7,697,798 20,623,802. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 196,404,510. 256,518,677. 12 63,599,174. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 78,883,007. 14 NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15,945,982 16,568,084. NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) **\rightarrow** 12, 678, 946. 17 26,026,343 30,986,725. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 105,571,499 126,437,816. 90,833,011 130,080,861. s or **Beginning of Current Year End of Year** Assets | 20 Total assets (Part X, line 16) 1,167,807,593. 256,682,544. 21 Total liabilities (Part X, line 26)..... 85,520,211 86,327,466. Tage 22 Net assets or fund balances. Subtract line 21 from line 20. 1,082,287,382. 170,355,078. 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. 05/15/2023 Sign Signature of officer Date Here GREG LOHRENTZ SR VP OPS/FINANCE Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature if Check Paid self-employed MICHAEL J ENGLE 05/15/2023 P00482834 Preparer Firm's name ► FORVIS, LLP 44-0160260 Firm's FIN **Use Only** 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 816-221-6300 X Yes May the IRS discuss this return with the preparer shown above? See instructions Νo

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Form 990 (2021)

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	Pa	rt III Statement of Program Service Accomplishments
THE MISSION OF THE KANSAS SPATE UNIVERSITY FOUNDATION IS TO SCORE AND PRODUNTLY NAMES FIVENED SITES IN SUPPORT OF KANSAS STATE UNIVERSITY AND FOOTER A COLORURE THAT UNITES PHILANTHROPIC DESIRES MOTH UNIVERSITY PROBUTIES. Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E27. If Yes, Gescribe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, services? Mr Yes, 'describe these changes on Schedule O. If Yes, 'describe these changes on Schedule Co. If Yes is the organization's program services are required to report the amount of grants and allocations to others the total expenses, and revenue. If any, to exact reported. If Yes, 'describe the services are required to report the amount of grants and allocations to others the total expenses, and revenue. If any, to exact reported to report the amount of grants and allocations to others the total expenses, and revenue in any, to exact reported to report the amount of grants and allocations to others the total expenses, and the total expenses and the total		
AND PRODERRYLY MARNAGE PRIVATE GIFTS IN SUPPORT OF KANSAS STATE UNIVERSITY AND FOSTER A CULTURE THAT UNITES PHILAWTROPIC DESIRS WITH ONIVERSITY PRIOR TITES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If Yes, "describe these new services on Schedule O. If Yes, "describe these changes on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services?. Yes X No If Yes, "describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, seemess. Section 501(c)(3) 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 \$ 50,672,113, including grants of \$ 43,693,361.) (Revenue \$ 1,673,332.) (RANKS STATE UNIVERSITY ADMINISTRATIVE SUPPORT FOR CONTRAL ADMINISTRATION, COLLEGES AND ATHLETTICS, EXPENDITURES INCLUDE MONIES TRANCEPROBED AND OR PREMIDED FOR STAIRTISS FOR FACILITY AND STAFF, TRAVEL FOR COMPRENENCE, SEMINARS, SPEARERS, VISITIVE PROFESSORS, EMPLOYER RECRUITMENT, PROPESSIONAL AND CONSULTING ERRYLCES, EQUIPMENT AND COMPUTING PURCHASIS. ADDITIONALLY, MONIES AND TRANCEPROBED AND OR PREMIDED FOR DESCRIPTIONALLY, MONIES AND TRANCEPRORED AND OR PRIVILENCE PURCHASIS. ADDITIONALLY, MONIES AND TRANCEPROBED AND OR PREMIDED FOR COMPUTER FURCHASES, TRAVEL COSTS AS WELL AS CAPITAL INPROVEMENTS. 4b (Code:) (Expenses \$ 10,355,2115, including grants of \$ 10,029,595.) (Revenue \$ 95,204.) KANSAS STATE UNIVERSITY FOURDATION HAVE PROVIDED ENDONED AND EXPENSABLE EURDS TO BE USED FOR PROVIDENTS ACCOUNTED ENDONED AND EXPENSABLE EURDS TO BE USED FOR PROVIDENTS AND SCHOLARS	1	Briefly describe the organization's mission:
UNIVERSITY AND FOSTER A CULTURE THAT UNITES PHILANTERFIC DESIRES ATTH UNIVERSITY PROFITE'S. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. 1 "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 services?," — "Yes No II" Yes," describe these changes on Schedule O. 1 If "Yes," describe these changes on Schedule O. 1 If "Yes," describe these changes on Schedule O. 2 Did 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 organization's program service reported. 4a (Code:) (Expenses \$ 15,160,335. including grants of \$ 16,160,365.) (Revenue \$ 1,611,335.) (RANSIS STATE UNIVERSITY ADMINISTRATIVE SUPPORT FOR CENTRAL ADMINISTRATION, COLLEGES AND ATTESTED SUPPORT FOR CENTRAL ADMINISTRATION, COLLEGES AND ATTESTED SUPPORT FOR SALARIES FOR FACULTY AID STAFF, TRANFERRED AND OR EXPENSION AND ATTESTED SUPPORT FOR SALARIES FOR FACULTY AID STAFF, TRANFERRED AND OR EXPENSION AND ADMINISTRATIVE SUPPORT FOR SALARIES FOR FACULTY AID STAFF, TRANFERRED TO ATTESTED SPORT SET IN SUPPORT OF ACCOUNT SHEET SERVICES, SPORTS MEDICINE, EQUITMENT AND COMPUTER PURCHASES, TRAVEL COSTS AS WELL AS CAPITAL TYPROVEMENTS. 4b (Code:) (Expenses \$ 16,165,515. including grants of \$ 16,66,666.) (Revenue \$ 65,622.) RANSIS STATE UNIVERSITY FOUNDATION ENVS PROVIDED ENDOKED AND EXPENDABLE SERVICES, SPORTS MEDICINE, REPROVEDITING SPORTS FOR COMPUTER SITE OF TABLES FOR MEDICINES FOR PROVIDING ADMINISTRATIVE ACADEMIC SUPPORT EXPENDITURES ARE MADE FOR THE FUNCTION AND LAB SUPPORTS OF CAMBARE AND CONSULTATIONS, CLASSROOM AND LAB SUPPORTS. 4c (Code:) (Expenses \$ 15,155,515. including grants of \$ 16,66,604.) (Revenue \$ 2,65		THE MISSION OF THE KANSAS STATE UNIVERSITY FOUNDATION IS TO SECURE
Did the organization understate any significant program services during the year which were not listed on the prior Form 990 or 990-E27.		AND PRUDENTLY MANAGE PRIVATE GIFTS IN SUPPORT OF KANSAS STATE
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If Yes." describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services on Schedule 0. If Yes." describe these changes on Schedule 0. If Yes." describe these changes on Schedule 0. If Yes." describe these changes on Schedule 0. If Yes. "Schedule 0. If Yes." describe these changes on Schedule 0. If Yes." describe these changes on Schedule 0. If Yes. "Schedule 0. If Yes." describe these changes on Schedule 0. If Yes." describe the amount of grants and allocations to others the total expenses, and revenue, if any, to each program service reported. AGENTAL TRANSFERSENCE on Schedule 0. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes." describe the amount of grants and allocations to eithers the total expenses. If Yes. As a constitution of grants of \$ 1,021,021,021,021,021,021,021,021,021,02		UNIVERSITY AND FOSTER A CULTURE THAT UNITES PHILANTHROPIC DESIRES
prior Form 990 or 990-E27,		WITH UNIVERSITY PRIORITIES.
If Yes, describe these new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services?		
Services?.		
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:		services?Yes X No
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 \$ 5,967,319, including grants of \$ 46,205,531,) (Revenue \$ 1,611,338,) (RANSAS 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, SYMINARS, SPRAKERS, VISITING PROFESSORS, EMPLOYEE RECRUITMENT, PROFESSIONAL AND CONSULTING SERVICES, EQUIPMENT AND COMPUTING PROFESSIONAL AND CONSULTING SERVICES, EQUIPMENT AND COMPUTING FOR CASES. ADDITIONALLY, MONIES ARE TRANSFERRED TO ATHLETICS FOR USE IN SUPPORT OF ACADEMIC SERVICES, SPORTS MEDICINE, EQUIPMENT AND COMPUTER FURCHASES, TRAVEL COSTS AS MELL AS CAPITAL IMPROVEMENTS. 4b (Code:) (Expenses \$ 19,355,315, including grants of \$ 10,029,636,) (Revenue \$ 65,922,) (RANSAS STATE UNIVERSITY SCHOLARSHIPS—GENEROUS DOMORS TO KANGAS STATE UNIVERSITY FOUNDATION HAVE PROVIDED ENDOWED AND EXPENDABLE FUNDS TO BE USED FOR PROVIDING SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE AND GRADUATE STUDENTS OF KANGAS STATE UNIVERSITY. 7,503 STODENTS RECEIVED SCHOLARSHIP ASSISTANCE DURING THE 21/22 ACADEMIC YEAR. 4c (Code:) (Expenses \$ 15,155,214, including grants of \$ 10,615,104,) (Revenue \$ 70,) (RANSAS STATE UNIVERSITY ACADEMIC SUPPORT EXPENDITURES ARE MADE FOR THE PURCHASE OF COMPUTER HARDWARE AND SOFTMARE, TRAITUREA AND EQUIPMENT, PROFESSIONAL SERVICES AND CONSULTATIONS, CLASSROOM AND LAB SUPPLIES. 4d (Code:) (Expenses \$ 15,155,214, including grants of \$ 10,615,104,) (Revenue \$ 70,) (RANSAS STATE UNIVERSITY ACADEMIC SUPPORT EXPENDITURES ARE MADE FOR THE PURCHASE OF COMPUTER HARDWARE AND SOFTMARE, TRAITURE AND DECOMPUTE HARDWAR		· · · · · · · · · · · · · · · · · · ·
ADMINISTRATION, COLLEGES AND ATHLETICS. EXPENDITURES INCLUDE MONIES TRANSFERRED AND OR EXPENDED FOR SALARIES FOR FACULTY AND STAFF, THAVEL FOR COMPERENCES, SEMINARS, SPEAKERS, VISITING PROFESSORS, EMPLOYER 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. 40 (Code:)(Expenses \$ 18,358,310. including grants of \$ 18,023,656.)(Revenue \$ 69,924.) 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, 7,503 STUDENTS RECEIVED SCHOLARSHIP ASSISTANCE DURING THE 21/22 ACADEMIC YEAR. 44 (Code:)(Expenses \$ 15,139,9242. including grants of \$ 10,616,104.)(Revenue \$ 70.) KANSAS STATE UNIVERSITY ACADEMIC SUPPORT EXPENDITURES ARE MADE FOR THE PURCHASE OF COMPUTER HARDMARE AND SOFTWARE, FURNITURE AND EQUIPMENT, PROFESSIONAL SERVICES AND CONSULTATIONS, CLASSROOM AND LAB SUPPLIES. 44 (Other program services (Describe on Schedule O.) (Expenses \$ 3,509,425. including grants of \$ 2,031,886.)(Revenue \$ 5,656.)		expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
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Form 990 (2021)

Page 3

Par	Checklist of Required Schedules		V	N
			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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	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	Х	
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 Rev. Proc. 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? <i>If "Yes," complete Schedule D, Part II</i>	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			
40	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 donor-restricted endowments	4.0		
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	7.7	
L	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		3.7	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7.7	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		77
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		37
h	Schedule D, Parts XI and XII.	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h	Х	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-10		
D	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	146	21	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		21	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		21	
••	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		21	
. •	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	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 12 If "Vas" complete Schedule I. Parts Land II.	21	v	

Form 990 (2021) Page **4**

Part	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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		.,	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?	256		3.7
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		77
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		X
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Χ
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	21	
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	21	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		21
0 2	complete Schedule N, Part II,	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		- 21
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		-	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	. X
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	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 234			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Χ	
	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		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Χ
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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	Χ	
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		- 21
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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021)	KANSAS	STATE UNIVER	SITY FOUNDA	TION	48-0667209	Page 6
Part VI Governance,	Management,	and Disclosure.	For each "Yes"	response to lines 2	through 7b below, and	for a "No"

response to line 8a, 8b, 6	or 10b below, de	escribe the circums	tances, processes,	or changes on	Schedule O.	See instructions
Check if Schedule O con	ntains a resnonse	e or note to any line	in this Part VI			V

Coat	ion A. Coverning Body and Management		• • •	Λ
Seci	ion A. Governing Body and Management		Yes	No
			163	-
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 15			
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?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6 7-	Did the organization have members or stockholders?		21	
7a		7a	Х	
L	one or more members of the governing body?	14	21	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
0	stockholders, or persons other than the governing body?	1.0	21	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.0	21	
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 on Schedule O	9	,	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b	7.7	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a	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?	16b	Χ	
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	Γ (sect	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	of inter	est n	olicv.
-	and financial statements available to the public during the tax year.			٠ , ر
20	State the name, address, and telephone number of the person who possesses the organization's books and record GREG LOHRENTZ 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	ls ▶		

785-775-2000

Form **990** (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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	box,	(C) Position lo not check more to ox, unless person is ficer and a directo			ore than one on is both an		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) GREG WILLEMS	45.00									
PRESIDENT/CEO	1.00			Х				483,556.	NONE	208,807.
(2) LOIS COX	40.00							100,000		
VP FOR INVESTMENTS/CIO	1.00			Χ				603,323.	NONE	58,128.
(3) GREG LOHRENTZ	40.00							,		,
SR VP OPERATIONS AND FINANCE	1.00			Χ				380,933.	NONE	61,617.
(4) PAUL CHAI	45.00							·		,
DIRECTOR OF INVESTMENTS	NONE					X		323,160.	NONE	44,495.
(5) CHRISTOPHER MILLS	45.00									
AVP INFORMATION TECH AND INFRA	NONE					Х		178,861.	NONE	43,859.
(6) JILL TREGO	45.00									
VP CULTURE AND ENGAGEMENT	NONE					Х		176,836.	NONE	45,727.
(7) SHEILA WALKER	45.00									
AVP OF COLLEGIATE DEVELOPMENT	NONE					Х		176,254.	NONE	45,327.
(8) CHRISTOPHER SPOONER	45.00									
AVP UNIVERSITY WIDE DEVELOPMEN	NONE					Х		176,099.	NONE	28,244.
(9) DEBORAH TUTTLE	39.00									
AVP FINANCE & ACCT, CONTROLLER	6.00			Χ				146,857.	NONE	38,793.
(10) CHRISTY SCOTT	40.00									
AVP OF COMPLIANCE SERVICES	1.00			Χ				135,242.	NONE	15,924.
(11) MARY VANIER	1.00									
CHAIR, BD OF DIRECTORS	1.50	Х		Χ				NONE	NONE	NONE
(12) STEVE THEEDE	1.00									
MEMBER, BD OF DIRECTORS	1.00	Х		Χ				NONE	NONE	NONE
(13) GABE HERNANDEZ	1.00									
MEMBER, BD OF DIRECTORS	NONE	Х		Χ				NONE	NONE	NONE
(14) SUE BARSAMIAN	1.00									
MEMBER, BD OF DIRECTORS	NONE	Х						NONE	NONE	
										Earm QQ () (2021)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								
(A)	(B)			(6	C)			(D)	(E)	(F)						
Name and title	Average	l .			sition			Reportable	Reportable	Estimated						
	hours per week (list any					e than c is both		compensation	compensation from	amount of other						
	hours for					tor/trust		from the	related organizations	compensation						
	related	Ind or c	Inst	Officer	ξ _e	Hig	Former	organization	(W-2/1099-MISC)	from the						
	organizations below dotted	Individual trustee or director	Institutional trustee	cer	Key employee	hest	mer	(W-2/1099-MISC)		organization and related						
	line)	tor tr	onal		ploy	e				organizations						
		uste	trus		ee	npen										
		Φ	tee			Highest compensated employee										
15) CANDY DUNCAN	1.00															
DIRECTOR, BD OF DIRECTORS	NONE	Х						NONE	NONE	NON						
16) CHARLENE LAKE	1.00															
TREASURER, BD OF DIRECTORS	NONE	Х		Х				NONE	NONE	NONI						
17) DAMON HININGER	1.00															
MEMBER, BD OF DIRECTORS	NONE	Х						NONE	NONE	NON						
18) DAVID EVERITT	1.00															
TREASURER, BD OF DIRECTORS	1.00	Х		Χ				NONE	NONE	NON						
19) J.P. BILBREY	1.00															
MEMBER, BD OF DIRECTORS	NONE	Х						NONE	NONE	NON						
20) JIM JOHNSON	1.00															
MEMBER, BD OF DIRECTORS	1.00	Х						NONE	NONE	NON						
21) KELLY LECHTENBERG	1.00															
MEMBER, BD OF DIRECTORS	1.00	Х						NONE	NONE	NON						
22) LEANN CARET	1.00															
MEMBER, BD OF DIRECTORS	NONE	Х						NONE	NONE	NONI						
23) NABEEHA KAZI HUTCHINS	1.00															
MEMBER, BD OF DIRECTORS	NONE	X						NONE	NONE	NONI						
24) RAY DEMPSEY	1.00															
MEMBER, BD OF DIRECTORS	NONE	Х						NONE	NONE	NON						
25) SABRINA SCHRINER	1.00															
MEMBER, BD OF DIRECTORS	NONE	X						NONE	NONE	NONI						
1b Sub-total								2,781,121.	NONE	590 , 921.						
c Total from continuation sheets to Part VII, S	Section A						>	NONE	NONE	NONI						
d Total (add lines 1b and 1c)									NONE	590 , 921.						
2 Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a		e) who 23	o re	ceived more than	\$100,000 of							
										Yes No						
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highest	t compensated							
employee on line 1a? If "Yes," complete Scheo										3						
4 For any individual listed on line 1a, is the	sum of reg	ortab	ole c	com	per	nsatio	n aı	nd other compens	sation from the							

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3	
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? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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 ▶

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Part VII Section A. Officers, Directors, Tr	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)	box,	unles	Pos neck ss pe	rson	n both highest compensated e is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatic relate organizat (W-2/1099-	on from d tions	(F) Estimated amount of other compensation from the organization and related organizations
SECRETARY, BD OF DIRECTORS	1.00	X		X				NONE		NONE	NONE
		-									
		-									
to Total from continuation sheets to Part VII, Section 1	Section A limited to t	· · ·		 	· ·	· · ·	> re	ceived more than	\$100,000 c	of	
 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheet 4 For any individual listed on line 1a, is the organization and related organizations graindividual 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors 	sum of repreater than accrue co	ch ind portab \$15 ••• mpen	lividu ole c 50,0 • • • • • • • • • • • • • • • • • • •	ual com 00? • •	per If	Sation "Yes any	 n ar s," (nd other compens complete Schedu	sation from le J for s	the such	Yes No 3
Complete this table for your five highest concompensation from the organization. Report year.											
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	rvices	С	(C) ompensation

JSA 1E1055 2.000

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more than \$100,000 in compensation from the organization ▶

Total number of independent contractors (including but not limited to those listed above) who received

20

Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1,161,437. 1,944,229. 1 c Related organizations 3,549,223. Government grants (contributions) . . 1e All other contributions, gifts, grants, 164,175,514. and similar amounts not included above . 1f g Noncash contributions included in **1g |\$** 11,479,507. **Total**. Add lines 1a-1f 170,830,403. **Business Code** Program Service Revenue PROGRAM SERVICE REVENUES 900099 1,682,989. 1,682,989 b d е f All other program service revenue 1,682,989. Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 11,793. 11,793. other similar amounts)...... NONE Income from investment of tax-exempt bond proceeds . 4 81,550. 5 81,550. (ii) Personal (i) Real 2,709,185 Gross rents 6a 2,024,685 **b** Less: rental expenses 6b 684,500. Rental income or (loss) 6c NONE d Net rental income or (loss)... 684,500. 4,516. 679,984. (ii) Other Gross amount from (i) Securities sales of assets 184,208,887. other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses . . 7b 120,766,730. 72,467 63,442,157. -72,467 c Gain or (loss) 7c 63,369,690. 63,369,690. d Net gain or (loss) 8a Gross income from fundraising 1,944,229. events (not including \$ ___ of contributions reported on line 1,021,359 1c). See Part IV, line 18 8a 861,394 8b **b** Less: direct expenses L 159,965. 159,965. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NON 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a sales of inventory, NONE returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory. NONE **Business Code** Miscellaneous MANAGEMENT FEE REVENUES 900099 23,493,453 23,493,453. 11a PARTNERSHIP & OTHER INVESTMENT INC 525990 -3,837,074. 2,448,837. -6,285,911. c ALL OTHER MISC REVENUE 900099 41,408. 41,408. 19,697,787. 256,518,677. 1,682,989. 2,453,353. 81,551,932. 12

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).

300	Check if Schedule O contains a resp	•	•	•	
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C) Management and	
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	· ·	·
	and domestic governments. See Part IV, line 21	60,748,526.	60,748,526.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	18,092,636.	18,092,636.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	41,845.	41,845.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	0.040.050		1 560 000	000 145
	trustees, and key employees	2,049,970.		1,769,823.	280,147.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NIONIE			
7	persons described in section 4958(c)(3)(B)	NONE 11,036,153.	1,100,673.	2,991,664.	6,943,816.
		1,027,381.	98,771.	260,569.	668,041.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,021,301.	JO, //1.	200,309.	000,041.
9	Other employee benefits	1,685,325.	105,671.	548,485.	1,031,169.
10	Payroll taxes	769,255.	70,479.	194,375.	504,401.
	Fees for services (nonemployees):	,	,	131,070.	
	Management	NONE			
	Legal	142,476.	11,319.	131,157.	
	Accounting	134,558.	,	134,558.	
	Lobbying	21,971.	21,971.		
	Professional fundraising services. See Part IV, line 17.	NONE			
1	f Investment management fees	7,510,850.		7,510,850.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	7,283,687.	6,246,633.	406,398.	630,656.
12	Advertising and promotion	1,211,833.	27,316.	266,920.	917,597.
13	Office expenses	1,356,327.	943,292.	88,182.	324,853.
14	Information technology	2,010,016.	626,747.	1,360,450.	22,819.
15	Royalties	NONE	420 271	200 504	
16	Occupancy	1,058,175.	439,371.	390,584.	228,220.
17	Travel	1,316,149.	745,303.	34,995.	535,851.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	281,622.	106,977.	58,435.	116,210.
20	Interest	95,408.	94,215.	1,193.	110,210.
21	Payments to affiliates	NONE	31,210.	±,±50.	
22	Depreciation, depletion, and amortization	761,340.		380,670.	380,670.
23	Insurance	367,254.	261,575.	105,326.	353.
24	Other expenses. Itemize expenses not covered			·	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT & FUNISHINGS	2,032,969.	2,032,969.		
	OFFICIAL HOSPITALITY	1,034,471.	1,034,471.		
	FILING FEES & SERVICE CHARGE	658,814.	495,680.	163,127.	<u> </u>
	MISCELLANEOUS EXPENSES	3,708,805.	2,745,533.	869,136.	94,136.
	All other expenses	106 108 016	06 001 070	17 666 665	10 650 000
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	126,437,816.	96,091,973.	17,666,897.	12,678,946.
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	<u> </u>				Form QQ ((2021)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	25,695,826.	2	101,533,440.
	3	Pledges and grants receivable, net	107,997,664.	3	137,660,436.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	10,405,389.	7	10,424,021.
Assets	8	Inventories for sale or use	NONE	8	NONE
Ÿ	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 59,679,110.			
	b	Less: accumulated depreciation 10b 4,382,900.	52,730,700.	10c	55,296,210.
	11	Investments - publicly traded securities	474,227,886.	11	382,276,186.
	12	Investments - other securities. See Part IV, line 11	488,082,083.	12	560,602,823.
	13	Investments - program-related. See Part IV, line 11		13	8,889,428.
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16			16	1,256,682,544.
	17	Accounts payable and accrued expenses		17	9,943,334.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities		20	15,110,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	110112		1,011
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	19,542,384.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110111		110111
	- 0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	43,188,823.	25	41,731,748.
	26	Total liabilities. Add lines 17 through 25	85,520,211.		86,327,466.
es		Organizations that follow FASB ASC 958, check here ► X	03/320/211.		00/32//100.
anc	27	and complete lines 27, 28, 32, and 33.	104 020 074	2.7	05 040 000
Bal	27	Net assets without donor restrictions	· · · · · ·	27	85,949,039.
þ	28	Net assets with donor restrictions	977,349,308.	28	1,084,406,039.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances		32	1,170,355,078.
Z	33	Total liabilities and net assets/fund balances		33	1,256,682,544.
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Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1		256,5		
2		.26 , 4		
3	Revenue less expenses. Subtract line 2 from line 1	.30 , 0	80,	<u>861</u> .
4)82 , 2		
5	Net unrealized gains (losses) on investments	<u>42,010,943</u>		
6	Donated services and use of facilities		-2 ,	<u>229</u> .
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	<u>.70,3</u>	55,	<u>078</u> .
Part	·			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	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?	2b	X	
	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 X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			5.7
	Single Audit Act and OMB Circular A-133?	3a		<u>X</u>
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

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
2021
Open to Public Inspection

48-0667209

Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instruction:	S.	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	l70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5	X	An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go							
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)		•					
8		A community trust describe	· ·						
9		An agricultural research org	-			-			
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or	
		university:				_			
10		An organization that normally receives (1) more than 331/3 % 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 331/3 % 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	· · · · · · · · · · · · · · · · · · ·		-				
12		An organization organized a	•	- · · · · · · · · · · · · · · · · · · ·					
		one or more publicly support							
	_	the box on lines 12a throug		* * * * * * * * * * * * * * * * * * * *			•	-	
а	L	$oxedsymbol{oxed}$ Type I. A supporting orga	•	· •	-		• , ,		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	es of the	
	_	_ supporting organization. `	•	•					
b	L	☐ Type II. A supporting org	•						
		control or management of			the sam	e persor	ns that control or mar	age the supported	
		organization(s). You must							
С	L							lly integrated with,	
	Г	its supported organization		•					
d	L	Type III non-functionally			-				
		that is not functionally inte	-	= -	-		•	d an attentiveness	
_	Г	requirement (see instruct	•	-				II. Tura III	
е	L	_ Check this box if the orga						п, туре ш	
f	En	functionally integrated, or ter the number of supported			porting (organiza	uon.		
		ovide the following information							
		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	(-)		(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	Yes	ment?	instructions)	instructions)	
					100	110			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,667,904.	141,547,988.	104,969,825.	120,464,996.	170,830,403.	622,481,116.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	84,667,904.	141,547,988.	104,969,825.	120,464,996.	170,830,403.	622,481,116.
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)						69,781,592.
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						552,699,524.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	84,667,904.	141,547,988.	104,969,825.	120,464,996.	170,830,403.	622,481,116.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,113,014.	3,307,949.	3,607,357.	2,676,901.	2,798,013.	14,503,234.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	107,783.	86,612.	1,259,417.	1,453,812.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE.SURP.PAGE	4,478,448.	6,928,395.	10,399,375.	7,092,228.	17,248,950.	46,147,396.
11	Total support. Add lines 7 through 10						684,585,558.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	25,992,587.
13 ——	First 5 years. If the Form 990 is for organization, check this box and stop here		<u></u>				
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (lin	. ,	•		Г	14	80.73 %
15	Public support percentage from 2020					15	86.50 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, an	id line 14 is 331	/3 % or more, ch	
	box and stop here . The organization qu			-			
b	331/3% support test - 2020. If the org						
	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets			_			
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets			_	•	•	
40	Organization						
18	Private foundation. If the organization						
	instructions						· · · · <u> </u>

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.)

	tion A. Public Support		420040	() 0040	(1) 0000	() 0004	(n = 1)
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support			1			T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
Б	`						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11	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						
12	(Explain in Part VI.)		+				
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	the organizati	ion's first sees	d third fourth	or fifth toy	or on a continu	501(a)(2)
14	-	ŭ	•		•		` ^ ` / _
500	organization, check this box and stop here. tion C. Computation of Public Supp			<u> </u>			
	Public support percentage for 2021 (line 8,		_	ump (f))		15	0/
15 16		• • •	•	. , ,			<u>%</u>
16	Public support percentage from 2020 Sche			<u> </u>		16	<u> </u>
	tion D. Computation of Investment			12 ookuma (f)\		17	0/
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S						% (and line
19 a	331/3% support tests - 2021. If the organization and the support tests - 2021 is the organization of the support tests - 2021.						
1.	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the orga						
20	line 18 is not more than 331/3 %, check Private foundation. If the organization of			-			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng b <i>y</i>			
JS	1		
∍d	2		
er	3a		
nd ne			
В)	3b		
Ιf	3с		
	4a		
gn o <i>n</i>	4b		
on ed B)	40		
	4c		
s," IN n; on			
	5a		
dy	5b		
	5c		
to ed or			
or	6		
ty	7		
ne	8		
re ns			
ch	9a		
fit	9b		
on	9с		
ed	10a		
to	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
L	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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.	2		
Secti	on C. Type II Supporting Organizations		Vaa	Na
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).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
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	_	Yes	No
2	provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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.	2 a		
b	Did the activities described on line 2a, above, 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pá	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explai	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ection 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		
Se	ection 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functiona (see instructions).		ted Type III supportin	g organization

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	i ons (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(1)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021 Page

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

SCHEDULE A, PART II - OTHER INCOME 2020 DESCRIPTION TOTAL 11,373,879. 12,799,294. 17,655,070. 18,997,689. 23,493,453. 84,319,385. MANAGEMENT FEE REVENUES PARTNERSHIP INCOME -7,109,938. -6,085,406. -7,586,132. -12,164,291. -6,285,911. -39,231,678. 214,507. 214,507. 330,437. 258,830. 41,408. 1,059,689. MISCELLANEOUS INCOME 6,928,395. 10,399,375. 7,092,228. 17,248,950. 46,147,396. TOTALS

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number Name of the organization KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 Organization type (check one): Filers of: Section: X 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), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

Schedule B (Form 990) (2021)

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

	KANSAS STATE UNIVERSITY FOUNDATIO	JIN	46-066/209
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$ 37,965,282.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VE	\$ 7,900,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	80906	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KANSAS STATE UNIVERSITY FOUNDATION 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
5_	STOCK/SECURITIES		
		\$\$	11/18/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 3

Name of or	rganization			Employer identification number
	KANSAS STATE UNIVERSI			48-0667209
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any or ions completing Part II e year. (Enter this info	ne contributor. Co II, enter the total of rmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer and ZIP + 4	_	ip of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
	Transferee's name, address,	(e) Transfer and ZIP + 4		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer and ZIP + 4	_	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer and ZIP + 4	_	ip of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

20**21**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organization				
	e of organization	anizations. Complete Fait III.		Employer ide	ntification number
	· ·	. HOLDING HOLDI		' '	
	ISAS STATE UNIVERSITY	rganization is exempt under	section FO1/s) or		667209
		· · ·			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	iv. See instructions to
_	definition of "political campa	_			
2		xpenditures. See instructions			
		campaign activities. See instruction			
Par		organization is exempt under s	. , , , , , , , , , , , , , , , , , , ,		
1		cise tax incurred by the organizatio			
2	-	cise tax incurred by organization m	-		
3	•	a section 4955 tax, did it file Form	•		
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities			▶\$	
2	Enter the amount of the filin	ig organization's funds contributed	to other organization	ns for section	
	527 exempt function activiti	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	m 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb	, ,		
		s. For each organization listed, er			
		tributions received that were prom			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Il none, enter -0	delivered to a separate
					political organization.
					If none, enter -0
(1)					
(•)			-		
(2)					
(-)			-		
(3)					
(3)			-		
(4)					
(4)			-		
(5)					
(5)			-		
(C)					
(6)			-		
			1		

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

Schedule C (Form 990) 2021

Part II-A	Complete if the	organization is	s exempt	under s	ection 5	501(c)(3)	and filed Form	5768 (electi	on unde	•r
	section 501(h)).							•		

A	Check ► X	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.

SEE		ying Expenditures	(a) Filing	(b) Affiliated
		eans amounts paid or incurred.)	organization's totals	group totals
1a -	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	5,584.	5,584.
b ⁻	Total lobbying expenditures to influence	a legislative body (direct lobbying)	16,388.	16,388.
c ⁻	Total lobbying expenditures (add lines 1	a and 1b)	21,972.	21,972.
d (Other exempt purpose expenditures		118,977,156.	124,325,847.
e ¯	Total exempt purpose expenditures (add	d lines 1c and 1d)	118,999,128.	124,347,819.
f l	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
_(columns.	·	1,000,000.	1,000,000.
I	f the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
1	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	5% of line 1f)	250,000.	250,000.
h S	Subtract line 1g from line 1a. If zero or le	ess, enter -0		
i S	Subtract line 1f from line 1c. If zero or le	ss, enter -0		
jΙ	f there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
r	reporting section 4911 tax for this year?			Yes 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 Exper	nditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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.
С	Total lobbying expenditures	26,410.	29 , 874.	4,576.	21 , 972.	82 , 832.
d	Grassroots nontaxable amount	250 , 000.	250 , 000.	250 , 000.	250,000.	1,000,000.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	8,862.	9,882.	3,454.	5,584.	27,782.

Schedule C (Form 990) 2021

(election under section 501(h)).		u . o.,	m 576	8	
* **	, (;	a)		(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed lescription of the lobbying activity.	Yes	No		Amou	ınt
During the year, did the filing organization attempt to influence foreign, national, state, or loca					
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	1				
c Media advertisements?	I				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	1				
f Grants to other organizations for lobbying purposes?	I				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 	1				
	1				
j Total. Add lines 1c through 1i	1				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5)1(c)(5)	, or s	ection)	
501(c)(6).					
					Yes No
Were substantially all (90% or more) dues received nondeductible by members?				1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
Did the organization agree to carry over lobbying and political campaign activity expenditures				3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No					≀ ie
			t III-A,	iiile C	,, 15
answered "Yes."	٠.٠ (, . u.			
answered "Yes."		,,	1		
answered "Yes." Dues, assessments and similar amounts from members			1		
answered "Yes." Dues, assessments and similar amounts from members			1		
answered "Yes." Dues, assessments and similar amounts from members			1 2a		
answered "Yes." Dues, assessments and similar amounts from members	ounts	 of			
answered "Yes." Dues, assessments and similar amounts from members	ounts	of	2a		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include am political expenses for which the section 527(f) tax was paid). Current year	ounts	of	2a 2b		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include am political expenses for which the section 527(f) tax was paid). Current year	ounts	of	2a 2b 2c		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include am political expenses for which the section 527(f) tax was paid). Current year	ounts lues	of	2a 2b 2c		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include am political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of the first formula for the first formula for the first formula formula for the first formula for the fir	ounts lues. on of the lobbyin	of	2a 2b 2c 3		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include ampolitical expenses for which the section 527(f) tax was paid). Current year	ounts lues. on of the lobbyin	of	2a 2b 2c 3		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include ampolitical expenses for which the section 527(f) tax was paid). Current year	ounts lues. on of the lobbyin	of	2a 2b 2c 3		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include ampolitical expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of finitions were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions. Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliation)	ounts lues. on of the lobbyin	of	2a 2b 2c 3	II-A, lir	nes 1 an
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include ampolitical expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of finitions were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions. Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliation)	ounts lues. on of the lobbyin	of	2a 2b 2c 3	II-A, lir	ies 1 an
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include ampolitical expenses for which the section 527(f) tax was paid). Current year	ounts lues. on of the lobbyin	of	2a 2b 2c 3	II-A, lir	nes 1 an

Part IV **Supplemental Information** (continued)

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.

5,584. GRASSROOTS LOBBYING AMOUNT: DIRECT LOBBYING AMOUNT: 16,388. TOTAL LOBBYING EXPENDITURES: 21,972. OTHER EXEMPT PURPOSE EXPENDITURES: 118,977,156. TOTAL EXEMPT PURPOSE EXPENDITURES: 118,999,128. 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: 21,972.

CONTINUED... Schedule C (Form 990 or 990-EZ) 2021 JSA

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D) ______

ORGANIZATION NAME: FOUNDATION FOR ENGINEERING AT KSU

ADDRESS: 1800 KIMBALL AVENUE, STE 200

MANHATTAN, KS 66502

EIN: 26-3520449

GRASSROOTS LOBBYING AMOUNT: NONE DIRECT LOBBYING AMOUNT: NONE TOTAL LOBBYING EXPENDITURES: NONE OTHER EXEMPT PURPOSE EXPENDITURES: 1,500,140. TOTAL EXEMPT PURPOSE EXPENDITURES: 1,500,140. LOBBYING NONTAXABLE AMOUNT: 225,007. GRASSROOTS NONTAXABLE AMOUNT: 56,252.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

CONTINUED... Schedule C (Form 990 or 990-EZ) 2021 JSA

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D) ______

ORGANIZATION NAME: KSU CHARITABLE REAL ESTATE FOUNDATION

ADDRESS: 1800 KIMBALL AVENUE, STE 200

MANHATTAN, KS 66502

EIN: 45-3417512

GRASSROOTS LOBBYING AMOUNT: NONE DIRECT LOBBYING AMOUNT: NONE TOTAL LOBBYING EXPENDITURES: NONE OTHER EXEMPT PURPOSE EXPENDITURES: 2,388,333. TOTAL EXEMPT PURPOSE EXPENDITURES: 2,388,333. LOBBYING NONTAXABLE AMOUNT: 269,417. 67,354. GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

CONTINUED... Schedule C (Form 990 or 990-EZ) 2021 JSA

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D) ______

ORGANIZATION NAME: KSU GOLF COURSE MANAGMENT & RESEARCH FND

ADDRESS: 5200 COLBERT HILLS DR.

MANHATTAN, KS 66503

EIN: 74-2830002

GRASSROOTS LOBBYING AMOUNT: NONE DIRECT LOBBYING AMOUNT: NONE TOTAL LOBBYING EXPENDITURES: NONE OTHER EXEMPT PURPOSE EXPENDITURES: 1,203,062. 1,203,062. TOTAL EXEMPT PURPOSE EXPENDITURES: LOBBYING NONTAXABLE AMOUNT: 195,306. GRASSROOTS NONTAXABLE AMOUNT: 48,827.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

CONTINUED... Schedule C (Form 990 or 990-EZ) 2021 JSA

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D) ______

ORGANIZATION NAME: JACK GOLDSTEIN CHARITABLE TRUST

ADDRESS: 555 POYNTZ

MANHATTAN, KS 66502

EIN: 48-0889646

GRASSROOTS LOBBYING AMOUNT: NONE DIRECT LOBBYING AMOUNT: NONE TOTAL LOBBYING EXPENDITURES: NONE OTHER EXEMPT PURPOSE EXPENDITURES: 257,156. TOTAL EXEMPT PURPOSE EXPENDITURES: 257,156. LOBBYING NONTAXABLE AMOUNT: 51,431. 12,858. GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	-	
KAN	ISAS STATE UNIVERSITY FOUNDATION	48-0667209
Pa	rt 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
Ū	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	• • • • • • • • • • • • • • • • • • • •
Pa	rt 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).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	or a continea motorio culactaro
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.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
c C	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
d		2d
2	historic structure listed in the National Register	
3		inated by the organization during the
4	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, inspect	-
6	violations, and enforcement of the conservation easements it holds?	
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 or	ansaryation assements during the year
•	S	onservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of secti	on 170/h)//)/B)/i)
Ü		
9	and section 170(h)(4)(B)(ii)?	d evnence statement and
3	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	iai statemente that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu 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 the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	tatement and balance sheet works of earch in furtherance of public service,
	(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	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	Title in the second sec
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	> \$

Sched	dule D (Form 990) 2021 KAN:	SAS STATE UNI	VERSITY	FOUNDAT	CION		48-0	667209	Page 2
Pa	rt Organizations Maintaini					Other Similar			
3	Using the organization's acquisitio	n, accession, and	other recor	ds, check	any of the	e following that r	make sign	ificant use	of its
	collection items (check all that appl	y):			-	_	_		
а	Public exhibition		d	Loan or	exchange	program			
b	Scholarly research		е 🗀	Other	•	. •			
С	Preservation for future gener	ations							
4	Provide a description of the organ		s and expla	ain how th	ev further	the organization	's exempt	purpose i	n Part
	XIII.		'		•	J	•		
5	During the year, did the organizatio	n solicit or receive	donations o	f art, histo	rical treasu	ıres, or other simi	lar		
	assets to be sold to raise funds rath						_	Yes	No
Pa	rt IV Escrow and Custodial A		· ·		<u> </u>				
	Complete if the organiza 990, Part X, line 21.		es" on For	m 990, Pa	art IV, line	9, or reported a	ın amoun	it on Form	ı
1a	Is the organization an agent, trust	ee, custodian or c	ther interm	nediary for	contribut	ions or other ass	ets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in						_		
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an ame	ount on Form 990,	Part X, line	21, for es	crow or cu	stodial account li	ability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation l	nas been p	rovided on Part XI	II		
Pa	Part V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, Pa	art IV, line	· 10.			
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back (d) Three	years back	(e) Four year	rs back
1a	Beginning of year balance	841,404,846.	620,2	99,994.	621,009,5	532. 581,7	46,190.	538,649	,819.
b	Contributions	57,205,479.	37,2	58,159.	23,323,	640. 29,3	81,535.	28,937	,282.
C	Net investment earnings, gains,								
	and losses	5,537,766.	207,1	83,891.	11,587,	632. 29,6	44,844.	36,304	,037.
d	Grants or scholarships	13,714,915.	12,2	19,963.	12,541,	452. 12,1	45,261.	11,400	,310.
e	Other expenditures for facilities								
	and programs	13,439,969.	11,1	17,235.	23,079,	358. 7,6	17,776.	10,485	,735.
f	Administrative expenses							258	,903.
g	End of year balance	876,993,207.	841,4	04,846.	620,299,9	994. 621,0	09,532.	581,746	,190.
2	Provide the estimated percentage	of the current vear	end balanc	e (line 1a. a	column (a))	held as:			
а	Board designated or quasi-endowm			3,	(- //				
b	Permanent endowment ▶ 80.00	<u>000</u> %							
С	Term endowment ▶ 12.0000	%							
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a	Are there endowment funds not in t	the possession of t	he organiza	ation that a	re held an	d administered for	r the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	ed as require	ed on Sche	dule R?			3b	
4	Describe in Part XIII the intended u	ses of the organiza	ition's endo	wment fund	ds.				
Pa	rt VI Land, Buildings, and Equ	ipment.		000 D	t IV / IV	. 44 - O F	- 000 D-	(V - 1) 4	
	Complete if the organiza Description of property		es" on ⊢oi r other basis	m 990, P (b) Cost or		e 11a. See Form (c) Accumulated		rt X, line 1 Book value	<u>U.</u>
	2000 iption of property		tment)	(b) Cost or (oth		depreciation	(a)	, Dook value	
1a	Land	13,7	90,129.	4.1	15,996.			14,206,	125.
b	Buildings	28,1	19,463.	13,19	95 , 087.	2,196,833.		39,117,	
С	Leasehold improvements								
d	Equipment			4,15	58,435.	2,186,067.		1,972,	368 .

Schedule D (Form 990) 2021

55,296,210.

e Other

48-0667209

Part VII Investments - Other Securities. Complete if the organization answere	d "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 marke	on:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PARTNERSHIPS & OTHER INVEST	560,602,823.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	560,602,823.		
Part VIII Investments - Program Related.			
Complete if the organization answere	d "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 marke	et value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX Other Assets.			
Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) D	escription		(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.		5 . 11 . 11 . 11 . 11	000 5 434
Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
line 25.			
	iption of liability		(b) Book value
(1) Federal income taxes			
(2)UNITRUST/ANNUITY			22,123,435.
(3)ASSETS HELD FOR OTHERS			19,608,313.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.	<u>) </u>		41,731,748.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

1 Total revenue, gains, and other support per audited financial statements	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	
b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	
e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
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	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
a Bollatod dol vilodo di la disco di la dillino di la cina di la c	
b Prior year adjustments	
c Other losses	
4 - States (2005) 1.5 - Carry 11	
o Add miles 24 through 24 through 24 through 25 through	
3 Subtract line 2e from line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	line
SEE SUPPLEMENTAL PAGE	

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)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WANGAC CHAMP INTERCENT P				40.066734	2.0
Part I General Information of		Outside the	United States Compl	48-066720	
Form 990, Part IV, line 14		Outside the	Officed States. Compr	ete ii the organization a	inswered res on
1 For grantmakers. Does the or	ganization mai	ntain records	to substantiate the amou	ınt of its grants and	
other assistance, the grantees'	eligibility for t	the grants or	assistance, and the selec	ction criteria used to	
award the grants or assistance?					X Yes No
	5				
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
outside the Officed States.					
3 Activities per Region. (The follow	wing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients	(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
		contractors in the region	located in the region)	(-)	
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		154,375,802.
(2) EUROPE	NONE	NONE	INVESTMENTS		67,175,259.
(-)					
(3) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		19,345.
(4)					4 550 054
(4) EAST ASIA AND THE PACIFIC	NONE	NONE	INVESTMENTS		1,578,871.
(5) EUROPE	NONE	NONE	GRANTMAKING		22,500.
(6)					
(7)					
_(')					
(8)					
(0)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
\'¬'					
(15)					
(16)					-
(17)					
3a Subtotal	NONE	NONE			223,171,777.
b Total from continuation					
sheets to Part I					

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

c Totals (add lines 3a and 3b)

223,171,777.

Schedule F (Form 990) 2021

48-0667209

Part || G

Schedule F (Form 990) 2021 KANSAS STATI

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)		MIDDLE EAST/NORTH AFRICA	EQUIPMENT	19,345.	CASH			
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

Enter total number of other organizations or entities... က

Schedule F (Form 990) 2021

45

Schedule F (Form 990) 2021

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	1	22,500.	CASH			
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2021

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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)	X	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	X	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	X	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)	X	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)	X	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	X	No

Schedule F (Form 990) 2021

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 1

THE FOUNDATION REQUIRES DETAILED SUPPORTING DOCUMENTATION FOR ALL EXPENDITURES. ANNUAL TRAINING OF ACCOUNTING PERSONNEL IS PROVIDED TO ENSURE THAT SPENDING IS IN ACCORDANCE WITH 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)

d

1

In-person solicitations

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.

OMB No. 1545-0047

2021

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number KANSAS STATE UNIVERSITY FOUNDATION 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events C g

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i)

Yes

No

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

2 3 6 8 9 10 Total 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.

Schedule G (Form 990) 2021 KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 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 **(b)** Event #2 (c) Other events (d) Total events CATBACKER AUCTI WABASH (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 968,186. 695,700. 1,247,747. 2,911,633. 2 Less: Contributions3 Gross income (line 1 minus 675,923. 591,642. 673,619. 1,941,184. 292,263. 104,058. 574,128. 970,449. 4 Cash prizes..... 5 Noncash prizes 38,036. 12,200. 50,236. Direct Expenses 6 Rent/facility costs..... 3,035. 44,393. 32,255. 79,683. **7** Food and beverages 49,889. 138,886. 107,746. 296,521. 2,600. 5,849. 43,697. 52,146. 9 Other direct expenses 70,571. 121,546. 187,785. 379,902. 858,488. 111,961. 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor _ No 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). Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

10a

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 KANSAS STATE UNIVERSITY FOUNDATION 48-	0667209	Page 3
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:		
а	The organization's facility		%
b	An outside facility		 %
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 ▶ \$		
С	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		
4-			
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds t		
	retain the state gaming license?	Yes L	No
b	or spent in the organization's own exempt activities during the tax year > \$	S	
Par		L(v) and	
Гаг	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info		
	(see instructions).	madon	
	(2222 2000).		

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

202	,

OMB No. 1545-0047

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

Open to Public **Employer identification number** 48-0667209

KANSAS STATE UNIVERSITY FOUNDATION

	Assistance
	ᅑ
LOUNDALLON	on Grants
ر ۲	o
	ral Information on Grants and
Z	l Inf
THIC	Genera
CHUCHI	Part

å Xes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

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							SCHOLARSHIPS AND
ANDERSON HALL MANHATTAN, KS 66502	48-0771751	GOVERNMENT	16,002,446.				SUPPORT
(2) KANSAS STATE UNIVERSITY							ADMINISTRATIVE
ANDERSON HALL MANHATTAN, KS 66502	48-0771751	GOVERNMENT		7,396,577.	VARIOUS	SEE PART IV	SUPPORT
(3) K-STATE ATHLETICS							SCHOLARSHIPS AND
1800 COLLEGE AVE MANHATTAN, KS 66502	48-6098838	501(C)(3)	42,284,107.				SUPPORT
(4) K-STATE ATHLETICS							ADMINISTRATIVE
1800 COLLEGE AVE MANHATTAN, KS 66502	48-6098838	501(C)(3)		2,608,595.	VARIOUS	SEE PART IV	SUPPORT
(5) KANSAS STATE UNIVERSITY ALUMNI ASSOCIATION							SCHOLARSHIPS AND
1720 ALUMNI CENTER MANHATTAN, KS 66502	48-0495058	501(C)(3)	2,425,723.				SUPPORT
(6) KANSAS STATE UNIVERSITY ALUMNI ASSOCATION							ADMINISTRATIVE
1720 ALUMNI CENTER MANHATTAN, KS 66502	48-0495058	501(C)(3)		14,017.	VARIOUS	SEE PART IV	SUPPORT
(7) MANHATTAN CHAMBER OF COMMERCE							
501 POYNTZ MANHATTAN, KS 66502	48-0319620	501(C)(6)	20,000.				AWARD
(8) AMERICAN COUNCIL ON CONSUMER INTEREST							
2840 WEST BAY DR #141	46-5444048	501(C)(3)	5,250.				AWARD
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	qovernment c	l organizations lis	ted in the line 1 tab				4
	ted in the line	1 table				. 4	
	1					1	

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

Schedule I (Form 990) 2021

Schedule I (Form 990) (2021)

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 SCHOLARSHIPS	SHIPS	7,424	18,028,136.			
2 OTHER AI	2 OTHER AWARDS FOR STUDENTS	79	64,500.			
က						
4						
5						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

SCHEDULE I, PART I,

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

Schedule I (Form 990) (2021)

Schedule I (Form 990) (2021)

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. Part III

|--|

THE REQUIREMENTS STIPULATED BY THE DONOR.

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

- ADMINISTRATIVE SUPPORT, DEPARTMENTAL SUPPORT, PROPERTY LINE 2

PLANT & EQUIPMENT, RESEARCH, OPERATIONAL MAINTENANCE,

RESEARCH, CONSTRUCTION

- ADMINISTRATIVE SUPPORT, DEPARTMENTAL SUPPORT, PROPERTY 4 LINE

PLANT & EQUIPMENT

Schedule I (Form 990) (2021)

48-0667209

Page 2

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. Part III

	(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
_						
_						
_						
art IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I,	line 2, Part III, c	olumn (b); and any o	ther additional

LINE 6 - ADMINISTRATIVE SUPPORT, DEPARTMENTAL SUPPORT, PROPERTY

PLANT & EQUIPMENT

Schedule I (Form 990) (2021)

SCHEDULE J (Form 990)

Compensation InformationFor 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

Employer identification number

48-0667209

Part	Questions Regarding Compensation			
			Yes	No
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.			
	X First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account 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 réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		21	
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
•			21	
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

48-0667209

KANSAS STATE UNIVERSITY FOUNDATION

Schedule J (Form 990) 2021

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

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.

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Retirement and	eldexetach (D)	(E) Total of columns	(F) Companion
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (8) reported as deferred on prior Form 990
CHRISTOPHER MILLS	Ξ	178,185.	NONE	676.	18,783.	25,076.	222,720.	NONE
1 AVP INFORMATION TECH AND INFRA	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER SPOONER	ε	175,723.	NONE	376.	17,727.	10,517.	204,343.	NONE
2 AVP UNIVERSITY WIDE DEVELOPMEN	€			NONE	NONE	NONE	NONE	NONE
JILL TREGO	€	176,606.	NONE	230.	18,210.	27,517.	222,563.	NONE
3 VP CULTURE AND ENGAGEMENT	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL CHAI	ε	164,517.	158,363.	280.	17,001.	27,494.	367,655.	NONE
4 DIRECTOR OF INVESTMENTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHEILA WALKER	€	175,868.	NONE	386.	18,107.	27,220.	221,581.	NONE
5 AVP OF COLLEGIATE DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTY SCOTT	€	134,418.	NONE	824.	13,345.	2,579.	151,166.	NONE
6 AVP OF COMPLIANCE SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORAH TUTTLE	€	146,242.	NONE	615.	15,186.	23,607.	185,650.	NONE
7 AVP FINANCE & ACCT, CONTROLLER	Œ)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREG LOHRENTZ	Ξ	337,564.	30,000.	13,369.	34,297.	27,320.	442,550.	NONE
8 SR VP OPERATIONS AND FINANCE	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREG WILLEMS	Ξ	386,056.	47,555.	49,945.	184,977.	23,830.	692,363.	29,913.
9 PRESIDENT/CEO	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LOIS COX	Ξ	302,675.	300,000.	648.	30,808.	27,320.	661,451.	NONE
10 VP FOR INVESTMENTS/CIO	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
11	Ξ							
	Ξ							
12	€							
	Ξ							
13	€							
	Ξ							
14	€							
	Ξ							
15	€							
	Ξ							
16	<u>(ii)</u>							
							100	1000 (000

Schedule J (Form 990) 2021

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Part III Supplemental Information

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

J, PART I, LINE SCHEDULE

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

PART I, LINE 4B SCHEDULE J, GREG WILLEMS PARTICIPATES IN A 457(F) PLAN

WITH KANSAS STATE UNIVERSITY FOUNDATION

ACCRUED VESTED

Schedule J (Form 990) 2021

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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.

GREG WILLEMS

145,807

29,313

Schedule J (Form 990) 2021

SCHEDULE K (Form 990)

STATE UNIVERSITY FOUNDATION

Name of the organization Department of the Treasury

KANSAS

Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Employer identification number 48-0667209

(i) Pooled financing Yes No (h) On behalf of issuer Yes No × (g) Defeased ŝ × Yes (f) Description of purpose SEE PART VI SEE PART VI 7,982,005. 8,751,145. (e) Issue price (d) Date issued 09/12/2013 08/15/2019 (c) CUSIP # 485429WEO 48542RFV1 (b) Issuer EIN 48-1066589 48-1066589 A KANSAS DEVELOPMENT FINANCE AUTHORITY B KANSAS DEVELOPMENT FINANCE AUTHORITY (a) Issuer name Bond Issues Part

ပ

-	1 Amount of bonds retired	1,010,000.	100,000.	
7	2 Amount of bonds legally defeased			
ဗ	Total proceeds of issue	7,982,349.	8,785,616.	
4	4 Gross proceeds in reserve funds			
2	Capitalized interest from proceeds	542,108.	388,401.	
9	Proceeds in refunding escrows			
7	7 Issuance costs from proceeds	140,183.	165,395.	
8	Credit enhancement from proceeds			
6	Working capital expenditures from proceeds			
10	10 Capital expenditures from proceeds	7,300,000.	8,200,000.	

-	11 Other spent proceeds		58.		31,819.				
-	12 Other unspent proceeds								
 ~	3 Year of substantial completion	, ,	2014		2021				
		Yes	8 N	Yes	N _o	Yes	No	Yes	2
 ~	14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	0/0000 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1								

9

×		X	X		
					×
X		X			
			X		×
if issued prior to 2018, a current refunding issue)?	15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if	issued prior to 2018, an advance refunding issue)?	16 Has the final allocation of proceeds been made?	17 Does the organization maintain adequate books and records to support the	final allocation of proceeds?
	15		16	17	

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

JSA 1E1295 1.000

Schedule K (Form 990) 2021

Part III Private Business Use	GROUP 1							J after
		A		В	ပ		٥	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	ON.	Yes	No	Yes	o _N	Yes	No
which owned property financed by tax-exempt bonds?		×		×				
n ssa	×		×					
3a Are there any management or service contracts that may result in private business of board financials.		-	!	23				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		≺ .		≺ .				
c Are there any research agreements that may result in private business use of bond-financed property?		×		×				
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						ò		ò
other than a section 501(c)(3) organization or a state or local government		% HONE		% HONE		%		%
erty used in a particular								
result of unrelated trade of business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		WONE %		NONE %		%		%
6 Total of lines 4 and 5.						%		%
7 Does the bond issue meet the private security or payment test?		×		×				
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?		×		×				
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 Requiations sections 1 141-12 and 1 145-22	>		>					
Part IV Arbitrage	◁		<					
		A		В	၁		a	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			×					
b Exception to rebate?								
c No rebate due?	×							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
riable rate issue?		×		×				
						Š	Schedule K (Form 990) 2021	rm 990) 2021

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Schedule K (Form 990) 2021

Page 3

Part IV Arbitrage (continued)	GROUP I							
	∢	_		В	_	ပ	٥	•
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		×		×				
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)?		×		×				
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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					
	4	_		B		ပ	٥	
Has the organization established written procedures to ensure that violations	Yes	8	Yes	No	Yes	N _o	Yes	No
dentified and								
voluntary closing agreement program if self-remediation isn't available under								
] <u>e</u> .	X		\times					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	o question	s on Sche	dule K. Se	e instruct	ions.			

Schedule K (Form 990) 2021

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

SCHEDULE K, PART I, LINE A, COLUMN (F)

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

SCHEDULE K, PART I, LINE B, COLUMN (F)

THE 2019A-1 BONDS WERE ISSUED TO FINANCE CONSTRUCTION OF LABRATORY AND OFFICE BUILDING AND A PARKING LOT.

SCHEDULE K, PART IV, LINE 2C, COLUMN (A)

A REBATE COMPUTATION WAS COMPLETED FOR THE SERIES 2013D BONDS AS OF SEPTEMBER 1, 2020. NO REBATE HAD BEEN GENERATED AS OF THAT DATE.

SCHEDULE M (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 48-0667209

KANSAS STATE UNIVERSITY FOUNDATION 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 amount		
1	Art - Works of art	Х	20	44,410.	APPRAISAL		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods	X		93,709.	COST OR SALES		
6	Cars and other vehicles		1		APPRAISAL		
7	Boats and planes		-	31,7021			
8	Intellectual property						
9	Securities - Publicly traded		211	9 987 316	SELLING PRICE		
10	Securities - Closely held stock		211	3,307,310.	SELLING TRICE		
11	Securities - Closely field stock Securities - Partnership, LLC,						
	or trust interests						
40	Securities - Miscellaneous						
12							
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other		1	22,600.	APPRAISAL		
18	Collectibles						
19	Food inventory		3	370,626.	COST OR SALES		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(SEE SUPP PAGE)		85.	863,062.			
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed F	-			29		
	·				Yes N		
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the			-	_		
	to be used for exempt purposes for	=					
b	If "Yes," describe the arrangement i		eramig personal i i i i i i i i				
31							
J 1	contributions?						
320	Does the organization hire or use						
JZd	9	•	•	• •			
I-	contributions?						
	If "Yes," describe in Part II.	amaustis :	valumn (a) far a tura af	norty for which column: /-) is shocked		
33	If the organization didn't report an	aiiioulit iii (column (c) for a type of pro	perty for writeri column (a) is checked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Part II Supplen

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.

Part II Suppleme

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	- OTHER NON	CASH CONTRIBUTIONS			
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING	
FUNDRAISING AUC EQUIPMENT LIVESTOCK MISCELLANEOUS	X X X X	17 19 43 6	291,343. 290,969. 227,068. 53,682.	COST OR SALES COST OR SALES APPRAISAL/SALES COST OR SALES	
TOTALS		85.	863,062.		

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

KANSAS STATE UNIVERSITY FOUNDATION

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 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.

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

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

KANSAS STATE UNIVERSITY FOUNDATION

48-0667209

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 COMPLIANCE SERVICES TEAM 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, 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

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

KANSAS STATE UNIVERSITY FOUNDATION

48-0667209

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 CHAIR 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

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

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.

OMB No. 1545-0047 Open to Public Inspection

48-0667209

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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

FORM 990, PART XI, LINE 9

KANSAS STATE UNIVERSITY FOUNDATION

OTHER ADJUSTMENTS \$ Name of the organization

KANSAS STATE UNIVERSITY FOUNDATION

48-0667209

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,

	9
Name of the organization	Employer identification number
KANSAS STATE UNIVERSITY FOUNDATION	48-0667209

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AEROSIM TECHNOLOGIES, INC.		
351 CLIFF ROAD E.		
BURNSVILLE, MN 55057	HARDWARE/SOFTWARE	427,500.
UC INNOVATION, INC		
2855 MICHELLE DR.		
IRVINE, CA 92606	HARDWARE/SOFTWARE	335,014.
SALESFORCE		
415 MISSION STREET		
SAN FRANCISCO, CA 64105	HARDWARE/SOFTWARE	269,067.
TRINIUM, INC		
212 4TH STREET SUITE 110		
MANHATTAN, KS 66502	CONSTRUCTION	626,910.
MCCOWN GORDON CONSTRUCTION LLC		
422 ADMIRAL BLVD		
KANSAS CITY, MO 64106	CONSTRUCTION	3,593,000.

SCHEDULE R (Form 990)

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.

information.
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instructions
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irs.gov/Form990
to www.ir.
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OMB No. 1545-0047 2021

Employer identification number Inspection

48-0667209

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

KANSAS STATE UNIVERSITY FOUNDATION

Part I

Name of the organization Department of the Treasury Internal Revenue Service

	(a) Name, address, and EIN (if applicable) of disregarded entity	licable) 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) 188	(1) 1880 KIMBALL, LLC	82-1781264					
1800 K.	1800 KIMBALL AVE, STE 200	MANHATTAN, KS 66502	REAL ESTATE	KS	69,916.	69,916. 14,359,867.	KSU FOUND.
(2)							
(3)							
(4)							
(2)							
(9)							
Part II	Identification of Related Tax-E one or more related tax-exemp	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.	ne organization ansv	vered "Yes" on Fo	rm 990, Part IV,	, line 34, because	it had

(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.	×
(2) KSU CHARITABLE REAL ESTATE FOUNDATION 45-3417512						
1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	REAL ESTATE	KS	501(C)(3)	12A	KSU FOUND.	×
(3) FOUNDATION FOR ENGINEERING AT KSU 26-3520449						
1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	SUPPORT	KS	501(C)(3)	12A	KSU FOUND.	×
(4) JACK GOLDSTEIN CHARITABLE TRUST 48-0889646						
555 POYNTZ MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12A	N/A	X
(5) 1998 JACK GOLDSTEIN CHARLTABLE TRUST 48-1208174						
555 POYNTZ AVE MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12A	N/A	X
(6) MARVIN S ROBINSON CHARITABLE TRUST 48-1005604						
555 POYNTZ AVE MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12A	N/A	X
(2)						

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

1E1307 1.000

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48-0667209

Part III

Schedule R (Form 990) 2021

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.

(d) Predominant share of total income vear assets entity unrelated, entity target from tax under sections 512 - 514)										Hautification of Bolstod Organizations Tavable as a Corneration or Trust Complete if the organization answered "Ves" on Form 600 Bart IV
(f) Share of tot income										14 +1
Predominant income (related, unrelated, excluded from tax under sections 512 - 514)										Hon or Truet Compl
(d) Direct controlling entity										, c. c a. c
(c) Legal domicile (state or foreign	3									Toyoblo
(b) Primary activity										Orgination Population
(a) Name, address, and EIN of related organization										Idontification of Dolat
Nan -		(1)	6	(5)	(3)	(4)	(5)	(9)	(7)	

(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	Share of Section end-of-year assets ownership controlled entity?	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1) CHARITABLE REMAINDER TRUST (82)								Yes No
	CHARITABLE TRUST	KS	KSU FOUNDATION					×
(2) THE 1880 KIMBALL OFFICE CONDOMINIUM ASSO 83-2151748								
1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	CONDOMINIUM ASSOC	KS	KSU FOUNDATION	C CORP	NONE	NONE	NONE100.0000	×
(3) THE 1800 KIMBALL OFFICE CONDOMINIUM ASSO 81-0821703								
1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502	CONDOMINIUM ASSOC	KS	KSU FOUNDATION	C CORP	NONE	NONE	NONE100.0000	×
(4)								
(5)								
(9)								
(7)								
						-	, T	7000

Schedule R (Form 990) 2021

JSA

1E1308 1.000

48-0667209

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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?	elated organizations list	ted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a
b Gift, grant, or capital contribution to related organization(s)			1b ×
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			1d ×
e Loans or loan guarantees by related organization(s)			1e
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			1g
			1h
i Exchange of assets with related organization(s),			_
j Lease of facilities, equipment, or other assets to related organization(s)			
1. I complete the second property of the seco			74
 Lease of lacilities, equipment, of other assets from leaged organization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)			4m ×
			1n
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)		18	18 X
If the answer to any of the above is ites, see the instructions for information off who must		red relationships and transi	action unesholds.
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) KSU CHARITABLE REAL ESTATE FOUNDATION	C	220,302.	CASH
,		. I	
(2) KSU CHARITABLE REAL ESTATE FOUNDATION	U	2,049,083.	CASH
(3) KSU CHARITABLE REAL ESTATE FOUNDATION	ഗ	2,111,485.	CASH
(4) FOUNDATION FOR ENGINEERING AT KSU	U	1,500,140.	CASH
(5)			
(9)			
JSA		Sol	Schedule R (Form 990) 2021

48-0667209

Page 4

Schedule R (Form 990) 2021

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.

(1) (2) (3) (4) (6) (6) (8) (9) (10) (11)		20 20 20 20 20 20 20 20 20 20 20 20 20 2		ON	ON SECTION OF THE SEC	
	_					

9/





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

KANSAS STATE UNIVERSITY FOUNDATION

Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1201 Walnut, Suite 1700 Kansas City MO 64106-2246

There is no tax due with the filing of this return.

The return shows a \$64,699 overpayment. Of this amount, NONE will be refunded to you. Also, \$64,699 has been applied to your 2022 estimated tax.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

KANSAS STATE UNIVERSITY FOUNDATION	48-0667209
lame and title of officer or person subject to tax	
GREG LOHRENTZ, SR VP OPS/FINANCE	to the state of th
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you can a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-capplicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	check the box on line 1a, 2a, 3a, 4a, blank, then leave line 1b, 2b, 3b, 4b, on the return, then enter -0- on the 1b 2b 3b 5b 6b 7b 8b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III,	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return termediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, electronic funds withdrawal. PIN: check one box only X I authorize FORVIS LLP to enter my PIN ERO firm name	e examined a copy of the f, they are true, correct, and rn. I consent to allow my receive from the IRS (a) an the return or refund, and (c) a electronic funds withdrawal a federal taxes owed on this. Treasury Financial Agent at al institutions involved in the d resolve issues related to if applicable, the consent to 8 7 2 3 3 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the ret agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this return that a copy of the return is being filed with a state agency of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date Date 5/1	ERO to enter my PIN on the etax year 2021 electronically
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 7 2 2 4 4 0 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicates an submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information Providers for Business Returns. Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2021)

Check box if address changed. Print or Type A08A 530(a) 220(e) 408A 530(a) 529(a) 5	ons Only umber
Department of the Treasury Internal Revenue Service A	ons Only umber
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public hiss of S01(c)(3) Organization is a 501(c)(3). Open to Public hiss of S01(c)(3) Organization is a 501(c)(3). Open to Public hiss of S01(c)(3) Organization is address changed. Name of organization (ons Only umber
## ANSAS STATE UNIVERSITY FOUNDATION ## B Exempt under section ## ANSAS STATE UNIVERSITY FOUNDATION ## ANSAS STATE UNIVERSITY ## ANSAS STATE	,
B Exempt under section X 501(C X 3)	>
X 501(C (3) Type 1800 KIMBALL AVE STE 200 City or town, state or province, country, and ZIP or foreign postal code MANHATTAN KS 66502 F Check box if an armended return S29(a) 529A C Book value of all assets at end of year S29(a)	>
X 501(C X 3) 408(e) 220(e) 408(e) 220(e) 408 530(a) 529(a)	>
408(e) 220(e) 408A 530(a) 529(a) 52	>
Solar Sol	>
529(a) 529A C Book value of all assets at end of year	>
G Check organization type	
H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	
J Enter the number of attached Schedules A (Form 990-T)	
 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	X No
 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	X No
L The books are in care of ► GREG LOHRENTZ 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
MANHATTAN, KS 66502 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
·	
instructions). 1.400	
,	,463.
2 Reserved	
3 Add lines 1 and 2	<u>,463.</u>
4 Charitable contributions (see instructions for limitation rules)	,046.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	,417.
6 Deduction for net operating loss. See instructions	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.	
Subtract line 6 from line 5	<u>,417.</u>
	,000.
9 Trusts. Section 199A deduction. See instructions	
10 Total deductions. Add lines 8 and 9	,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
enter zero	,417.
Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	
	,478.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on	,478.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	,478.
	,478.
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	,478.

For Paperwork Reduction Act Notice, see instructions.

264,478

Form **990-T** (2021)

6

7

Par	t III	Tax and Payments							
1 a	Foreign	n tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	1a					
		credits (see instructions)		1b					
		al business credit. Attach Form 3800 (see instru		1c					
		for prior year minimum tax (attach Form 8801	· ·						
		redits. Add lines 1a through 1d	· ·	$\overline{}$			1e		
		et line 1e from Part II, line 7				-	2	26/	,478.
				Form 88					, 4 / O .
3	Other ar						2		
			ment)				3		
		ax. Add lines 2 and 3 (see instructions).						0.64	470
		1294. Enter tax amount here					4	<u> </u>	<u>,478.</u>
		t net 965 tax liability paid from Form 965-A, Pa	1	1 1			5		
		nts: A 2020 overpayment credited to 2021 .			9,1	//.			
		stimated tax payments. Check if section 643(6b	20,0				
С	Tax dep	posited with Form 8868		6c	300,0	00.			
	-	n organizations: Tax paid or withheld at source	` '	6d					
е	Backup	withholding (see instructions)		6e					
		for small employer health insurance premiums		6f					
g	Other c	redits, adjustments, and payments: Form	2439						
		Form 4136 Other	Total ▶	6g					
7	Total p	ayments. Add lines 6a through 6g					7	329	,177.
8	Estimat	ted tax penalty (see instructions). Check if For	m 2220 is attached			$\cdot \Box \Box$	8		
9		e. If line 7 is smaller than the total of lines 4,					9		
		yment. If line 7 is larger than the total of lines					10	64	,699.
11	-	e amount of line 10 you want: Credited to 2022 esti	•	,699		· · · ⊢	11		, 000.
	t IV	Statements Regarding Certain				-			
1		time during the 2021 calendar year, die			•			thority Y	'es No
-	-	financial account (bank, securities, or o			_				
					_				
		Form 114, Report of Foreign Bank and	u Financiai Accounts. II fes	, ente	er the hame of	trie i	oreign co	Juliuy	3.7
_	here ►								X
	_	the tax year, did the organization receive a		e grani	or or, or transfe	ror to,	a foreign	trust?	X
		" see instructions for other forms the organization	•		. .				
		he amount of tax-exempt interest received or a			_			—	
4	Enter a	vailable pre-2018 NOL carryovers here 🕨 🕏 _	NONE Do not incl	lude an	y post-2017 NOL	carryove	er		
	shown	on Schedule A (Form 990-T). Don't re	educe the NOL carryover sh	own h	ere by any de	eduction	n reporte	ed on	
	Part I, li	ine 6.							
5		017 NOL carryovers. Enter available Bu		•	•			educe	
	the amo	ounts shown below by any NOL claimed on an	y Schedule A, Part II, line 17 for t	he tax y	ear. See instructi	ons.			
		Business Activity Co	de		Available post-2	017 NC	DL carryov	er	
		531390		_ \$	NONE				
		901101		_ \$	420,340.				
				\$					
				\$					
6a	Did the	organization change its method of accounting	? (see instructions)						X
b	If 6a	is "Yes," has the organization described	the change on Form 990,	990-E	Z, 990-PF, or I	Form 1	1128? If	"No,"	
	explain	in Part V							
		Supplemental Information							
Pari	t V				ae instructions				
Par Provid		xplanation required by Part IV, line 6b. Also, pro	ovide any other additional inform	ation. S	CC III3ti dCtiOii3.				
		xplanation required by Part IV, line 6b. Also, pro	ovide any other additional inform	ation. S	ee manachons.				
		xplanation required by Part IV, line 6b. Also, pr	ovide any other additional inform	ation. S	nde matructions.				
	de the ex		·			s. and t	o the best	of my kno	owledge and
Provid	de the ex	xplanation required by Part IV, line 6b. Also, pro-	mined this return, including accompany	ving sche	dules and statement			of my kno	owledge and
Provid	de the ex	Inder penalties of perjury, I declare that I have exal elief, it is true, correct, and complete. Declaration of preparer	mined this return, including accompany (other than taxpayer) is based on all informa	ving sche	dules and statement nich preparer has any k	nowledge May	the IRS	discuss th	nis return
Provid	de the ex	Inder penalties of perjury, I declare that I have examelief, it is true, correct, and complete. Declaration of preparer	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ving sche	dules and statement	mowledge May with	the IRS	discuss th	nis return vn below
Provid	de the ex	Inder penalties of perjury, I declare that I have exampled to the confect of preparer Index of preparer Index of Index o	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ving sche ation of wl	dules and statement nich preparer has any k	mowledge May with	the IRS	discuss the parer show? X Yes	nis return
Provid Sigr Hero	the expension of the ex	Inder penalties of perjury, I declare that I have examelief, it is true, correct, and complete. Declaration of preparer	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ring sche ation of wi	dules and statement nich preparer has any k S/FINANCE	mowledge May with	the IRS the pre instructions)	discuss the parer show Y Yes	nis return vn below No
Sigr Hero	de the ex	Inder penalties of perjury, I declare that I have exampled to the confect of preparer Index of preparer Index of Index o	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ring sche ation of wi	dules and statement nich preparer has any k	May with (see	the IRS the pre instructions)	discuss the parer show? X Yes	nis return vn below No
Sigr Here Paid Prep	e Darer	Inder penalties of perjury, I declare that I have exampled to the confect of preparer Index of preparer Index of Index o	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ring sche ation of wi	dules and statement nich preparer has any k S/FINANCE	May with (see Check self-em	the IRS the pre instructions)? if nployed	discuss the parer show Y Yes	nis return vn below No
Sigr Here Paid Prep	de the ex	Inder penalties of perjury, I declare that I have example the string of preparer that I have example to the string of preparer that I have example to the string of preparer that I have example to the string of th	mined this return, including accompany (other than taxpayer) is based on all information of the control of the	ving scheation of what is a constant of the co	dules and statement nich preparer has any k S/FINANCE	May with (see Check self-em	the IRS the pre instructions)? if inployed EIN 44 no. 816-	discuss the parer show Y Yes PTIN	nis return below No

=========

FORM	990-T,	PAGE	1,	PART	I,	LINE	4	DETAIL
------	--------	------	----	------	----	------	---	--------

=======================================	====================================	=======	==========
CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CO	ONTRIBUTION (ACCRUAL)
CHARITABLE CONTRIBUTIONS	3 47,368,005.		
SUBTOTAL C	CHARITABLE CONTRIBUTIONS		47,368,005.
TOTAL CHAF	RITABLE CONTRIBUTIONS		47,368,005.
TAXABLE INCOME FOR CHARI	TABLE CONTRIBUTION LIMITAT	ION	1,400,463.
CHARITABLE CONTRIBUTION	DEDUCTION LIMIT (10%)		140,046.
CHARITABLE CONTRIBUTION	DEDUCTION		140,046.

STATEMENT 1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form9901 for instructions and the latest info Do not enter SSN numbers on this form as it may be made public if your organ	Open to Public Inspection for 501(c)(3) Organizations Only			
A Name of the organia	zation	B Employer ide	entifica	tion nun	nber
KANSAS STATI	E UNIVERSITY FOUNDATION	48-06672	209		
C Unrelated business	activity code (see instructions) ► 531390	D Sequence:	1	of	2
E Describe the unrela	ted trade or business ▶PUREBRED_BEEF_LAND				

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7	16,881.	12,3	65.	4,516.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		16,881.			4,516.
Pai	Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		nitations on deduct		ons n	nust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
	column (C)				16	4,516.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	4,516.

For Paperwork Reduction Act Notice, see instructions.

	Cost of Goods Sold	Enter method of invent	ory valuation ▶		rage z
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
Ļ	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
3	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, line	2	8	
)	Do the rules of section 263A (with respect to pr	operty produced or acquir	ed for resale) apply to the	organization?	Yes No
ar	IV Rent Income (From Real Property		_		
	Description of property (property street address,	city, state, ZIP code). Chec	k if a dual-use. See instruc	tions.	
	<u>A</u> — — — — — — — — — — — — — — — — — — —				
	B — —				
	<u>c</u>				
	D	Α	В	С	D
	<u></u>		В	C	<u> </u>
	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%)				
D	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
_	· · · · · · · · · · · · · · · · · · ·				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter he	are and an Part L line 6, and	umn (A)	
,	Total Terris Teceived of accided. Add line 20 cont	illis A tillough D. Enter in	ere and on Fart i, line o, co	unin (A)	
ļ	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and on Part	L line 6 column (B)	<u> </u>	
			(-,		
ar	t V Unrelated Debt-Financed Income	(see instructions)			
ı	Description of debt-financed property (street add	ress, city, state, ZIP code).	Check if a dual-use. See in	structions.	
	A 1800 KIMBALL AVE, S				
	В				
	c				
	D				
		Α	В	С	D
?	Gross income from or allocable to debt -				
	financed property	22,000.			
3	Deductions directly connected with or allocable				
	to debt-financed property		STMT 1		
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)	16,115.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	16,115.			
ļ	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)	2,074,430.			
;	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)	2,703,539.			
;	Divide line 4 by line 5	76.730%	%	%	9/
	Gross income reportable. Multiply line 2 by line 6	16,881.			
	Total gross income (add line 7, columns A throu	gh D). Enter here and on F	Part I, line 7, column (A) .	· · · · · · · • • <u> </u>	16,881
	٦	1	Г	Т	
	Allocable deductions. Multiply line 3c by line 6	12,365.			
	Total allocable deductions. Add line 9, columns	A through D. Enter here a	nd on Part I, line 7, column	(B) ▶	12 , 365.
I	Total dividends-received deductions included in	line 10		· · · · · · · • <u> </u>	

Schedule A (Form 990-T) 2021 Page **3**

Part	Interest. Ann	nuities. Rovali	ies. and Rents	s from Controlled Ord	nanizations (see instructions)	
		Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) Exempt Controlled Organizations					
1	. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	d 4. Total of specified payments made		Deductions directly connected with income in column 5	
(1)							
(2)							
(3)							
(4)							
			Nonexe	empt Controlled Organiz	ations		
	7. Taxable income	in	let unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)							
(2)							
(3)							
(4)							
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part					nization (see instructions)		
	1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)				·			
(2)							
(3)							
(4)							
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
	<u></u>						
Part	VIII Exploited Ex	cempt Activity	/ Income, Oth	er Than Advertising In	ncome (see instructions)		
1	Description of exploit	ed activity:					
2	Gross unrelated busi	iness income fro	om trade or bus	iness. Enter here and on	Part I, line 10, column (A)	2	
3	Expenses directly co	onnected with p	production of ur	nrelated business income.	. Enter here and on Part I,		
	line 10, column (B) .					3	
4	Net income (loss) f	from unrelated	rade or busines	s. Subtract line 3 from	line 2. If a gain, complete		
	lines 5 through 7					4	
5	Gross income from a	ctivity that is not	unrelated business	sincome		5	
6	Expenses attributable	e to income entere	ed on line 5			6	
7				,	ore than the amount on line		
	4. Enter here and on F	Part II, line 12				7	
						Schedule A (Form 990-T) 2021	

Schedule A (Form 990-T) 2021 Page 4

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals	on a consolidated basis.		
	A .				
	В				
	c				
	D				
Enter	amounts for each periodical listed above	e in the corresponding column			
	amounte for each periodical noted above	A	В	С	D
•	One and the ordinary in a second				
2	Gross advertising income	`			
а	Add columns A through D. Enter here	and on Part I, line 11, column (A).			•
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (B).			•
			T		
4	Advertising gain (loss). Subtract line 3 f	from line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any co	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line				
5	Readership costs				
	Circulation income				
6					
7	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
8	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D	. Enter the greater of the lir	ie 8a, columns total c	r zero here and on	
	Part II, line 13				. ,
Par	t X Compensation of Officers	Directors and Trustees	(a a a impatru sationa)		
Гаг	Compensation of Officers	b, Directors, and Trustees	see instructions)		
			3	s. Percentage	Compensation
	1. Name	2. Title	of	time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)					
				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1..				
Tota	I. Enter here and on Part II, line 1 t XI Supplemental Information				
Tota					
Tota					
Tota					

SCHEDULE A: PUREBRED BEEF LAND PART V - LINE 3B DETAIL

INTEREST EXPENSE 14,010.
DIRECT EXPENSES 2,105.

TOTAL OTHER DEDUCTIONS 16.115

TOTAL OTHER DEDUCTIONS 16,115.

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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3). Solution of the public if your organization is a 501(c)(3). Solution of 501(c)(3). Organizations only Department of the Treasury Internal Revenue Service A Name of the organization B Employer identification number <u>48-066720</u>9 KANSAS STATE UNIVERSITY FOUNDATION **C** Unrelated business activity code (see instructions) ▶ 901101 **D** Sequence: 2 of

E De	<u>E Descri</u> be the unrelated trade or business ► <u>INVESTMENTS IN PARTNERSHIPS</u>						
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a	1,836,002.			1,836,002.	
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	612,834.			612,834.	
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	2,448,836.			2,448,836.	
Pa	Deductions Not Taken Elsewhere See instructions to directly connected with the unrelated business income		nitations on deduc	tions. Deduct	ions r	must be	
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6	114,837.	
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14	517,712.	
15	Total deductions. Add lines 1 through 14				15	632,549.	
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from P	art I, line 13,			
	column (C)				16	1,816,287.	
17	Deduction for net operating loss. See instructions				17	420,340.	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	1,395,947.	

For Paperwork Reduction Act Notice, see instructions.

	t III Cost of Goods Sold	nter method of inven	tory valuation ▶		raye z
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement) .			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. En				
9	Do the rules of section 263A (with respect to prop				Yes No
	Rent Income (From Real Property a				
1	Description of property (property street address, cit	y, state, ZIP code). Ched	ck if a dual-use. See instruc	ctions.	
	В —				
	c				
	D -				
		Α	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter h	ere and on Part I, line 6, co	lumn (A)	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
_	Total deductions. Add line 4 columns A through D.	Enter here and an Dort	L line 6 column (D)		
5	Total deductions. Add line 4 columns A through D.	Enter here and on Part	i, line o, column (b)		
Par	Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address	•	Check if a dual-use. See in	nstructions.	
	A	, , ,,			
	В				
	с				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement) Divide line 4 by line 5	%	%	%	%
о 7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
8	Total gross income (add line 7, columns A through	D) Enter here and on	Part Lline 7 column (Δ)		
•	. Can gross moonis (add mio 1, ooldimis A tillough	. Dy. Entor Horo and off	. a.c.i, iii.o i , ooidiiiii (/1)		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A	through D. Enter here a	and on Part I, line 7, column	ı (B) ▶	
11	Total dividends-received deductions included in lin	· ·	•	` '	

Schedule A (Form 990-T) 2021 Page 3

Part VI Interest, Ani	nuities, Rovali	ties, and Rents	s from Controlled Organ	nizations (see instructions)	Page
,				introlled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organization	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Tatala	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		, Incomo Oth	│ er Than Advertising Inco	me (age instructions)	
		y income, otn	er man Auvernsing inco	me (see instructions)	
1 Description of exploit		om trada or bu-	inces Enter have and D	lart I line 10 calumic (A)	
			iness. Enter here and on P	, , , , , , , , , , , , , , , , , , , ,	2
	·	production of ur	nrelated business income. E	enter nere and on Part I,	
line 10, column (B)		tuada an boot	Outstand Day Of Street		3
,			ss. Subtract line 3 from lin	ie ∠. ir a gain, complete	
lines 5 through 7					4
5 Gross income from a	•				5
•					6
· · ·			6, but do not enter more	tnan the amount on line	
Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021 Page 4

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals	on a consolidated basis.		
	A .				
	В				
	c				
	D				
Enter	amounts for each periodical listed above	e in the corresponding column			
	amounte for each periodical noted above	A	В	С	D
•	One and the ordinary in a sure				
2	Gross advertising income	`			
а	Add columns A through D. Enter here	and on Part I, line 11, column (A).			•
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (B).			•
			T		
4	Advertising gain (loss). Subtract line 3 f	from line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any co	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line				
5	Readership costs				
	Circulation income				
6					
7	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
8	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D	. Enter the greater of the lir	ie 8a, columns total c	r zero here and on	
	Part II, line 13				. ,
Par	t X Compensation of Officers	Directors and Trustees	(a a a impatru sationa)		
Гаг	Compensation of Officers	b, Directors, and Trustees	see instructions)		
			3	s. Percentage	Compensation
	1. Name	2. Title	of	time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)					
				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1..				
Tota	I. Enter here and on Part II, line 1 t XI Supplemental Information				
Tota					
Tota					
Tota					

SCHEDULE A: INVESTMENTS IN PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

GAIN OR (LOSS)	612,	
SHARE OF DEDUCTIONS		<u> </u>
SHARE OF GROSS INCOME	612,83	
	INVESTMENTS IN PARTNERSHIPS	

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

612,834.

 \vdash

STATEMENT

STATEMENT 2

SCHEDULE A:INVESTMENTS IN PARTNERSHIPS PART II - LINE 14 - OTHER DEDUCTIONS

9263BL K922 V21-7.15 71447 91

SCHEDULE D (Form 1120)

Name

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Employer identification number

KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (a) whole dollars 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,282. NONE 1,282. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 1,282 Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (a) the result with column (q) 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 $\mathbf{Box}\;\mathbf{D}$ checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 NONE 853,140. 853,140. 981,580. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 1,834,720. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 1,282. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 1,834,720. Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 1,836,002. Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

sum of (d) and (e)

981,580.

expense of sale

3

5

acquisition

OMB No. 1545-0184

SEE STATEMENT

► Attach to your tax return.

Department of the Treasury Sequence No. 27 ► Go to www.irs.gov/Form4797 for instructions and the latest information. Internal Revenue Service Name(s) shown on return Identifying number KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price improvements and allowable since

7	Combine lines 2 through 6. Enter the	ne gain or (loss)	here and on the	appropriate line as foll	lows		7	981,580.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 los	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions							
Pa	rt Ordinary Gains and Lo	sses (see ins	structions)					
10	Ordinary gains and losses not inclu	ded on lines 11	through 16 (inclu	ude property held 1 ye	ear or less):			
	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount						12	
13	Gain, if any, from line 31						13	
14							14	
15	Ordinary gain from installment sale	s from Form 625	2, line 25 or 36				15	
16	Ordinary gain or (loss) from like-kin	-					16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, en a and b below. For individual returns			the appropriate line	of your return and	l skip lines		
а	If the loss on line 11 includes a loss	from Form 4684	l, line 35, colum	n (b)(ii), enter that pa	art of the loss here	. Enter the		
	loss from income-producing property	y on Schedule A	(Form 1040), line	e 16. (Do not include	any loss on prope	rty used as		
	an employee.) Identify as from "Form						18a	
k	Redetermine the gain or (loss) on	line 17 excludir	ng the loss, if a	ny, on line 18a. En	ter here and on S	Schedule 1		
	(Form 1040), Part I, line 4						18b	
For	Paperwork Reduction Act Notice, s	ee separate instr	uctions.					Form 4797 (2021)

Section 1231 gain from installment sales from Form 6252, line 26 or 37

Form 4797 (2021) 48-0667209 Page **2**

10	(see instructions)	or 12	55 proporty:		(b) Date acquired	(c) Date sold
	(a) Description of section 1245, 1250, 1252, 1254,	UI 12	oo property:		(mo., day, yr.)	(mo., day, yr.)
A						
В						
<u> </u>						
D						
		_	Property A	Property B	Property C	Property D
	These columns relate to the properties on lines 19A through 19E					
	Gross sales price (Note: See line 1 before completing.)					
	Cost or other basis plus expense of sale	21				
	Depreciation (or depletion) allowed or allowable	22				
3	Adjusted basis. Subtract line 22 from line 21	23				
	T					
	Total gain. Subtract line 23 from line 20	24				
	f section 1245 property:					
	Depreciation allowed or allowable from line 22					
	Enter the smaller of line 24 or 25a	25b				
	used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions .	26a				
b	Applicable percentage multiplied by the smaller of					
	ine 24 or line 26a. See instructions	26b				
С	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e .	26c				
d	Additional depreciation after 1969 and before 1976.	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
	f section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
	Soil, water, and land clearing expenses	27a				
	_ine 27a multiplied by applicable percentage. See instructions .					
	Enter the smaller of line 24 or 27b					
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits,					
	mining exploration costs, and depletion. See instructions	-				
	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property:					
	Applicable percentage of payments excluded from	<u> </u>				
	ncome under section 126. See instructions					
	Enter the smaller of line 24 or 29a. See instructions.			D. (1. 1. 1) 00	<u> </u>	
un	mary of Part III Gains. Complete propert	ty cc	lumns A through	D through line 29	b before going to lin	ie 30.
	Total gains for all properties. Add property columns A					
	Add property columns A through D, lines 25b, 26g, 2					
	Subtract line 31 from line 30. Enter the portion from		,	•	'	
	other than casualty or theft on Form 4797, line 6					
'ar	t IV Recapture Amounts Under Section (see instructions)	าร 17	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section 179	(b) Section 280F(b)(2)
3	Section 179 expense deduction or depreciation allow	vable	in prior years		3	
	Recomputed depreciation. See instructions					
	Recapture amount. Subtract line 34 from line 33. Se					
_						Form 4797 (2

L-T SEC 1231	01/01/2020		בוב	or Allowable	Basis	for entire year
		06/30/2022	981,580.	NONE	NONE	981,580.
Totals						981,580.

JSA 1XA258 1.000

926 Form

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

ivallie c	f transferor		Identifying number (see instructions)
THE K	ANSAS STATE UNIVERSITY FOUNDATION		48-0667209
1	Is the transferee a specified 10%-owned foreign corporation	that is not a controlled fore	ign corporation? . Yes No
2	If the transferor was a corporation, complete questions 2a the	rough 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the		
	five or fewer domestic corporations?		
b	Did the transferor remain in existence after the transfer?		□ Yes □ No
	If not, list the controlling shareholder(s) and their identifying n	umber(s).	
	Controlling shareholder	ldei	ntifying number
С	If the transferor was a member of an affiliated group fili	ng a consolidated return.	was it the parent
	corporation?		□ Yes ☑ No
	If not, list the name and employer identification number (EIN)	of the parent corporation.	
	Name of parent corporation	EIN of	
	Name of parent corporation	EIN OI	parent corporation
	Name of parent corporation	Ell4 OI	parent corporation
	Name of parent corporation	EIN OI	parent corporation
d			
d	Have basis adjustments under section 367(a)(4) been made?		narent corporation
d			□ Yes ☑ No
	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d.		□ Yes ☑ No
	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the		□ Yes ☑ No
3	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d.	actual transferor (but is n	□ Yes ☑ No
3	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership.	actual transferor (but is n	
3 a	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership	actual transferor (but is n	
3 a	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership score. VC Fund II, L.P.	e actual transferor (but is n	Yes No ot treated as such under section 367), of partnership 82-5308407
3 a Under b	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transferors.	e actual transferor (but is n	Yes V No ot treated as such under section 367), I of partnership 82-5308407 Yes No
3a	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transils the partner disposing of its entire interest in the partnership	e actual transferor (but is n	Yes V No ot treated as such under section 367), I of partnership 82-5308407 Yes No Yes No
3 a Under b	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transils the partner disposing of its entire interest in the partnershils the partner disposing of an interest in a limited partnershill.	e actual transferor (but is noted) EIN fer of partnership assets? p?	Yes ✓ No ot treated as such under section 367), I of partnership 82-5308407 Yes No I on an established
3a	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnership is the partner disposing of an interest in a limited partners securities market?	e actual transferor (but is noted) EIN fer of partnership assets? p?	Yes ✓ No ot treated as such under section 367), I of partnership 82-5308407 Yes No I on an established
a Under b c d	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the trans is the partner disposing of its entire interest in the partnershi is the partner disposing of an interest in a limited partners securities market?	e actual transferor (but is noted) EIN fer of partnership assets? p?	Yes ✓ No ot treated as such under section 367), I of partnership 82-5308407 Yes No I on an established
3 under b c d	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnership is the partner disposing of an interest in a limited partners securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation)	e actual transferor (but is noted) EIN fer of partnership assets? p?	ot treated as such under section 367), I of partnership 82-5308407 Yes . No Yes . No I on an established Yes . No 5a Identifying number, if any N/A
3 a Under b c d Part 4	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnership is the partner disposing of an interest in a limited partners securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation)	e actual transferor (but is noted) EIN fer of partnership assets? p?	ot treated as such under section 367), I of partnership 82-5308407
Junder b c d Part 4 KAIKC	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnershif is the partner disposing of an interest in a limited partners securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) Address (including country)	e actual transferor (but is noted) EIN fer of partnership assets? p?	Yes No ot treated as such under section 367), l of partnership 82-5308407 Yes No Yes No l on an established Yes No 5a Identifying number, if any N/A 5b Reference ID number (see instructions)
3	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnershif is the partner disposing of an interest in a limited partnershif securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) Address (including country) HAUSSMANN, 75008 PARIS, FRANCE	e actual transferor (but is not be actual transferor (but is not be actual transferor (but is not be instructions)	ot treated as such under section 367), I of partnership 82-5308407
Junder b c d Part 4 KAIKC	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnershif is the partner disposing of an interest in a limited partnershif is the partner disposing of an interest in a limited partnershif is securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) Address (including country) HAUSSMANN, 75008 PARIS, FRANCE Country code of country of incorporation or organization (see	e actual transferor (but is not be actual transferor (but is not be instructions)	Yes No ot treated as such under section 367), l of partnership 82-5308407 Yes No Yes No l on an established Yes No 5a Identifying number, if any N/A 5b Reference ID number (see instructions)
3 _a Under b c d Part 4 KAIKC 6 91 BD 7	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnership is the partner disposing of an interest in a limited partnership securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) Address (including country) HAUSSMANN, 75008 PARIS, FRANCE Country code of country of incorporation or organization (see	e actual transferor (but is not be actual transferor (but is not be instructions)	Yes No ot treated as such under section 367), l of partnership 82-5308407 Yes No Yes No l on an established Yes No 5a Identifying number, if any N/A 5b Reference ID number (see instructions)
3	Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Score. VC Fund II, L.P. Did the partner pick up its pro rata share of gain on the transfer the partner disposing of its entire interest in the partnershif is the partner disposing of an interest in a limited partnershif is the partner disposing of an interest in a limited partnershif is securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) Address (including country) HAUSSMANN, 75008 PARIS, FRANCE Country code of country of incorporation or organization (see	e actual transferor (but is not be actual transferor (but is not be instructions)	Yes No ot treated as such under section 367), l of partnership 82-5308407 Yes No Yes No l on an established Yes No 5a Identifying number, if any N/A 5b Reference ID number (see instructions)

Form 926 (Rev. 11-2018) Page 2 **Information Regarding Transfer of Property** (see instructions) Part III Section A—Cash (d) Cost or other (a) Date of **(b)** Description of (c) Fair market value on (e) Type of Gain recognized on property transfer property date of transfer basis transfer **VARIOUS** 321,308 Cash 10 Was cash the only property transferred?. √ Yes No If "Yes," skip the remainder of Part III and go to Part IV. Section B – Other Property (other than intangible property subject to section 367(d)) (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer property date of transfer basis transfer Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ✓ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes ✓ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ Did the transferor transfer property described in section 367(d)(4)? 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (a) Date of (c) Useful Income inclusion for year of transfer Type of (e) Cost or other basis Description of Arm's length price property transfer property life on date of transfer (see instructions) Property described in sec. 367(d)(4)

Totals

Form 926 (Rev. 11-2018)

14a b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	
Supp	lemental Part III Information Required To Be Reported (see instructions)	-
Jupp	iemental rait in information nequired to be neported (see instructions)	-
		-
		-
		-
		-
		_
		_
		_
		-
David	M. Additional Left and the December Transfer of December (see Section 1997)	-
Part	Additional Information Regarding Transfer of Property (see instructions)	-
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.	
10	(a) Before 0% (b) After <1%	
17	Type of nonrecognition transaction (see instructions) ► 351	
18	Indicate whether any transfer reported in Part III is subject to any of the following.	
а	Gain recognition under section 904(f)(3)	
b	Gain recognition under section 904(f)(5)(F)	
С	Recapture under section 1503(d)	
d	Exchange gain under section 987	
19	Did this transfer result from a change in entity classification?	
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . Yes No	
	If "Yes," complete lines 20b and 20c.	
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the	
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes	
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	
	covered by section 367(e)(1)? See instructions	

Form **926** (Rev. 11-2018)

Kansas State University Foundation NOL Carryforward 48-0667209

Net Operating Loss arising in tax years beginning on or after January 1, 2018 Activity: Investment in Partnership

YEAR ENDING	NOL GENERATED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD
6/30/2021	420,340		(420,340)	-
	420,340	-	(420,340)	-

926 Form

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Name c	f transferor		Identifying number (see instructions)
THE K	ANSAS STATE UNIVERSITY FOUNDATION		48-0667209
1	Is the transferee a specified 10%-owned foreign corporation	that is not a controlled fore	
2	If the transferor was a corporation, complete questions 2a thr	ough 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the t	transferor controlled (unde	r section 368(c)) by
	five or fewer domestic corporations?		Yes 🗌 No
b			Yes . No
	If not, list the controlling shareholder(s) and their identifying n	umber(s).	
	Controlling shareholder	ldei	ntifying number
С	If the transferor was a member of an affiliated group filin	ng a consolidated return,	was it the parent
	corporation?		□ Yes ☑ No
	If not, list the name and employer identification number (EIN)	of the parent corporation.	
	Name of parent corporation	EIN of	parent corporation
d	Have basis adjustments under section 367(a)(4) been made?		Yes 🗸 No
ď	That's basis adjustification and a section con (a)(1) been made.		
3	If the transferor was a partner in a partnership that was the	actual transferor (but is n	ot treated as such under section 367)
	complete questions 3a through 3d.	actual transferor (but to the	or trouted as each arider economical,
а	List the name and EIN of the transferor's partnership.		
	Name of partnership	EIN	l of partnership
	Name of partnership		
b	Did the partner pick up its pro rata share of gain on the transf		
С	Is the partner disposing of its entire interest in the partnership		
d	Is the partner disposing of an interest in a limited partners		
Dowl	securities market?	o instructions	Yes No
Part	. ,	e instructions)	En Identificing promites if any
4	Name of transferee (foreign corporation)		5a Identifying number, if any
<u>AG DL</u> 6	LIV, LP Address (including country)		98-1505614 5b Reference ID number
0	Address (including country)		
			(eaa instructions)
ONE	IEVIIC MAV CAMANA DAV CDAND CAVMANI CAVMANI ICI ANDO	VV1 000E	(see instructions)
	IEXUS WAY, CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS		(see instructions) AGDLIIV
ONE N 7	Country code of country of incorporation or organization (see	instructions)	
7	Country code of country of incorporation or organization (see	instructions)	
8	Country code of country of incorporation or organization (see	instructions)	

Form 926 (Rev. 11-2018) Page 2 **Information Regarding Transfer of Property** (see instructions) Part III Section A—Cash (d) Cost or other (a) Date of **(b)** Description of (c) Fair market value on (e) Type of Gain recognized on property transfer property date of transfer basis transfer **VARIOUS** 625,000 Cash 10 Was cash the only property transferred?. √ Yes No If "Yes," skip the remainder of Part III and go to Part IV. Section B – Other Property (other than intangible property subject to section 367(d)) (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer property date of transfer basis transfer Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ✓ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes ✓ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ Did the transferor transfer property described in section 367(d)(4)? 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (a) Date of (c) Useful Income inclusion for year of transfer Type of (e) Cost or other basis Description of Arm's length price property transfer property life on date of transfer (see instructions) Property described in sec. 367(d)(4)

Totals

Form 926 (Rev. 11-2018) Page **3**

to the intangible property's, or properties', as applicable, use(s) beyond the 20-Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ 15 Was any intangible property transferred considered or anticipated to be, at the time thereafter, a platform contribution as defined in Regulations section 1.482-7(c) Supplemental Part III Information Required To Be Reported (see instructions)	e of the transfer or at any
Supplemental Part III Information Required To Be Reported (see instructions)	
supplies to be richerted (see instructions)	
Part IV Additional Information Regarding Transfer of Property (see instruction	tions)
	·
16 Enter the transferor's interest in the transferee foreign corporation before and after	the transfer.
(a) Before3.052 % (b) After0.906 %	
17 Type of nonrecognition transaction (see instructions) ▶ 351	
18 Indicate whether any transfer reported in Part III is subject to any of the following.	
a Gain recognition under section 904(f)(3)	
b Gain recognition under section 904(f)(5)(F)	
c Recapture under section 1503(d)	
d Exchange gain under section 987	
19 Did this transfer result from a change in entity classification?	
20a Did a domestic corporation make a distribution of property covered by section 367	(e)(2)? See instructions . Yes No
If "Yes," complete lines 20b and 20c.	
b Enter the total amount of gain or loss recognized pursuant to Regulations section 1	
c Did the domestic corporation not recognize gain or loss on the distribution of property was used in the conduct of U.S. trade or business under Regulations section.	
21 Did a domestic corporation make a section 355 distribution of stock in a foreign covered by section 367(e)(1)? See instructions	

Form **926** (Rev. 11-2018)

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning , 2021, and ending , 20 07/01 06/30

Attachment Sequence No. **865**

Name	of person filing this ret	urn				Filer's identification	on num	ber				
KANS	SAS STATE UNIVE	RSITY FOUNDATION				48-0667209						
Filer's	address (if you aren't f	iling this form with your tax i	eturn)	A Categ	ory of fil	ler (see Categories o	f Filers	in the instruction	ons and	check ap	plicat	ole box(es)):
				1 [2 🗌 3 🔽	′	4				
				B Filer's	tax yea	ar beginning 07/0	1 ,:	20 21 , and	ending	06/3	0	, 20 22
С	Filer's share of liab	oilities: Nonrecourse \$		Qualified	nonre	course financing \$)	(Other \$	\$		
D	If filer is a member	of a consolidated group	but not the parent	t, enter the	follow	ving information at	oout th	ne parent:				
	Name					EIN						
	Address											
_E		oted specified foreign fina		eported or	this fo	orm. See instruction	ons .					📙
_F	Information about	certain other partners (se	e instructions)									
	(1) Name		(2) Addres	SS		(3) Identification r	number			plicable b	<u> </u>	·
								Category 1	Cate	egory 2	Const	ructive owner
							_					
G1	Name and address	s of foreign partnership				2(a) EIN (if any)					
						0// \ D (98-12852				
						2(b) Reference	ID nu	mber (see ins	tructio	ns)		
	II Foxtrot AIV, LP					2 Country und	a	aa lawa araa				
	larbor Drive, Third ford, CT 06902	Floor				3 Country und		ise iaws orgai	lizeu			
<u>3(a)11</u>	Date of	5 Principal place of	6 Principal busin	ness	7 Pr	incipal business		unctional curr	encv	8b Exc	hand	ne rate
	organization	business	activity code r			tivity			,			tructions)
	1/21/2016	Cayman Islands	525990)	Enero	gy Investments	USD			1		
Н		ng information for the for	1		12.1101 5	99	1000					
1	Name, address, ar	nd identification number	of agent (if any) in	the	2	Check if the foreig	n part	nership must	file:			
	United States					☐ Form 1042	Fo	rm 8804 💽	Form	า 1065		
FRC	Founders Corporat	ion, C/O Patrick Carroll				Service Center when	e Form	1065 is filed:				
		Floor, Stamford, CT 069				Electronic Filing						
3		s of foreign partnership's	agent in country of	of		Name and address o						
	organization, if any	/				foreign partnership,	and the	e location of su	ch book	s and rec	ords,	if different
Intert	rust Corporate Ser	vices (Cayman) Limited	I									
<u>190 E</u>	Igin Avenue, Georg	ge Town, Grand Cayma	n CJ KY1-9005									
5		ear, did the foreign part										
		ction 267A? See instruct							. •	· 🗌 Ye	es [
^		e total amount of the disa								\$ 		N/A
6		a section 721(c) partner allocations made by the	•	-						_	-	✓ No
0											35 L	Y NO
8		er of Forms 8858, Inforn gn Branches (FBs), attach					•	Disregarded		•	N/	Δ
9		ership classified under th						· · · · · · · · · · · · · · · · · · ·	ED PA	ARTNER		
	•	·		-								
10a	separate unit und	ve an interest in the foreig der Regulations section 1 ii)? If "No," skip question	.1503(d)-1(b)(4) or	part of a	combi		under	Regulations		١	e [√ No
b	If "Yes," does the	separate unit or combin	ed separate unit h	ave a dua	l consc	olidated loss, as de	efined	in Regulation	S			
44	` ,	-1(b)(5)(ii)?							. •	· Ye	#5 [No
11	•	ship meet both of the fol			000		1					
		p's total receipts for the t	•			00 than \$1:!!!:	}			Ye	ا م	√ No
		e partnership's total asse Implete Schedules L, M-		e iax year	was ies	ss man \$1 million.	J.		. •			140

orm 886	55 (2021))							Page ∡
12a		iler of this Form 8865 claiming a foreign- nounts listed on Schedule N?	•	income deduction (un		,	espect to	☐ Yes	✓ No
	from tr	," enter the amount of gross income deriv ansactions with or by the foreign partners income (FDDEI)	hip that the filer in	cluded in its computat	ion of foreign-d	erived d	eduction		
		," enter the amount of gross income der cluded in its computation of FDDEI							
		," enter the amount of gross income deried in its computation of FDDEI							
13		he number of foreign partners subject to strership or of receiving a distribution from							N/A
		time during the tax year were any transments of Regulations section 1.707-8?.						☐ Yes	✓ No
	would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying t transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions							☐ Yes	✓ No
	a 2-yea	partnership assume a liability or receive pro ar period of transferring the property to the pount or value of each transfer, the debt assuum Under penalties of perjury, I declare that I have	partnership? If "Yes med or taken by the	s," attach a statement ic e partnership, and an ex	dentifying the proplement	perty tra ax treatn	nsferred, nent ▶	☐ Yes	
Sign Hero f You're This Forn Separate Not With	Filing n ly and	and belief, it is true, correct, and complete. De information of which preparer has any knowled	claration of preparer dge.	(other than general partne	er or limited liability	y compan	ny member)	is based	on all
Tax Retu		Signature of general partner or limited liab	oility company memb	er	Date	€			
Paid Prepa	arer -	Print/Type preparer's name	Preparer's signature	9	Date		Check self-employ	ed PTIN	
Use C		Firm's name ▶				F	irm's EIN ▶		
		Firm's address ▶					Phone no.		
Sche	dule A	box b , enter the name, addr interest you constructively o	ess, and U.S.	taxpayer identifica ctions.	ation number	(if any			
		a ✓ Owns a direct interest		b Owns a	a constructive in	terest			
		Name	Ad	ddress	Identification n	umber (if	any) f	heck if oreign person	Check if direct partner
Sobos	dule A	-1 Certain Partners of Foreig	n Doutnouchin	(acc instructions)					
Scried	iule A	Name		ddress	Identific	ation num	nber (if any)		Check if foreign person
					,				
Sched	lule A	Foreign Partners of Section			ctions)				
	f foreign tner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor		Percenta apital	age intere	Profits
		N/A					%		%
							%		%
		tnership have any other foreign perso						☐ Yes	
Sched	dule A	Affiliation Schedule. List a direct interest or indirectly o			stic) in which	the for	reign pa	tnersh	ip owns a
		Name	Ad	ddress	EIN (if any)		Total or income		Check if foreign partnership

Form 8865 (2021) Page **3**

Sch	edule	B Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	re information.
	1a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b	1c	
	2	Cost of goods sold		2	
e	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
Š	5	Net farm profit (loss) (attach Schedule F (Form 1040))	·	5	
-	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7			
				8	
ns)	9	Salaries and wages (other than to partners) (less employment credits)		9	
atio	10	Guaranteed payments to partners		10	
ii.	11	Repairs and maintenance		11	
orl	12	Bad debts		12	
instructions for limitations)	13	Rent		13	
ctio	14	Taxes and licenses		14	
stru	15	Interest (see instructions)		15	
⊒.	16a	Depreciation (if required, attach Form 4562)	16a		
ees)	b	Less depreciation reported elsewhere on return	16b	16c	
ns	17	Depletion (Don't deduct oil and gas depletion.)		17	
엹	18	Retirement plans, etc		18	
Deductions	19	Employee benefit programs		19	
ed	20	Other deductions (attach statement)		20	
Ŏ	21	Total deductions. Add the amounts shown in the far right column for lir		21	
	22	Ordinary business income (loss) from trade or business activities. Sub		22	
	23	Reserved for future use		23	
eni	24	Reserved for future use		24	
Ē	25	Reserved for future use		25	
Payment	26	Reserved for future use		26	
	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
Ë	30	Reserved for future use		30	
Sch	edule	K Partners' Distributive Share Items			Total amount
	1	Ordinary business income (loss) (Schedule B, line 22)		1	
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a		3a		
	b		3b		
	C			3с	
	4	Guaranteed payments: a Services 4a b Capital	I I		
8	C			4c	
Income (Loss)	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends		6a	
пe		b Qualified dividends	6b		
Ö		c Dividend equivalents			
<u> </u>	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C				
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ▶		11(2)	
35	12	Section 179 deduction (attach Form 4562)		12	
Deductions	13a	Contributions		13a	
ζţ	b	Investment interest expense		13b	
ğ	c	Section 59(e)(2) expenditures: (1) Type ▶	(2) Amount ▶	13c(2)	
	Ι.	Other deductions (see instructions) (1) Type	(2) Amount ▶	13d(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
0 E c	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Ç	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
ati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
Other Information	b	Other tax-exempt income	18b				
	С	Nondeductible expenses	18c				
õ	19a	Distributions of cash and marketable securi	19a				
<u>=</u>	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Ella oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ge and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V por Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$		_					
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$						L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		"	סוס				
2	•		_	<u> </u>		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license				
6	fees received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Add iiiles i tiireagire				
10	Purchases of inventory				
11	Purchases of tangible property				
10	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
40	fees paid				
16 17	Distributions paid				
• • • • • • • • • • • • • • • • • • • •	interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See instructions				
21	Amounts loaned (enter the				
-1	maximum loan balance				
	during the tax year). See				
	instructions				Form 8865 (2021)



8865 SUPPLEMENTAL STATEMENT

KANSAS STATE UNIVERSITY FOUNDATION
FR XIII FOXTROT AIV, LP
98-1285284

DUE TO THE NUMBER OF PARTNERSHIPS IN WHICH THE FOREIGN PARTNERSHIP OWNS A DIRECT OR AT LEAST A 10% INDIRECT INTEREST, THE INFORMATION BELOW WILL PROVIDE THE DETAILS TO COMPLETE SCHEDULE A-2. PLEASE CONSULT YOUR TAX ADVISOR.

NAME OF PARTNERSHIP	ADDRESS	EIN	FOREIGN PARTNERSHIP (Y/N)
FR ARSENAL MANAGEMENT L.P.	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	81-3724439	N
FR HOOVER GROUP, LP	INTERTRUST CORPORATE SERVICES (CAYMAN) LIMITED 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS	38-3945819	Y
FR HOOVER GROUP II, LP.	INTERTRUST CORPORATE SERVICES (CAYMAN) LIMITED 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS	98-1418063	Y
HOOVER FERGUSON GROUP, LTD.	UNIT 2 WEYBRIDGE BUSINESS PARK ADDLESTONE ROAD ADDLESTONE, SURREY UNITED KINGDOM KT15 2UP	N/A	Y
FR FLOW CONTROL TOPCO LIMITED	35 GREAT ST. HELEN'S LONDON, UNITED KINGDOM EC3A 6AP	98-1475161	Y

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Filer's identifying number Name of transferor KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 Name of foreign partnership EIN (if any) Reference ID number (see instructions) FR XIII FOXTROT AIV, LP 98-1285284 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? $\ \square$ Yes $\ \square$ No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes
☑ No **Transfers Reportable Under Section 6038B** (a) (d) (g) (e) Date of Section 704(c) Type of property Description of Fair market value Cost or other Gain recognized Recovery period allocation method on date of transfer basis on transfer transfer property Cash **VAR** 127,083 Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals (b) After the transfer 0.14893% Enter the transferor's percentage interest in the partnership: (a) Before the transfer 0.14846% Supplemental Information Required To Be Reported (see instructions): Part II **Dispositions Reportable Under Section 6038B** (h) Depreciation (a) (c) (a) Depreciation Gain recognized Type of Date of Date of Manner of recapture Gain allocated recapture allocated by partnership property original transfer disposition disposition recognized to partner to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or Part III ☐ Yes ✓ No

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

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Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year , 20 beginning , 2021, and ending 07/01 06/30

Attachment Sequence No. 865

OMB No. 1545-1668

Name	of person filing this retu	urn			Filer's identification number							
KANS	SAS STATE UNIVER	RSITY FOUNDATION				48-0667209						
Filer's	address (if you aren't fi	ling this form with your tax i	eturn)	A Catego	ory of fil	er (see Categories	of Filers	in the instructio	ns and	check ap	plicable bo	x(es)):
				1		2 🗌 3 [✓	4 🗌				
				B Filer's	tax yea	r beginning 07/	01 ,	20 21 , and	ending	06/3	, 20	22
_C	Filer's share of liab	ilities: Nonrecourse \$		Qualified	Qualified nonrecourse financing \$ Other \$							
_D	If filer is a member	of a consolidated group	but not the parent	, enter the	follow	ing information a	bout th	ne parent:				
	Name					EIN						
	Address											
_ <u>E</u>		ted specified foreign fina		eported on	this fo	orm. See instructi	ons .					
_F	Information about o	certain other partners (se	ee instructions)					(4) (1)		P 11 1	()	
	(1) Name		(2) Addres	ss		(3) Identification	number			plicable b		
								Category 1	Cate	egory 2	Constructive	owner
	Managara da dalar a					O(-) FINI ('C						
G1	name and address	of foreign partnership			2(a) EIN (if an	y)	00 1/170	00				
					2/h) Poforono	o ID nu	98-16170 mber (see inst		20)			
					Z(b) Neierenc	e ib ilu	ilibei (see ilist	ructioi	115)			
	Advantage Buyout					3 Country und	ler who	ose laws organ	ized			
	Brickell Avenue, 31 i, FL 33131	St Floor				Canada	201 WITE	oo lawo olgan	1200			
4	Date of	5 Principal place of	6 Principal busin	ness	7 Pr	incipal business	8a F	unctional curre	ency	8b Exc	hange rat	.e
	organization business activity code number			number	ac	tivity			•	(see	e instructi	ons)
	7/26/2021	Canada	523900		Inves	tments	Euro			0.8453		
Н	Provide the following	ng information for the for	eign partnership's	tax year:						•		
1		d identification number	of agent (if any) in t	the	2	Check if the forei	gn part	nership must f	ile:			
	United States				☐ Form 1042 ☐ Form 8804 ☑ Form 1065							
						Service Center who	re Form	1065 is filed:				
						Electronic Filing						
3		of foreign partnership's	agent in country o	of		Name and address						
	organization, if any					foreign partnership	and the	e location of suc	II DOOK	s and rec	oras, ii aiii	erent
	s Extra-Provincial					G. European Ca						
199 B		00, Toronto, CA M5L1A				Grosvenor Stree					K	
5		ear, did the foreign part							is not			
		ction 267A? See instruct								· □ Y€	es ⊻ No	
6		total amount of the disa								·	s √ No	N/A
6 7		a section 721(c) partner allocations made by the							. •			-
8		r of Forms 8858, Inform									.5 🗀 🕔	•
J		n Branches (FBs), attach							. •	<i>,</i>	N/A	
9	, ,	ership classified under th					► LIMI	TED PARTNE	RSHIF	>		
100	·	e an interest in the forei				-	foroian	portnorobin th	hat'a a			
10a												
	separate unit under Regulations section 1.1503(d)-1(b)(4) or part of 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b								. ▶	☐ Ye	s 🗸 No	0
b	If "Yes," does the	separate unit or combin	ed separate unit h	ave a dual	consc	olidated loss, as o	defined	in Regulations	3			
	section 1.1503(d)-								. ▶	· 🗌 Ye	es 🗌 No	0
11	Does this partners	ship meet both of the fol	lowing requiremen	its?)					
	1. The partnership	o's total receipts for the t	ax year were less	than \$250	,000.		ļ			_		
		e partnership's total asse		e tax year	was le	ss than \$1 million	. .		. ▶	· 🗌 Ye	s 🗸 No	0
	If "Yes," don't cor	mplete Schedules L, M-	1, and M-2.				J					

Form 88	65 (202	1)								Page 2	
12a			of this Form 8865 claiming a foreign-onts listed on Schedule N?	derived intangible	income deduction (ur	nder section 250)) with re	espect to	☐ Yes	✓ No	
b	from t	rans	nter the amount of gross income derive actions with or by the foreign partners ome (FDDEI)								
С			nter the amount of gross income deried in its computation of FDDEI.	ved from a licens	e of property to or by	the foreign pa	tnership	that the			
d			nter the amount of gross income derivants computation of FDDEI	ved from services	provided to or by the	foreign partner	ship tha	t the filer			
13			number of foreign partners subject to s rship or of receiving a distribution from			g all or a portio	n of an ir 	nterest in ►		N/A	
14			e during the tax year were any transints of Regulations section 1.707-8?.	fers between the	partnership and its pa	artners subject	to the d	isclosure ▶	☐ Yes	✓ No	
15a	would	req	e any transfers of property or money w uire disclosure under Regulations se he amount or value of each transfer, ar	ction 1.703-3 or	1.707-6? If "Yes," att	ach a stateme	nt identi	fying the	☐ Yes	✓ No	
b	a 2-ye	ar pe	tnership assume a liability or receive properiod of transferring the property to the part of value of each transfer, the debt assur	partnership? If "Yes	s," attach a statement id	dentifying the pro	operty tra	ansferred,	☐ Yes	✓ No	
Sign Her if You're This For Separate	Filing m ely and	and	der penalties of perjury, I declare that I have d belief, it is true, correct, and complete. De ormation of which preparer has any knowled	claration of preparer							
Not With Your Tax Return. Signature of general partner or limited liability company member Date							е				
Paid Prep	arer	Prin	t/Type preparer's name	Preparer's signature	Э	Date Check if self-employed					
Use		Firn	n's name 🕨				ı	Firm's EIN ▶	•		
			n's address ▶					Phone no.			
Sche	dule	A	Constructive Ownership of box b, enter the name, addr interest you constructively o	ess, and U.S.	taxpayer identifica						
			a ✓ Owns a direct interest			a constructive in	nterest				
			Name	A	ddress	Identification r		any) f	check if foreign person	Check if direct partner	
Sche	dule.	4-1	Certain Partners of Foreign	n Partnership	(see instructions)						
			Name	_	ddress	Identific	cation nur	mber (if any)		Check if foreign person	
Sche	dule <i>i</i>	4-2	Foreign Partners of Section	n 721(c) Partn Country of	ership (see instru U.S. taxpayer	ctions)					
	of foreig rtner	n	Address	organization (if any)	identification number (if any)	Check if related t U.S. transferor		Percent apital	age intere	Profits	
		N/	'A					%		<u>%</u>	
Door 4	ho no		ship have any other foreign perso	n as a direct ser	tnor?			%		<u>%</u>	
Sche			Affiliation Schedule. List a direct interest or indirectly or	II partnerships	(foreign or domes	stic) in which	the fo	reign pa	<u> </u>		
			Name		ddress	EIN (if any)			al ordinary Check if foreign partnership		
AVAIL	ABLE I	JPO	N REQUEST			. , , ,				,52510111P	

Sch	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	ore information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>e</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
ည			•	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		H-1	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(SI	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
or lir	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
tior	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
ins	16a	Depreciation (if required, attach Form 4562)	1		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
jo				\vdash	
Deductions	18	Retirement plans, etc.		18	
qn	19	Employee benefit programs		19	
Эe	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
ιt	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
yn	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
q	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
ĭ	30	Reserved for future use		30	
Sche	edule			"	Total amount
Com	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	9 (,	3a	-	
	b		3b		
	C		l I	3c	
	4	Guaranteed payments: a Services 4a b Capital	4b		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
_	6	Dividends and dividend equivalents: a Ordinary dividends	, . ,	6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
드	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)		12	
ü	13a			13a	
ċţ				13b	
ň	b	•			
Deductions	C	Section 59(e)(2) expenditures: (1) Type ► Other deductions (see instructions) (1) Type ►		13c(2)	
		Camer deductions (see instructions) (1) TVDA ▶	(2) Amount ▶	134(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
0 E c	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Ç	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
ati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
Other Information	b	Other tax-exempt income	18b				
	С	Nondeductible expenses	18c				
õ	19a	Distributions of cash and marketable securi	19a				
<u>=</u>	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Ella oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ige and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V nor Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$							
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$. <u>.</u> L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		1	סוס				
2	•		_	<u> </u>		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license				
6	fees received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Add iiiles i tiireagire				
10	Purchases of inventory				
11	Purchases of tangible property				
10	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
40	fees paid				
16 17	Distributions paid				
• • • • • • • • • • • • • • • • • • • •	interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See instructions				
21	Amounts loaned (enter the				
-1	maximum loan balance				
	during the tax year). See				
	instructions				Form 8865 (2021)

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor	•					Filer's identifying nu	mber					
KANSAS STATE UNI	VERSITY FOU	NDATION					567209					
•	Hame of foreign partnership EIN (if any) Reference ID number (see instructions) H.I.G. ADVANTAGE BUYOUT FUND AIV A, LP 98-1617082											
instructions b If "Yes," was 2 Was any into	the gain defer angible proper	ral method app ty transferred	tnership (as defined in the considered or antice considered or antice considered in Page 14	ognition of gain upcipated to be, at the	 on the contrik e time of the	oution of property? transfer or at any	☐ Yes ☑ No ☐ Yes ☐ No					
	ers Reportab		as defined in Regula	tions section 1.48	2-7(C)(1)? .		☐ Yes ✓ No					
Tarer Hansi												
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery per	Section 704(c) allocation method	(g) Gain recognized on transfer					
Cash	VAR		212,445									
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals												
3 Enter the tra			st in the partnership reported (see instru		nsfer 0.0000)% (b) After the	transfer 0.9736%					
Part II Dienos	citions Danor	table Under 9	Section 6038R									
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner					
F CH U	transfer report 1 904(f)(5)(F)?		schedule subject to			on 904(f)(3) or ▶	☐ Yes ☑ No					

Form **8865**

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

► Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning 07/01 , 2021, and ending 06/30 , 20

OMB No. 1545-1668

Sequence No. 865

Attachment

Name of person filing this return Filer's identification number KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 ✓ 4 B Filer's tax year beginning 07/01 21 . and ending 06/30 , 20 22 Filer's share of liabilities: Nonrecourse \$ С Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Ε F Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owner Name and address of foreign partnership 2(a) EIN (if anv) 98-1468493 2(b) Reference ID number (see instructions) KKR Real Estate Partners Europe II (USD) SCSP C/O Kohlberg Kravis Roberts & Co. 3 Country under whose laws organized 30 Hudson Yards, Suite 7500 LUXEMBOURG New York, NY 10001 Date of 5 Principal place of 6 Principal business 7 Principal business 8a Functional currency 8b Exchange rate organization business activity code number activity (see instructions) 02/01/2019 LUXEMBOURG 531390 **REAL ESTATE** USD Н Provide the following information for the foreign partnership's tax year: Name, address, and identification number of agent (if any) in the 2 Check if the foreign partnership must file: **United States** Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and records of the organization, if any foreign partnership, and the location of such books and records, if different 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . Yes ✓ No 6 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities 8 How is this partnership classified under the law of the country in which it's organized? . ► LIMITED PARTNERSHIP 9 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section ☐ Yes ✓ No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. ► Yes ✓ No 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

Form 88	65 (202	:1)								Page 2	
12a			of this Form 8865 claiming a foreign- es listed on Schedule N?	derived intangible		nder section 250) with re	spect to	☐ Yes	✓ No	
b	from t	transa	ter the amount of gross income derivictions with or by the foreign partnersome (FDDEI)	ship that the filer in	cluded in its computat						
С			ter the amount of gross income der d in its computation of FDDEI					that the			
d			ter the amount of gross income deri its computation of FDDEI		provided to or by the	- '	ship that	the filer			
13			umber of foreign partners subject to ship or of receiving a distribution from							IONE	
14			e during the tax year were any trans ts of Regulations section 1.707-8?.				o the dis	sclosure ►	☐ Yes	✓ No	
15a	would	l requ	any transfers of property or money w ire disclosure under Regulations se e amount or value of each transfer, ar	ction 1.703-3 or	1.707-6? If "Yes," att	ach a statemer	t identif	ying the	☐ Yes	✓ No	
b	a 2-ye	ear per	nership assume a liability or receive pro iod of transferring the property to the por or value of each transfer, the debt assu	partnership? If "Yes med or taken by the	s," attach a statement ic e partnership, and an ex	dentifying the prosplements	perty trai ax treatm	nsferred, nent ▶	☐ Yes		
Sign Her if You're This Forn Separate Not With Tax Retu	Filing m ely and Your	and infor	er penalties of perjury, I declare that I have belief, it is true, correct, and complete. De mation of which preparer has any knowled Signature of general partner or limited liat	claration of preparer dge.	(other than general partners)	g schedules and ser or limited liability	y compan	s, and to the y member)	e best of r is based	ny knowledge on all	
Print/Type preparer's name				Preparer's signature	e	Date	C	Check			
Prepa Use (Firm'	s name ►			1	F	Firm's EIN ►			
036 (Office	Firm'	s address ▶				Р	hone no.			
Sche	dule /	A	Constructive Ownership of box b, enter the name, addrinterest you constructively of	ress, and U.S.	taxpayer identifica						
			a 🗸 Owns a direct interest		b Owns a	a constructive in	terest				
			Name	А	ddress	Identification n	umber (if a	any) f	heck if oreign person	Check if direct partner	
Sche	dule /	A-1	Certain Partners of Foreig	n Partnership	(see instructions)						
			Name	А	ddress	Identific	ation num	nber (if any)		Check if foreign person	
N/A											
Schee	dule /	A-2	Foreign Partners of Section	n 721(c) Partn	ership (see instru	ctions)					
	of foreig		Address	Country of organization	U.S. taxpayer identification number	Check if related to)	Percenta	age intere	st	
	rtner	\perp	Mulicoo	(if any)	(if any)	U.S. transferor	Ca	apital	F	Profits	
N/A								<u>%</u>		<u>%</u>	
Does t	he pai	rtners	ship have any other foreign perso	l n as a direct par	tner?				│ │ Yes		
Sche			Affiliation Schedule. List a direct interest or indirectly o	II partnerships	(foreign or domes	stic) in which	the for	eign pai			
			Name	А	ddress	EIN (if any)		Total or income	,	Check if foreign partnership	
SEE SC	CHEDI	ΠFΔ	-3 STATEMENT			[

Sch	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	ore information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>e</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
ည			•	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		H-1	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(SI	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
or lir	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
tior	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
ins	16a	Depreciation (if required, attach Form 4562)	1		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
jo				\vdash	
Deductions	18	Retirement plans, etc.		18	
qn	19	Employee benefit programs		19	
Эe	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
ιt	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
yn	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
q	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
ĭ	30	Reserved for future use		30	
Sche	edule			"	Total amount
Com	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	9 (,	3a	-	
	b		3b		
	C		l I	3c	
	4	Guaranteed payments: a Services 4a b Capital	4b		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
_	6	Dividends and dividend equivalents: a Ordinary dividends	, . ,	6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
드	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)		12	
ü	13a			13a	
ċţ				13b	
ň	b	•			
Deductions	C	Section 59(e)(2) expenditures: (1) Type ► Other deductions (see instructions) (1) Type ►		13c(2)	
		Camer deductions (see instructions) (1) TVDA ▶	(2) Amount ▶	134(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
S E E	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Š	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
ati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
ţį	b	Other tax-exempt income	-	18b			
Ĕ	С	Nondeductible expenses	18c				
õ	19a	Distributions of cash and marketable securi			-	19a	
Other Information	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Ella oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ige and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V nor Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$							
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$. <u>.</u> L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		"	סוס				
2	•		_	O.:		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license				
6	fees received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Add iiiles i tiireagire				
10	Purchases of inventory				
11	Purchases of tangible property				
10	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
40	fees paid				
16 17	Distributions paid				
• • • • • • • • • • • • • • • • • • • •	interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See instructions				
21	Amounts loaned (enter the				
-1	maximum loan balance				
	during the tax year). See				
	instructions				Form 8865 (2021)

NAME	ADDRESS	EIN	TOTAL ORDINARY INCOME/LOSS	CHECK IF FOREIGN PARTNERSHIP
KRE ACTIVATE CANADA LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1539648	N/A	X
KRE ATEKA LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1532299	N/A	X
ETCHE FRANCE	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1548849	N/A	X
SCI ETCHE SAVIGNY	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1549930	N/A	X
SCI ETCHE OLIVET	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1549966	N/A	X
SCI ETCHE BOUGIVAL	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1549978	N/A	X
SCI ETCHE ORMES	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1549990	N/A	X
SCI ETCHE BLAYE	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550027	N/A	X
SCI ETCHE GONESSE	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550034	N/A	X
SCI ETCHE BEYCHAC	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550027	N/A	X
SCI ETCHE AVIGNON	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550050	N/A	X
SCI ETCHE MOULINS	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550066	N/A	X
SCI ETCHE ISAIA	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550081	N/A	X
SCI ETCHE BAR	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550085	N/A	X
SCI ETCHE VALENCE	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550098	N/A	X
SCI ETCHE DRAGUIGNAN	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550104	N/A	X
ETCHE COSTA	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550111	N/A	X
SCI ETCHE BRUGES	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550114	N/A	X
SCI ETCHE GIF	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550116	N/A	X
SCI ETCHE LIMOGES	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550135	N/A	X
SCI ETCHE MURET	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550146	N/A	X
SCI ETCHE VADOR	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550153	N/A	X
SCI ETCHE VATRY	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550164	N/A	X
SCI ETCHE SITH MARSSAC	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550226	N/A	X
SCI ETCHE ANDREZIEUX	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550237	N/A	X
SCI ETCHESAM IDF	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550268	N/A	X
SCI ETCHE NIORT	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550277	N/A	X
SCI ETCHE MUSTAFAR GERZAT	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550289	N/A	X
SCI ETCHESAM MERIGNAC	RUE DU POIRIER, CARPIQUET, FRANCE 14650	98-1550294	N/A	Х

SCHEDULE A-3 AFFILIATION SCHEDULE

NAME	ADDRESS	EIN	TOTAL ORDINARY INCOME/LOSS	CHECK IF FOREIGN PARTNERSHIP
SCI ETCHE FELUCIA	233 RUE DU FAUBOURG SAINT-HONORE ET 3-5 VILLA WAGRAM, PARIS, FRANCE 75008	98-1550302	N/A	Х
KRE BUCKEYE LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1543517	N/A	Х
KRE STAR L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1532346	N/A	Х
KRE STAR UK L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1553324	N/A	Х
KRE STAR CORPORATE LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
KRE VELERO L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1569741	N/A	Х
KRE HARALD LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1601426	N/A	Х
KRE HEALS UK OFFICE LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1621014	N/A	Х
KRE GREEN URBAN LOGISTICS LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1595778	N/A	Х
KRE UK BTR I LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1615988	N/A	Х
KRE UK BTR II LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1617657	N/A	Х
KRE ST MICHAELS LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1600577	N/A	Х
GREEN URBAN LOGISTICS JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1595950	N/A	Х
LUX UK BRT II SCSP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1619166	N/A	Х
HARALD JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1603686	N/A	Х
BLUETOOTH P/S	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
KRE ILOVIT EUROPE L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	95-1532309	N/A	Х
LUX UK BTR I SCSP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1617319	N/A	Х
HEALS LUX SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1623428	N/A	Х

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor	<u> </u>					Filer's identifying nu	mber		
KANSAS STATE UNIVERSITY FOUNDATION Name of foreign partnership EIN (if any) Reference ID number (see instructions)									
Name of foreign partners	ship			EIN (if any)		Reference ID numbe	r (see instructions)		
KKR REAL ESTATE				98-14684					
instructions b If "Yes," was 2 Was any into	the gain defer angible proper	 ral method app rty transferred	tnership (as define		 on the contrik e time of the		☐ Yes ☑ No ☐ Yes ☐ No		
		le Under Sec	as defined in Regula	ations section 1.48	2-7(c)(1)? .	<u> </u>	☐ Yes ✓ No		
Faiti IIalisi									
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery per	Section 704(c) allocation method	(g) Gain recognized on transfer		
Cash	VAR		2,784,949						
Stock, notes receivable and payable, and other securities									
Inventory									
Tangible property used in trade or business									
Intangible property described in section 197(f)(9)									
Intangible property, other than intangible property described in section 197(f)(9)									
Other property									
Totals									
3 Enter the tra			st in the partnership		nsfer _{-0.4491}	4% (b) After the	transfer 0.488498%		
Part II Dispos	sitions Repor	table Under S	Section 6038B						
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner		
T CILL III	transfer repo n 904(f)(5)(F)?		schedule subject to			on 904(f)(3) or	☐ Yes ☑ No		

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning , 2021, and ending , 20 07/01 06/30

Attachment Sequence No. **865**

Name	of person filing this retu	urn		Filer's identification number								
KANS	SAS STATE UNIVER	RSITY FOUNDATION				48-0667209						
Filer's	address (if you aren't fi	iling this form with your tax r	eturn)	A Categ	ory of fil	er (see Categories o	of Filers	in the instructi	ons and	check ap	plicab	le box(es)):
				1 [2 🗌 3 🗔	7	4				
				B Filer's	tax yea	r beginning 07/0)1 ,	20 21 , and	ending	06/3	0 :	, 20 22
С	Filer's share of liab	ilities: Nonrecourse \$		Qualified	nonre	course financing S	\$		Other S	B		
D	If filer is a member	of a consolidated group	but not the parent	t, enter the	follow	ving information a	bout th	ne parent:				
	Name					EIN						
	Address					•						
Е	Check if any excep	oted specified foreign fina	ancial assets are re	eported or	n this fo	orm. See instructi	ons .					. 🗆
F	Information about of	certain other partners (se	e instructions)									
	(1) Name		(2) Addres	20		(3) Identification	numbor	(4) C	heck ap	plicable b	ox(es	;)
	(1) Name		(2) Addres	55		(3) Identification	number	Category 1	Cat	egory 2	Consti	ructive owner
G1	Name and address	of foreign partnership				2(a) EIN (if any	/)		'		•	
								98-12220)98			
						2(b) Reference	e ID nu	mber (see ins	tructio	ns)		
	Real Estate Partner Cohlberg Kravis Rol	•										
	idson Yards	berts & Co.				3 Country und	ler who	ose laws orga	nized			
	York, NY 10001					Cayman Island	ds					
4	Date of	5 Principal place of	6 Principal busin		1	incipal business	8a F	unctional curi	rency	8b Exc		
	organization	business	activity code r	number	ac	tivity				(see	e inst	ructions)
	10/14/2014	Cayman Islands	523900)	Inves	tments	USD			1		
Н	Provide the following	ng information for the for	eign partnership's	tax year:								
1		d identification number of	of agent (if any) in	the	2 (Check if the foreio			file:			
	United States					☐ Form 1042	_	_	_ Forn	n 1065		
						Service Center whe	re Form	1065 is filed:				
3		of foreign partnership's	agent in country of	of		Name and address of foreign partnership,						
	organization, if any				'	ioreign parmersnip,	and the	e location of su	CII DOOR	is and rec	orus,	ii dillereni
5		ear, did the foreign part								t	_	7
		ction 267A? See instructi								· 🗌 Ye	es L	⊻ No
	,	total amount of the disa								\$ ======		
6		a section 721(c) partner										∐ No
-		allocations made by the									es L	⊻ No
8		r of Forms 8858, Inform					U	Disregarded	Entities	5		
•		n Branches (FBs), attach							DCIIII		N/	A
9	How is this partne	ership classified under th	e law of the count	ry in which	1 It's or	ganized? .	LIIVII	TED PARTNI	RSHII			
10a		e an interest in the foreig										
		ler Regulations section 1						-			_ [√ No
		i)? If "No," skip question							. •	· ∐ Ye	s L	V NO
b		separate unit or combin						-		- Ye	م.	No
11	` ,	-1(b)(5)(ii)? ship meet both of the fol							. •	r	-5 L	_ 140
11	•	•			000							
		o's total receipts for the t	•			on than \$1 million	}			-	, I	√ No
		e partnership's total asse mplete Schedules L. M-1		e iax year	was ies	ss utati pi million.	J .					

Form 88	865 (202	1)								Page 2
12a			of this Form 8865 claiming a foreign- nts listed on Schedule N?	derived intangible		nder section 250) with re	espect to	☐ Yes	✓ No
b	from t	rans	nter the amount of gross income derivactions with or by the foreign partners come (FDDEI)	hip that the filer in	cluded in its computat					
С			enter the amount of gross income dering the computation of FDDEI					that the		
d			nter the amount of gross income deri		provided to or by the		ship tha	t the filer		
13			number of foreign partners subject to s rship or of receiving a distribution from							NONE
14			ne during the tax year were any trans nts of Regulations section 1.707-8?.				o the d	isclosure ▶	☐ Yes	✓ No
15a b	would transf	rec ers,	e any transfers of property or money w juire disclosure under Regulations se the amount or value of each transfer, ar	ction 1.703-3 or nd an explanation of	1.707-6? If "Yes," att of the tax treatment. Se	ach a statemer ee instructions fo	it identi r except	fying the tions	☐ Yes	✓ No
	 Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner was 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transfer the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and 								Yes	
if You're This For Separat Not Witl	Filing m ely and	an	d belief, it is true, correct, and complete. De ormation of which preparer has any knowlec	claration of preparer lge.	(other than general partne	er or limited liabilit	y compar	ny member)	is based	on all
Tax Ret	urn.	Dete	Signature of general partner or limited liab			Date			if PTIN	
Paid		Pili	nt/Type preparer's name	Preparer's signature	.	Date		Check self-employ	"	
Prep Use		Firr	n's name ►				F	Firm's EIN ▶	•	
	Office	Firr	n's address ▶					Phone no.		
Sche	dule	A	Constructive Ownership or box b, enter the name, addr interest you constructively o	ess, and U.S.	taxpayer identifica					
			a 🗸 Owns a direct interest		b Owns a	a constructive in	terest			
			Name	A	ddress	Identification n	umber (if	any)	Check if foreign person	Check if direct partner
Sche	dule <i>i</i>	4-1	Certain Partners of Foreign	n Partnership	(see instructions)					Chook if
			Name	A	ddress	Identific	ation nur	mber (if any)		Check if foreign person
N/A										
Sche	dule /	4-2	Foreign Partners of Sectio	n 721(c) Partn	ership (see instru	ctions)				
	of foreig ırtner	n	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor		Percent apital	age intere	est Profits
		N	/A					%		%
Door	the ne	dno	rehin have any other feroign nerse	n as a direct ser	tnor?			%	\vdash	<u>%</u>
	dule <i>i</i>		rship have any other foreign perso Affiliation Schedule. List a direct interest or indirectly o	Il partnerships	(foreign or domes	stic) in which	the fo	reign pa	<u> </u>	
			Name		ddress	EIN (if any)		Total o	,	Check if foreign partnership
SEE A	SEE ATTACHED								P. 3.10.0111P	

Sch	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	ore information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>e</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
ည			•	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		H-1	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(SI	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
or lir	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
tior	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
ins	16a	Depreciation (if required, attach Form 4562)	1		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
jo				\vdash	
Deductions	18	Retirement plans, etc.		18	
qn	19	Employee benefit programs		19	
Эe	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
ιt	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
yn	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
q	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
ĭ	30	Reserved for future use		30	
Sche	edule			"	Total amount
Com	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	9 (,	3a	-	
	b		3b		
	C		1	3c	
	4	Guaranteed payments: a Services 4a b Capital	4b		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
_	6	Dividends and dividend equivalents: a Ordinary dividends	, . ,	6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
드	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)		12	
ü	13a			13a	
ċţ				13b	
ň	b	•			
Deductions	C	Section 59(e)(2) expenditures: (1) Type ► Other deductions (see instructions) (1) Type ►		13c(2)	
		Camer deductions (see instructions) (1) TVDA ▶	(2) Amount ▶	134(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
S E E	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Š	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
ati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
ţį	b	Other tax-exempt income	-	18b			
Ĕ	С	Nondeductible expenses	18c				
õ	19a	Distributions of cash and marketable securi			-	19a	
Other Information	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Ella oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ige and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V nor Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$		_					
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$. <u>.</u> L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		"	סוס				
2	•		_	O.:		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
16	fees paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance during the tax year). See				
	instructions				
				l	Form 8865 (2021)

NAME	ADDRESS	EIN	TOTAL ORDINARY INCOME/LOSS	CHECK IF FOREIGN PARTNERSHIP
KRE BRIGHTON L.P.	309 UGLAND HOUSE, SOUTH CHURCH STREET, GEORGE TOWN, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS	98-1285960	N/A	Х
COPPER HOLDCO S.A.R.L.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1252371	N/A	Х
ITALIAN COPPER FUND	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
PASING LIMITED	309 UGLAND HOUSE, SOUTH CHURCH STREET, GEORGE TOWN, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS	98-1254299	N/A	X
PASING HOLDCO S.A.R.L.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1261604	N/A	Х
SAUCHIE GP LIMITED	309 UGLAND HOUSE, SOUTH CHURCH STREET, GEORGE TOWN, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS	98-1224165	N/A	X
SAUCHIE INVESTMENT L.P.	309 UGLAND HOUSE, SOUTH CHURCH STREET, GEORGE TOWN, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS	98-1224188	N/A	X
KRE GARDA L.P.	309 UGLAND HOUSE, SOUTH CHURCH STREET, GEORGE TOWN, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS	98-1326755	N/A	X
KRE BEACH L.P.	C/O 152928 CANADA INC., 199 BAY ST. SUITE 5300, TORONTO, ON, M5L 1B9, CANADA	98-1347075	N/A	X
BEACH HOLDCO S.A.R.L	61 RUE DE ROLLINGERGRUND, LUXEMBOURG, L-2440, LUXEMBOURG	98-1347163	N/A	X
KRE VINTAGE L.P.	C/O 152928 CANADA INC., 199 BAY ST. SUITE 5300, TORONTO, ON, M5L 1B9, CANADA	98-1347299	N/A	X
VINTAGE JV S.A.R.L	61 RUE DE ROLLINGERGRUND, LUXEMBOURG, L-2440, LUXEMBOURG	98-1379514	N/A	X
KRE REGAL HOME L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1357595	N/A	X
KKREGAL 2018 LIMITED	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1510835	N/A	X
KRE SINGLE HOMES L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1447020	N/A	X
NILWOOD INVEST, S.L.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1516906	N/A	X
KRE ILOVIT L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1432336	N/A	X
ILOVIT JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1516943	N/A	X
KRE LA VILLETTE L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1426885	N/A	X
KRE COLORADO AGGREGATOR L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1441824	N/A	X
KRE RHC SH HOLDINGS JV II SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1456732	N/A	Х
KRE RHC IBERIA LOGISTICS L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1451445	N/A	Х
RHC IBERIA LOGISTICS SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	X
KRE RHC ITALY L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1401538	N/A	X

NAME	ADDRESS	EIN	TOTAL ORDINARY INCOME/LOSS	CHECK IF FOREIGN PARTNERSHIP
RHC ITALY SCSP SICAV-RAIF	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
KRE STUDENT HOUSING L.P.	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1421933	N/A	Х
KRE SH HOLDINGS JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
KRE AERODROME LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1502013	N/A	Х
AERODROME JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	X
KRE RUA LP	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	98-1501853	N/A	X
RUA HOLDCO SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х
RUA JV SARL	C/O KOHLBERG KRAVIS ROBERTS & CO. 30 HUDSON YARDS, NEW YORK, NY 10001	FOREIGNUS	N/A	Х

SCHEDULE O (Form 8865)

(Rev. October 2021) Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor						Filer's identifying nur	mber
KANSAS STATE UNI	48-06	67209					
Name of foreign partners	Reference ID numbe	r (see instructions)					
KKR REAL ESTATE				98-12220			
instructions b If "Yes," was Was any into time thereaf	the gain defer angible propel ter, a platform	rral method ap rty transferred contribution	plied to avoid the rec considered or antic as defined in Regula	ognition of gain up cipated to be, at th	 on the contrib ne time of the	oution of property? transfer or at any	☐ Yes ☐ No
Part I Transf	ers Reportab	le Under Sec	tion 6038B				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery per	iod (f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VAR		644,887				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals							
3 Enter the tra Supplemental Info			st in the partnership Reported (see instru		.nsfer 2.0265.	4% (b) After the	transfer 2.032525%
Part II Dispos	sitions Repor	table Under S	Section 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
	transfer repo		schedule subject to		under section	on 904(f)(3) or	☐ Yes ☑ No

Form **8865**

Department of the Treasury

beginning

07/01

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year , 2021, and ending

, 20 06/30

OMB No. 1545-1668

Attachment Sequence No. **865**

Name	Name of person filing this return				Filer's identification number					
KANS	SAS STATE UNIVER	RSITY FOUNDATION			48-0667209					
Filer's	address (if you aren't fi	iling this form with your tax r	eturn)	A Category of f	iler (see Catego	ries of File	rs in the inst	tructions and	check ap	oplicable box(es)):
				1 🗌	2 🗌	3 🗸	4			
	B File				ar beginning	07/01	, 20 21	, and ending	06/3	30 , 20 22
С	Filer's share of liab	ilities: Nonrecourse \$		Qualified nonre	ecourse financ	cing \$		Other \$	6	
D	If filer is a member	of a consolidated group	but not the parent	, enter the follow	wing informat	ion about	the parent:			
	Name				EIN	l				
	Address									
_E		oted specified foreign fina		eported on this t	orm. See inst	ructions				
_F	Information about of	certain other partners (se	e instructions)							
	(1) Name		(2) Addres	SS	(3) Identification	ation numbe	er 	(4) Check ap	-	
							Catego	ry 1 Cate	egory 2	Constructive owner
G1	Name and address	of foreign partnership			2(a) EIN (it any)		=		
					0(1-) D - (-			540311	\	
Oaktr	ee Absolute Returr	n Income Fund, LP			2(b) Refe	rence ID n	umber (se	e instructio	ns)	
	outh Grand Avenue	е			3 Country	/ under wh	noso laws (organized		
28th F	loor Ingeles, CA 90071				Cayman I		iose iaws (Jigariizeu		
4	Date of	5 Principal place of	6 Principal busin	ness 7 P	rincipal busin		Functional	currency	8b Exc	change rate
	organization	business	activity code r		ctivity			,		e instructions)
	04/20/2020	Cayman Islands	523900	Inve	stments	USE)		1	
Н		ng information for the for								
1		d identification number	of agent (if any) in t	the 2	Check if the	foreign pa	tnership n	nust file:		
	United States				☐ Form 1042 ☐ Form 8804 ✓ Form 1065					
C/O C	aktree Capital Mar	nagement, L.P.			Service Center where Form 1065 is filed:					
	outh Grand Avenue	e, 28th Floor , Los Ange			Ogden, UT					
3		of foreign partnership's	agent in country o	of 4	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different					
	organization, if any				toreign partnei	rsnip, and tr	ie location (or such dook	s and red	coras, ir aimerent
Walke	er SPV Limited				C/O Oaktree Capital Management, L.P. 333 South Grand Avenue, 28th Floor, Los Angeles, CA 90071					
27 Ho		ge Town, Grand Caymai								CA 90071
5		ear, did the foreign part						ction is not		
		ction 267A? See instructi							, T A	es ✓ No
6		total amount of the disa a section 721(c) partner			 otion 1 721(a)				, ⊅ . □ v .	N/A es ✓ No
7		allocations made by the								
8		r of Forms 8858, Inforn								C5
Ū		ın Branches (FBs), attach				_	_			N/A
9	, ,	ership classified under th						IMITED PA	ARTNEF	
10a	Doos the filer hav	e an interest in the foreig	an partnorship, or	an interest indir	octly through	the foreign	nartnarel	hin that's s		
IUa		e an interest in the loreit ler Regulations section 1								
		i)? If "No," skip question							· 🗌 Ye	es 🗸 No
b	If "Yes," does the	separate unit or combin	ed separate unit h	ave a dual cons	olidated loss,	as defined	d in Regula	ations		
	` '	-1(b)(5)(ii)?						🕨	· 🗌 Y	es 🗌 No
11	Does this partners	ship meet both of the fol	lowing requiremen	its?)				
	1. The partnership	o's total receipts for the t	ax year were less	than \$250,000.		ļ				
		e partnership's total asse		e tax year was le	ess than \$1 m	illion.		🕨	· ∐ Y	es ✓ No
	If "Yes," don't con	mplete Schedules L, M-	I. and M-2.			J				

Form 88	65 (202 ⁻	1)							Page 2
12a		filer of this Form 8865 claiming a foreign-onunts listed on Schedule N?	derived intangible	income deduction (un	der section 25	0) with re	espect to	☐ Yes	✓ No
b		licenses) eduction •							
С	If "Yes	that the							
d	If "Yes	the filer							
13	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest the partnership or of receiving a distribution from the partnership								N/A
14	-	time during the tax year were any transferments of Regulations section 1.707-8?.	fers between the l	partnership and its pa	artners subject	to the di	sclosure	☐ Yes	✓ No
15a b	would transfe Did the a 2-ye	ner within Insferred,	☐ Yes	✓ No					
Sign Her if You're This For Separate Not With Tax Retu	re Only Filing m ely and Your	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. Decinformation of which preparer has any knowled Signature of general partner or limited liab	examined this returr claration of preparer lge.	n, including accompanying (other than general partne	g schedules and	statements ty compar	s, and to the	best of m	ny knowledge
Paid		Print/Type preparer's name	Preparer's signature Date C				Check [] i		
Preparent		Firm's name ▶					Firm's EIN ▶		
Sche	dule 1	box b , enter the name, addr interest you constructively o	ess, and U.S.	taxpayer identifica ctions.	ation numbe	at apply r (if any			
		a ✓ Owns a direct interest Name	Ad	b	a constructive in		any) f	heck if oreign erson	Check if direct partner
Sche	dule /	A-1 Certain Partners of Foreign	n Partnership	(see instructions)					Chook if
		Name	Ad	ddress	Identifi	cation nun	nber (if any)		foreign person
Sche	dule A	A-2 Foreign Partners of Section			ctions)				
	of foreig rtner	n Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related t U.S. transferor		Percenta apital	ige interes	rofits
		N/A					%		%
D '		the symbolic beauty and the symbolic fermions		du a #0			%		<u>%</u>
Sche			Il partnerships	(foreign or domes	stic) in which	the fo	reign par	<u> Yes</u> tnershi	p owns a
direct interest or indirectly owns a 10% interest. Name Address EIN (if any)						Total or income		Check if foreign partnership	

333 SOUTH GRAND AVE. LA, CA

85-0519987

OAKTREE ABSOLUTE RETURN INCOME FUND

HOLDINGS (DELAWARE) LP

Sche	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	re information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>o</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Ē	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
Income			′	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		-	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(Si	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
. <u>≡</u>	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
ţi	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
is I	16a	Depreciation (if required, attach Form 4562)	I I		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
<u>ö</u>					
cti	18	Retirement plans, etc.		18	
ゎ	19	Employee benefit programs		19	
Deductions	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
¥	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
λ	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
-	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
<u> </u>	30	Reserved for future use		30	
Sche	edule			"	Total amount
00110	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
			1 1		
	3a	9 ()	3a	-	
	þ	,	3b		
	C		1 1	3c	
_	4	Guaranteed payments: a Services 4a b Capital	-		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends		6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
므	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	c		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)	12		
ü	13a	·		13a	
Ċţ;				13b	
ň	b	•			
Deductions	C	***************************************		13c(2)	
	_ n	Other deductions (see instructions) (1) Type	(2) Amount ▶	134(2)	

	()						
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
S E E	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
ડ્ડ	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Š	d	Other rental real estate credits (see instruction	ions) Type ▶			15d	
O	е	Other rental credits (see instructions)	L			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it	, and check				
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
ati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	ctions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income		18a			
ţį	b	Other tax-exempt income	18b				
Ĕ	c Nondeductible expenses						
õ	19a Distributions of cash and marketable securities						
Other Information	b	Distributions of other property				19b	
Jer	20a	Investment income				20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement	•			04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I	111 page 1 is or	· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Elia oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4	U.S. Government obligations						
5		empt securities					
6	Other current assets (attach statement)						
7a	Loans t	to partners (or persons related to partners)					
b	Mortga						
8	Other i						
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization			1		

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	ı H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	<u> </u>	_ `			f tax year			tax year
		(a		<u> </u>	(b)	(c)		(d)
13	Other assets (attach statement)		,		1-1	(0)		(*)
	Other assets (attach statement)			-				
14	Total assets	•						
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 y	ear						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partners)							
b	Mortgages, notes, bonds payable in 1 year or m							
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
Sche	dule M Balance Sheets for Intere	st Allocation						
					(a)			(b)
					Beginning	of		End of
					tax year			tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
С	Other (attach statement)							
Sche	edule M-1 Reconciliation of Income	(Loss) per B	ooks '	Wit	h Income (Loss) per Ret	urn. (No	ot required if Item
	H11, page 1, is answered '	Yes.")						
			6	lna	ome recerded on	hooles th	io	
1	Net income (loss) per books .		6		ome recorded or			
			1		year not in		on	
2	Income included on Schedule K,				nedule K, lines 1	through	'	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):			
	and 11, not recorded on books		а	ıa	c-exempt interest S	b		
	this tax year (itemize):							
	\$		7	Dec	ductions included	on Schedu	le	
3	Guaranteed payments (other			K. I	ines 1 through 13d	l. and 21. n	ot	
	than health insurance)				ırged against book			
4	Expenses recorded on books		1		year (itemize):			
7	this tax year not included on				oreciation \$			
	Schedule K, lines 1 through		-		20.0VII Ψ			
	13d, and 21 (itemize):							
_	·							
a	Depreciation \$							
b	Travel and entertainment \$		8		d lines 6 and 7 .		-	
			9		ome (loss). Sub		8	
5	Add lines 1 through 4			fro	m line 5	<u></u>		
Sche	edule M-2 Analysis of Partners' Cap	ital Accounts.	(Not r	equ	ired if Item H11,	page 1, is	s answe	red "Yes.")
1	Balance at beginning of tax year		6		tributions: a Cash			
2	Capital contributed:		1			erty		
_	a Cash		7	∩ +⊦	ner decreases (item			
			'	Oil	iei uecieases (itell	ιι∠ ∪). φ		
_	b Property		-					
3	Net income (loss) per books .		-					
4	Other increases (itemize): \$							
			8	Ad	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4		1		otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
16	fees paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance during the tax year). See				
	instructions				
				l	Form 8865 (2021)

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor						Filer's identifying nu	mber
KANSAS STATE UN	IVERSITY FOU	INDATION				48-0	567209
Name of foreign partners	ship			EIN (if any)		Reference ID numbe	r (see instructions)
OAKTREE ABSOLU	TE RETURN IN	COME FUND, L	_P	98-1540	311		
instructions b If "Yes," was Was any intitime thereaf	the gain defe angible prope ter, a platform	rral method ap rty transferred contribution	plied to avoid the red I considered or antidas as defined in Regula	cognition of gain up cipated to be, at the	oon the contribute time of the		☐ Yes ☑ No ☐ Yes ☐ No
Part I Transf	ers Reportat	ole Under Sec	tion 6038B				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery perio	od (f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VAR		44,467,324				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
			st in the partnership	_ ` '	ansfer 24.02	% (b) After the	transfer 10.36%
Part II Dispos	sitions Repor	table Under S	Section 6038B				
(a) Type of property	(b) Date of original transfe	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
le any	transfer reno	orted on this	 schedule subject to	dain recognition	Lunder section	n 904(f)(3) or	
	904(f)(5)(F)?						☐ Yes ☑ No

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning , 2021, and ending , 20 07/01 06/30

Attachment Sequence No. **865**

Name	e of person filing this return				Filer's identification number							
KANS	SAS STATE UNIVERSITY FOUNDATION s address (if you aren't filing this form with your tax return) A Category					48-0667209						
Filer's	address (if you aren't fi	iling this form with your tax r	eturn)	_	_	er (see Categories o			tions and	check ap	plicab	le box(es)):
				1 _		2 3 4		4 📙				
	E9-3	1111 N				r beginning 07/0		20 21 , an	-		0 ,	20 22
<u>C</u>		ilities: Nonrecourse \$	but not the never			course financing \$		o noronti	Other 9	Þ		
		of a consolidated group	but not the paren	t, enter the	tollow		out tr	ie parent:				
	Name Address					EIN						
E		oted specified foreign fina	ancial accete are re	anorted or	thie fo	orm. See instructio	ne					
F		certain other partners (se		cported or	1 11113 10	orni. Occ manache	, ,	· · ·	· · ·		• •	<u> </u>
<u> </u>		portain outlor partitors (oc	,					(4)	Check ar	plicable box(es)		
	(1) Name		(2) Addres	SS		(3) Identification r	number	Category 1		egory 2		uctive owner
								0 ,				
G1	Name and address	of foreign partnership				2(a) EIN (if any)				1	
								98-1346	5286			
						2(b) Reference	ID nu	mber (see in	structio	ns)		
Oaktr	ee Real Estate Inco	ome Fund I P										
333 S	33 South Grand Avenue, 28th Floor					3 Country unde	er who	se laws orga	anized			
	Los Angeles, CA 90071					Cayman Island						
4	Date of organization	5 Principal place of business	6 Principal busin activity code r			incipal business tivity	8a Fi	unctional cu	rrency	8b Exc		e rate ructions)
	-					•				(50)	0 11100	raotions,
	01/19/2017	Cayman Islands	523900		Inves	tments	USD			1		
H 1		ng information for the for d identification number of	<u> </u>		2 (Check if the foreig	n narti	norchin muc	t filo:			
•	United States	a identification number (or agent (ir arry) in	uie				•	√ Forn	n 1065		
010.6					'	_	ervice Center where Form 1065 is filed:					
	Daktree Capital Mar	nagement, L.P. e, 28th Floor , Los Ange	eles CΔ 90071			Ogden, UT						
3		of foreign partnership's		of			f persor	n(s) with custo	dy of the	books an	d reco	rds of the
	organization, if any	,				4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if differer						
Walk	er SPV Limited				C/O	Oaktree Capital	Mana	nement I F)			
		je Town, Grand Caymai	n Islands KY1-900	08						ngeles, (CA 90	071
5	During the tax ye	ear, did the foreign part	nership pay or ac	crue any	interes	33 South Grand Avenue, 28th Floor , Los Angeles, CA 90071 rest or royalty for which the deduction is not						
	allowed under sec	ction 267A? See instruct	ons						•	- 🗌 Ye	es 🛭	∕ No
	,	total amount of the disa							•	\$		N/A
6		a section 721(c) partner	•	-			,				_	∐ No
7		allocations made by the									es L	_ No
8		r of Forms 8858, Inforn					reign I	Disregarded	Entities	S .	N.1./	•
9		n Branches (FBs), attach ership classified under th					 EVEI	 MPTED LIM	P	 A DTNIE E	N/A	
9	•	•		•							STIIF	
10a		e an interest in the foreig ler Regulations section 1										
		i)? If "No," skip question						-	•		s [∕ No
b		separate unit or combin								. 🗆 🗸	r	∃ Na
11	• •	, , , , , ,			▶ ☐ Yes ☐ No					_ NO		
11	•	ship meet both of the fol			000							
	· · · · ·	o's total receipts for the t e partnership's total asse	•			se than ¢1 million	}			► Ye	s l	∕ No
		e parmership's total asse mplete Schedules L, M-		e iax yedi	was ies	oo utan qi itiiiiOfi.	J					

Form 88	65 (202 ⁻	1)							Page 2
12a		filer of this Form 8865 claiming a foreign- nounts listed on Schedule N?	•	,	der section 250) with res		Yes	✓ No
b	from t	s," enter the amount of gross income deriv ransactions with or by the foreign partners e income (FDDEI)	ship that the filer in	cluded in its computat	, ,		,		
С		s," enter the amount of gross income der cluded in its computation of FDDEI		e of property to or by		nership	_		
d		s," enter the amount of gross income deri ed in its computation of FDDEI		•		ship that	the filer ►		
13		the number of foreign partners subject to surtnership or of receiving a distribution from	. , , ,						N/A
14		time during the tax year were any trans rements of Regulations section 1.707-8?.				o the dis	sclosure ►	☐ Yes	✓ No
15a b	would transfe Did the	there any transfers of property or money we require disclosure under Regulations seems, the amount or value of each transfer, are partnership assume a liability or receive property to the pr	ction 1.703-3 or and an explanation of the perty subject to a lie	1.707-6? If "Yes," att of the tax treatment. Se ability where such liabili	ach a statemen ee instructions fo ty was incurred b	t identify r excepti y a partn	ying the ons ► er within	☐ Yes	✓ No
		nount or value of each transfer, the debt assu						Yes	✓ No
Sign Hei f You're This For Separate Not With	Filing m ely and	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. De information of which preparer has any knowled	claration of preparer dge.	(other than general partne					
Tax Retu		Signature of general partner or limited liab	oility company memb	er	Date	,			
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	9	Date		heck [] i		
Use (Firm's name ▶				Fi	irm's EIN ▶		
		Firm's address ►				Р	hone no.		
Sche	dule <i>i</i>	Constructive Ownership of box b, enter the name, address interest you constructively on a Owns a direct interest	ess, and U.S.	taxpayer identificactions.		(if any)			
		Name	A	ddress	Identification no		any) fo	heck if oreign erson	Check if direct partner
Sche	dule /	A-1 Certain Partners of Foreign	n Partnership	(see instructions)					
		Name	Ad	ddress	Identifica	ation num	ber (if any)		Check if foreign person
Sche	dule A	A-2 Foreign Partners of Section	n 721(c) Partn	ership (see instru	ctions)				
	of foreig	n e	Country of	U.S. taxpayer	Check if related to		Percenta	ige intere	st
	rtner	Address	organization (if any)	identification number (if any)	U.S. transferor		ıpital	F	rofits
		N/A					%		%
							%		%
	_	tnership have any other foreign perso					<u> </u>	Yes	No No
scne	dule A	A-3 Affiliation Schedule. List a direct interest or indirectly o			stic) in which	tne for	eign par	τnersh	·
		Name	A	ddress	EIN (if any)		Total or income		Check if foreign partnership

OAKTREE REAL ESTATE INCOME FUND HOLDINGS 333 SOUTH GRAND AVE. LA, CA

Sch	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	ore information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>e</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
ည			•	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		H-1	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(SI	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
or lir	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
tior	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
ins	16a	Depreciation (if required, attach Form 4562)	1		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
jo				\vdash	
Deductions	18	Retirement plans, etc.		18	
qn	19	Employee benefit programs		19	
)e	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
ιt	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
yn	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
q	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
ĭ	30	Reserved for future use		30	
Sche	edule			"	Total amount
Com	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	9	3a	-	
	b		3b		
	C		1	3c	
	4	Guaranteed payments: a Services 4a b Capital	4b		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
_	6	Dividends and dividend equivalents: a Ordinary dividends	, . ,	6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
드	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)		12	
ü	13a			13a	
ċţ				13b	
ň	b	•			
Deductions	C	Section 59(e)(2) expenditures: (1) Type ► Other deductions (see instructions) (1) Type ►		13c(2)	
		Camer deductions (see instructions) (1) TVDA ▶	(2) Amount ▶	134(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
0 E c	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Š	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
lati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
Other Information	b	Other tax-exempt income	-	18b			
Ĕ	С	Nondeductible expenses	i	18c			
õ	19a	Distributions of cash and marketable securi			-	19a	
<u>=</u>	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Ella oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ige and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V nor Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$		_					
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$						L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		"	סוס				
2	•		_	O.:		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license				
6	fees received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Add iiiles i tiireagire				
10	Purchases of inventory				
11	Purchases of tangible property				
10	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
40	fees paid				
16 17	Distributions paid				
• • • • • • • • • • • • • • • • • • • •	interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See instructions				
21	Amounts loaned (enter the				
-1	maximum loan balance				
	during the tax year). See				
	instructions				Form 8865 (2021)

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor Filer's identifying number									
KANSAS STATE UNIVERSITY FOUNDATION Name of foreign partnership EIN (if any) Refe							48-0667209 Reference ID number (see instructions)		
				EIN (if any)		Reference ID numbe	r (see instructions)		
OAKTREE REAL ES				98-13462					
instructions b If "Yes," was 2 Was any into	the gain defer angible proper	 ral method ap rty transferred	tnership (as define	cognition of gain up cipated to be, at th	 on the contrik e time of the	oution of property? transfer or at any	☐ Yes ☑ No ☐ Yes ☐ No		
	ter, a platform ers Reportab		as defined in Regula	ations section 1.48	2-7(c)(1)? .		☐ Yes ✓ No		
Part I Transf									
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery per	iod Section 704(c) allocation method	(g) Gain recognized on transfer		
Cash	VAR		912,998						
Stock, notes receivable and payable, and other securities									
Inventory									
Tangible property used in trade or business									
Intangible property described in section 197(f)(9)									
Intangible property, other than intangible property described in section 197(f)(9)									
Other property									
Totals									
3 Enter the tra			st in the partnership Reported (see instru		nsfer 2.048	4% (b) After the	transfer 1.6642%		
Part II Dispos	sitions Repor	table Under S	Section 6038B						
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner		
						+			
T CILL III	transfer repo n 904(f)(5)(F)?		schedule subject to			on 904(f)(3) or	☐ Yes ☑ No		

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

► Attach to your tax return.

Sequence No. 865

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning , 2021, and ending , 20 07/01 06/30

Attachment

Name of person filing this return Filer's identification number KANSAS STATE UNIVERSITY FOUNDATION 48-0667209 Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 ✓ 4 B Filer's tax year beginning 07/01 21 . and ending 06/30 , 20 22 С Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address Ε Check if any excepted specified foreign financial assets are reported on this form. See instructions F Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 Constructive owner Category 1 Name and address of foreign partnership 2(a) EIN (if anv) 98-1423490 2(b) Reference ID number (see instructions) Stripes IV Offshore AIV, LP C/O Stripes Group 3 Country under whose laws organized 402 W 13th Street New York, NY 10014 Cayman Islands Date of 5 Principal place of 6 Principal business 7 Principal business 8a Functional currency 8b Exchange rate organization activity business activity code number (see instructions) 523900 USD Cayman Islands Investments Н Provide the following information for the foreign partnership's tax year: Name, address, and identification number of agent (if any) in the 2 Check if the foreign partnership must file: **United States** Form 1042 Form 8804 ✓ Form 1065 Service Center where Form 1065 is filed: Stripes Group, LLC 402 W 13th Street, New York, NY 10014 Electronic Filing Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different organization, if any Same as Agent Same as Agent During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . 6 Yes √ No 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities 8 How is this partnership classified under the law of the country in which it's organized? . ▶ PARTNERSHIP 9 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations Yes No section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. ► Yes ✓ No 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

orm 88	65 (2021)							Page ∡
12a		filer of this Form 8865 claiming a foreign- nounts listed on Schedule N?	•	income deduction (un		,	espect to	☐ Yes	s 🗸 No
b	from tr	," enter the amount of gross income derivensactions with or by the foreign partners income (FDDEI)	hip that the filer in	cluded in its computat	ion of foreign-c	erived d	eduction		
С		," enter the amount of gross income der cluded in its computation of FDDEI							
d		," enter the amount of gross income deried in its computation of FDDEI							
13		he number of foreign partners subject to stractions							N/A
14		time during the tax year were any transements of Regulations section 1.707-8?.						☐ Yes	s 🗸 No
	would transfe	here any transfers of property or money w require disclosure under Regulations se rs, the amount or value of each transfer, ar	ction 1.703-3 or and an explanation of	1.707-6? If "Yes," att of the tax treatment. Se	ach a statement	nt identif or except	fying the tions	☐ Yes	s 🗸 No
	a 2-yea	partnership assume a liability or receive pro ar period of transferring the property to the pount or value of each transfer, the debt assu Under penalties of perjury, I declare that I have	oartnership? If "Yes med or taken by the	s," attach a statement ic e partnership, and an ex	dentifying the proposed	operty tra tax treatr	nsferred, nent ▶	☐ Yes	
Sign Her f You're This Fori Separate Not With	Filing n ely and	and belief, it is true, correct, and complete. De information of which preparer has any knowled	claration of preparer dge.	other than general partne	er or limited liabilit	y compar	ny member)	is based	on all
Tax Retu		Signature of general partner or limited liab	oility company memb	er	▼ Dat	е			
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	9	Date		Check self-employ	if PTIN	I
Use (Firm's name ▶				F	irm's EIN ▶		
		Firm's address ►					Phone no.		
Sche	dule A	Constructive Ownership o box b, enter the name, addinterest you constructively o	ess, and U.S.	taxpayer identifica ctions.	ation numbe	r (if any			
		a ✓ Owns a direct interest		b Owns a	a constructive in	nterest			
		Name	Ad	ddress	Identification r	number (if	any) f	heck if oreign person	Check if direct partner
01	-ll A	Outlin Dutana of Familia	Double to the	(
scne	dule A	-1 Certain Partners of Foreig	n Partnersnip	(see instructions)					Check if
		Name	Ad	ddress	Identific	cation nun	nber (if any)		foreign person
Sche	dule A	-2 Foreign Partners of Section	n 721(c) Partn	ership (see instru	ctions)				
Name o	of foreign	Address	Country of organization	U.S. taxpayer identification number	Check if related t	0	Percenta	age inter	est
pai	tner	Address	(if any)	(if any)	U.S. transferor	C	apital		Profits
		N/A					%		%
							%		%
		tnership have any other foreign perso				11		☐ Yes	
sche	dule A	Affiliation Schedule. List a direct interest or indirectly o			stic) in which	the fo	reign pa	rtnersl	
		Name	Ad	ddress	EIN (if any)		Total or income		Check if foreign partnership

Sch	edule	Income Statement—Trade or Business Income			
Cauti	on: Inc	lude only trade or business income and expenses on lines 1a through 22	below. See the instructions	for mo	ore information.
	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances		1c	
	2	Cost of goods sold		2	
<u>e</u>	3	Gross profit. Subtract line 2 from line 1c		3	
Income	4	Ordinary income (loss) from other partnerships, estates, and trusts (attac		4	
ည			•	5	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))		H-1	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	Total income (loss). Combine lines 3 through 7		8	
(SI	9	Salaries and wages (other than to partners) (less employment credits)		9	
tior	10	Guaranteed payments to partners		10	
nita	11	Repairs and maintenance		11	
or lir	12	Bad debts		12	
(see instructions for limitations)	13	Rent		13	
tior	14	Taxes and licenses		14	
truc	15	Interest (see instructions)		15	
ins	16a	Depreciation (if required, attach Form 4562)	1		
see	b	Less depreciation reported elsewhere on return		16c	
	17	Depletion (Don't deduct oil and gas depletion.)		17	
jo				\vdash	
Deductions	18	Retirement plans, etc.		18	
qn	19	Employee benefit programs		19	
)e	20	Other deductions (attach statement)		20	
_	21	Total deductions. Add the amounts shown in the far right column for lin		21	
	22	Ordinary business income (loss) from trade or business activities. Sub-		22	
ιt	23	Reserved for future use		23	
Payment	24	Reserved for future use		24	
yn	25	Reserved for future use		25	
Pa	26	Reserved for future use		26	
q	27	Reserved for future use		27	
and	28	Reserved for future use		28	
Тах	29	Reserved for future use		29	
ĭ	30	Reserved for future use		30	
Sche	edule			"	Total amount
Com	1	Ordinary business income (loss) (Schedule B, line 22)		1	Total alliount
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	9	3a	-	
	b		3b		
	C		1	3c	
	4	Guaranteed payments: a Services 4a b Capital	4b		
Income (Loss)	С			4c	
Ÿ	5	Interest income		5	
_	6	Dividends and dividend equivalents: a Ordinary dividends	, . ,	6a	
Ĕ		b Qualified dividends	6b		
္ပ		c Dividend equivalents	6c		
드	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .		8	
	9a			9a	
	b		9b		
	C		9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) (1) Type ►		11(2)	
S	12	Section 179 deduction (attach Form 4562)		12	
ü	13a			13a	
ċţ				13b	
ň	b	•			
Deductions	C	Section 59(e)(2) expenditures: (1) Type ► Other deductions (see instructions) (1) Type ►		13c(2)	
		Camer deductions (see instructions) (1) TVDA ▶	(2) Amount ▶	134(2)	

	()						. age .
Sche	dule K	Partners' Distributive Share Ite	ms (continued)				Total amount
- &-	14a	Net earnings (loss) from self-employment.				14a	
Self- Employ- ment	b	Gross farming or fishing income			[14b	
0 E c	С	Gross nonfarm income				14c	
	15a	Low-income housing credit (section 42(j)(5))				15a	
Ø	b	Low-income housing credit (other)				15b	
Credits	С	Qualified rehabilitation expenditures (rental	real estate) (attach Fo	orm 3468)		15c	
Š	d	Other rental real estate credits (see instruction	ons) Type ▶			15d	
O	е	Other rental credits (see instructions)	T 6			15e	
	f	Other credits (see instructions)	Type ►			15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners this box to indicate that you are reporting it			, and check		
×	17a	Post-1986 depreciation adjustment				17a	
Ve Ta	b	Adjusted gain or loss			[17b	
lati Te	С	Depletion (other than oil and gas)			[17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross	income			17d	
₹₹₹	е	Oil, gas, and geothermal properties-deduc	tions			17e	
	f	Other AMT items (attach statement)				17f	
Z Z	18a	Tax-exempt interest income				18a	
Other Information	b	Other tax-exempt income	-	18b			
Ĕ	С	Nondeductible expenses	i	18c			
õ	19a	Distributions of cash and marketable securi			-	19a	
<u>=</u>	b	Distributions of other property				19b	
Jer	20a	Investment income			+	20a	
₹	b	Investment expenses				20b	
	C	Other items and amounts (attach statement				04	
Soho	∣ 21 dule L	Total foreign taxes paid or accrued Balance Sheets per Books. (No	t required if Item I		· · · ·	21	
SCITE	uule L	balance Sheets per books. (110		of tax year			f tax year
		Assets	(a)	(b)	(c)	Elia oi	(d)
1	Cash		(4)	(2)	(0)		(4)
2а		notes and accounts receivable					
		lowance for bad debts					
3	Invento						
4		overnment obligations					
5		empt securities					
6		current assets (attach statement)					
7a	Loans t	to partners (or persons related to partners)					
b	Mortga	ge and real estate loans					
8	Other i	nvestments (attach statement)					
9a	Buildin	gs and other depreciable assets					
b	Less a	ccumulated depreciation					
10a		able assets					
b		ccumulated depletion					
11		net of any amortization)					
		ble assets (amortizable only)					
b	Less a	ccumulated amortization					

Sch <u>e</u>	edule L Balance Sheets per Books	. (Not required	if Iten	η H	11, page 1, is an	swered "Y	'es.") (cc	ontinued)
	·	<u> </u>			f tax year			tax year
		(a			(b)	(c)		(d)
13	Other assets (attach statement)	·	,		\~/	(0)		(*)
	Other assets (attach statement)							
14	Total assets							
	Liabilities and Capital							
15	Accounts payable							
16	Mortgages, notes, bonds payable in less than 1 years	ar						
17	Other current liabilities (attach statement)							
18	All nonrecourse loans							
19a	Loans from partners (or persons related to partne							
b	Mortgages, notes, bonds payable in 1 year or m	-						
20	Other liabilities (attach statement)							
21	Partners' capital accounts							
22	Total liabilities and capital							
sche	dule M Balance Sheets for Intere	st Allocation			1			
					(a)			(b)
					Beginning			End of
					tax year	r		tax year
1	Total U.S. assets							
2	Total foreign assets:							
а	Passive category							
b	General category							
Sobe	Other (attach statement)	/I ass\ nor B	ooko V	· ·	h Incomo /I cos	V por Dot		at required if Item
SCITE	edule M-1 Reconciliation of Income		OOKS	VVIL	n income (Loss) per net	urn. (INC	or required it item
	H11, page 1, is answered "	res.)						
			6	Inc	ome recorded on	books th	is	
1	Net income (loss) per books .				year not in		on	
2	Income included on Schedule K,				nedule K, lines 1		11	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				mize):	· ·		
	and 11, not recorded on books		а		c-exempt interest	6		
	this tax year (itemize):							
	\$		_					
•	Ť		7		ductions included			
3	Guaranteed payments (other				ines 1 through 13d			
	than health insurance)		1		rged against book	income th	is	
4	Expenses recorded on books				year (itemize):			
	this tax year not included on		a	De	oreciation \$			
	Schedule K, lines 1 through							
	13d, and 21 (itemize):							
а	Depreciation \$						L	
b	Travel and entertainment \$		8	Add	d lines 6 and 7 .			
			9	Inc	ome (loss). Subt	tract line	8	
5	Add lines 1 through 4		1		m line 5			
	edule M-2 Analysis of Partners' Cap	tal Accounts	(Not r	eai	ired if Item H11	page 1 is	s answei	red "Yes.")
1	Balance at beginning of tax year	/ 1000411101	6		tributions: a Cash			1001
	Capital contributed:		"	סוס				
2	•		_	O.:		erty	-	
	a Cash		7	Oth	er decreases (item	ııze): \$		
	b Property		1					
3	Net income (loss) per books .		1					
4	Other increases (itemize): \$							
			8	Add	d lines 6 and 7 .			
			9	Bal	ance at end o	f tax vea	ır.	
5	Add lines 1 through 4				otract line 8 from li			

Form 8865 (2021)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
	(patents, trademarks, etc.) .				
3	Compensation received for				
	technical, managerial, engineering, construction, or				
	like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.) .				
13	Compensation paid for				
	technical, managerial, engineering, construction, or				
	like services				
14	Commissions paid				
15	Rents, royalties, and license				
16	fees paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See instructions				
				<u> </u>	Form 8865 (2021)

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information. OMB No. 1545-1668

Name of transferor	-					Filer's identifying nu	mber				
KANSAS STATE UNI		NDATION			48-06						
Name of foreign partners			EIN (if any)		Reference ID number (see instructions)						
STRIPES IV OFFSHORE AIV, LP 98-1423490 10 In the market earlier 701(a) market earlier (or defined in Deculations against 1.701(a) 1/(b)/(1.4))2 Con											
 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions											
time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?											
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery per	iod Section 704(c) allocation method	(g) Gain recognized on transfer				
Cash	VAR		361,541								
Stock, notes receivable and payable, and other securities											
Inventory											
Tangible property used in trade or business											
Intangible property described in section 197(f)(9)											
Intangible property, other than intangible property described in section 197(f)(9)											
Other property											
Totals											
3 Enter the tra Supplemental Info			st in the partnership Reported (see instru		nsfer 0.756.	3% (b) After the	e transfer 0.7786%				
Part II Dispos	itions Repor	table Under S	Section 6038B								
(a) Type of property	(b) Date of original transfer	(c) Date of	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner				
Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?											