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DLN: 93493130006190

## Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

For th	e 2008	calendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-2009		D. F					
Check if	f applicat	ole <b>Please</b>	C Name of organization The Kansas University Endowment Associ	ciation		D Employer ider	ntification number				
Address	change	use IRS label or		48-0547734 E Telephone number							
Name c	hange	print or	Doing Business As KU Endowment			E Telephone nui	mber				
Initial re	eturn	type. See Specific	Number and street (or P O box if mail is	s not delivered to street address	s) Room/suite	(785) 832-7					
Termina	ation	Instruc- tions.	PO Box 928	, not don't or out to street duding	, resin, saits	G Gross receipts	<b>s</b> \$ 414,323,909				
	ed return		City or town, state or country, and ZIP + Lawrence, KS 660440928	4							
Applicat	on pend										
			me and address of Principal Officer euferling			s a group return					
		PO Bo	-		affiliat	es?	ΓYes <b>Γ</b> Νο				
			ce,KS 660440928	_	H(b) Are all	affiliates include	d?				
Tax-ex	empt sta	tus 🔽 501(d	) ( 3 ) ◀ (Insert no )	527	•	•	See instructions )				
Webs	site: 🕨	www kuendow	ment org		H(c) Group	Exemption Nur	nber ►				
- Γype of α	organızat	cion 🔽 Corpora	tion trust association other •		<b>L</b> Year of For	mation 1891 M S	State of legal domicile K				
art I	<b>3</b> c	mmary									
1		mmary Ty describe th	e organization's mission or most sig	nificant activities							
*		ersity Suppoi	•	inicant activities							
	Olliv	ersity Suppor	·								
2	Cher	k this hav	if the organization discontinued its o	onerations or disposed of	more than 21	5% of its assets					
3		,									
-		_	members of the governing body (Part	·							
4			ndent voting members of the governi		)						
5			nployees (Part V, line 2a)				287				
6			olunteers (estimate if necessary) .			_	72				
			ted business revenue from Part VIII		•		83,565				
	<b>b</b> Net	unrelated bus	iness taxable income from Form 990	)-T, line 34		7b	33,895				
					Prio	r Year	Current Year				
8	Coi	ntributions an	d grants (Part VIII, line 1h)		87,578,360	102,470,77					
9	Pro	gram service	revenue (Part VIII, line 2g)		1,991,268	2,134,15					
10	Inv	estment inco	me (Part VIII, column (A), lines 3, 4	, and 7d)	1	110,273,456 32,77					
11	. Oth	ner revenue (F	art VIII, column (A), lines 5, 6d, 8c		15,721,479	9,812,45					
12	Tot 12		dd lines 8 through 11 (must equal P	art VIII, column (A), line		215,564,563	147,194,93				
13	Gra	ints and simil	ar amounts paid (Part IX, column (A)		28,452,063	29,790,66					
14	Ber	nefits paid to	or for members (Part IX, column (A),								
15	Sal	arıes, other c	ompensation, employee benefits (Pa	-	25,503,852	29,896,45					
16	10) a Pro	•	draising fees (Part IX, column (A), lir		23,303,032	320,24					
							320,24				
			penses, Part IX, column (D), line 25 7,866,7			74.400.000					
17			(Part IX, column (A), lines 11a-11d		74,493,986	64,140,39					
18			-add lines 13–17 (must equal Part I		1	128,449,901	124,147,76				
, 19	Rev	enue less ex	penses Subtract line 18 from line 12	2		87,114,662	23,047,16				
20 21 22					Beginnii	ng of Year	End of Year				
20	Tot	al assets (Pa	rt X, line 16)		1,5	520,497,367	1,198,110,77				
21	. Tot	al liabilities (	Part X, line 26)		2	238,009,464	155,656,55				
22	Net	assets or fu	nd balances Subtract line 21 from lir	ne 20	1,2	282,487,903	1,042,454,21				
art I	I Si	gnature Bl	ock								
			erjury, I declare that I have examined this re								
		pelier, it is true,	correct, and complete Declaration of prepar	er (otner than officer) is based	1		r nas any knowledge				
ease gn		Signature of office	ar.		2010- Date	05-10					
re	- [[	-			Date						
		effrey W Davis Type or print nar									
	<u>                                      </u>	ype or print nar	ie and title	<u> </u>		1					
		arer's			heck if elf-	Preparer's PTIN (	See Gen Inst )				
id	signa	ature <b>P</b>		1	mpolyed •						
eparer'		's name (or you	s 👠 Ernst & Young US LLP		•						
e Only	, If sel	f-employed), ess, and ZIP + 4				EIN Þ					
•	auul	<i>,</i> and <i>L</i> 17 + 4	5451 Lakeview Parkway South Drive			Phone no 🕨 (31	7) 280-3400				
	1		Indianapolis, IN 46268				•				
.,			urn with the preparer shown above? (			•	Vas I No				

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	To build a greater university than the state alor advancement of the University of Kansas	ne can build, it is the missio	n of KU Endowment to so	olicit, receive and administer gifts a	and bequests for the support and
	Did the every material and every			which were not listed on	
2	Did the organization undertake any sit the prior Form 990 or 990-EZ?	gnificant program serv		which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?  If "Yes," describe these changes on S		hanges in how it cond	ducts any program	┌ Yes ┌ No
4	Describe the exempt purpose achieve		organization's three l	argest program services hy	eynenses
	Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947(a)(1) tru	sts are required to re	port the amount of grants a	
4a	(Code ) (Expenses \$ Student Supportvirtually all scholarships, averepresent 103 of the 105 counties in Kansas, year	wards and fellowships awar			
	(0.1	22.524.245		400 407 \ 40	
4Ь	(Code ) (Expenses \$ Faculty Support increased by 16 percent ove provided more than 86 percent of total fundinvaluable in creating the vibrant teaching ar	r the previous year In addi	ofessors, including 145 pr	ofessors who hold named endowe	
<b>4</b> c	(Code ) (Expenses \$ Program and Educational support increased be scholars, artists and performers to KU It also	by 32 percent from the prev			6,947,371 ) nc programs and brings renowned
	(Code ) (Expenses \$	22,125,671 II	ncluding grants of \$	) (Revenue \$	186,483 )
4d	Other program services (Describe ii	n Schedule O \			
TU	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	105,784,977	Must equal Part IX,	Line 25, column (B).	

art IV	Chec	klist of	Required	Schedules
		NIISL VI	IXC quii Cu	Schodules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
			1 62	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$ .	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	17	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	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		No
37	Did the organization conduct more than 5 percent 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		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			· age e
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
_	1a 1,177			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ , VI			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h		
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations Enter			
а	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 )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

2

3

4

5

6

7a

7b

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
number of the second of Cohodula O. Con undergotions

	ror each Yes response to lines 2-7 below, and for a INO response to lines 8 or 9b below	r, aescribe the circumstance	5,
	processes, or changes in Schedule O. See instructions.		
а	Enter the number of voting members of the governing body	1a	75

b	Enter the number of voting members that are independent	1b			70
	Did any officer, director, trustee, or key employee have a family relationship or a bus	iness	relation	ship with	any
	other officer, director, trustee, or key employee?				

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

supervision of officers, directors of trustees, of key employees to a management company of other person.	•
Did the organization make any significant changes to its organizational documents since the prior Form 990 v	was
filed?	

Did the organization become aware during the year of a	mat	eria	ıldı	vers	sion	of t	he d	orga	nıza	atioi	n's a	asse	ets?		
Does the organization have members or stockholders?															

•																										
Does the organiz	atıo	n ha	ave	mei	nbe	rs, s	stoc	kho	lde	rs, c	or ot	her	per	son	s wh	no n	пау	eled	ct o	ne c	r m	ore	me	mbe	rs of	the
governing body?																•										

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

d the	organization	contemporaneously	document the	meetings	held or written	actions	undertaken d	uring the
ar by	the following							

	,	•	_																				
а	the g	overning body	17																		•		
ь	each	committee wi	th a	uth	orit	ty to	оас	t on	ı be	half	oft	he c	jove	rnır	ng b	ody'	?.						

1	Does the organization have local chapters, branches, or affiliates?
ь	If "Yes." does the organization have written policies and procedures governing the activities of such chapters.

D	if Yes, does the organization have written policies and procedures governing the activities of such chapters,
	affiliates, and branches to ensure their operations are consistent with those of the organization?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

	cc																	
must describ	e ın Sc	hedule	e O the	proce	ss, ıf an	y, the or	ganıza	tion u	ses to	revi	ew th	e Fo	rm 990					
Was a copy o	f the Fo	orm 99	90 pro	vided t	o the or	ganızatıc	on's go	vernir	ng body	/ bef	ore it	was	filed? A	ll org	anı:	zatı	ons	ذ

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	t
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OK, NJ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. In another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Jeffrey W Davis Treasurer

Jeffrey W Davis Treasurer 1891 Constant Avenue Lawrence, KS 660473743 (785) 832-7400

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

			(C) Position (check all that apply)						(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-		-+					
			-							
							Н			
			-		$\vdash$					
			$\vdash$	$\vdash$	$\vdash$		Н			
1b Total							•	1,440,899	9	317,247
2 Total number of individuals (including	thoso in 1	2 ) who		v o d	moro	. +h > +	. d 1	00 000 in rapartabl		•

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

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

#### **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

<b>(A)</b> Name and business address	(B) Description of services	(C) Compensation
Turner Construction Co Inc 2345 Grand Blvd Ste 1000 Kansas City, MO 64108	Construction	2,811,814
RMT Construction Co Inc PO Box 2225 Olathe, KS 66051	Construction	1,403,122
B A Green Construction Co Inc PO Box 8 Lawrence, KS 660440008	Construction	1,320,777
Wellington Management Company LLP 75 State Street Boston, MA 021091827	Investment Management	936,947
Cambridge Associates LLC 100 Summer St Ste 1300 Boston, NY 021102104	Investment Consulting	700,520
Total number of independent contractors (including those in from the organization		34

### Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D)  Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					
nts ots	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising av	<b>1b</b> vents	16,507,580				
ts, am			1c					
	d	Related organi						
ıns, sim	e	Government gran				ļ		
utio	f		ions, gifts, grants, and not included above	77,947,943				
윤항		N	<b>1f</b>					
E DE	g	lines 1a-1f \$	ributions included in 4,452,446					
O fe	h		es 1a-1f)	[	102,470,771			
				Business Code				
апи	2a	Loan Interest		522,200	1,947,674	1,947,674		
<b>е</b> ме	b	Apartment Rental	ls	531,110	113,835	113,835		
еВ	c	Building Lease		531,120	50,884	50,884		
Program Serwce Revenue	d	Other Real Estate	!	531,390	21,764	21,764		
35	e							
Tan	f	All other progr	ram service revenue					
Ρřος	g	Total. Add line ► \$ 2,134,157	es 2a-2f					
	3		come (including divi	dends, ınterest				
		other sımılar a	imounts)		36,476,931	960,805		35,516,126
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .		•	1,554,908			1,554,908
		[	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	262,655,523	128,180				
		from sales of assets other						
	ь	than inventory Less cost or	266,428,828	54,255				
		other basis and sales expenses						
	c	Gain or (loss)	-3,773,305	73,925				
	d	Net gain or (lo		. ▶	-3,699,380		-13,874	-3,685,506
	8a		from fundraising					
		events (not inc	cluding 4,788					
an		Ψ	is reported on line					
듄		1c) See Part I	IV , line 18 e G if total exceeds					
Rei		\$15,000		16,507,580				
Other Revenue	ь	Less directe	xpensesb	645,896				
Oth	С	Net income or	(loss) from fundraisi	ing events	4,038,892	4,038,892		
	9a	Gross income		F				
		activities See Complete Sched	part IV , line 19 dule G if total					
		exceeds \$15,00						
	ь		a xpensesb					
	c		xpensesb  (loss) from gaming a	activities				
				▶				
	10a	Gross sales of returns and all	finventory, less lowances •					
			а					
	b	Less cost of						
	С	Net income or Miscellaneou	(loss) from sales of	Business Code				
	11a	Other Receipt		900,099	3,267,004			3,267,004
	ь	A griculture	<i>3</i>	110,000	854,208			854,208
	c	Oil & Gas Extr	raction	211,110	97,439	<del>-</del>	97,439	
							·	
	d e	All other rever				+		
				\$ 4,218,651				
	12	<b>Total Revenue</b> 8c,	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	147,194,930	7,133,854	83,565	37,506,740
			.1e	. ►[				
								Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	29,790,663	29,790,663		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,065,174		691,348	373,826
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	26,483,664	18,720,141		4,708,497
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,026,030		1,026,030	
9	Other employee benefits	710,830		322,511	388,319
10	Payroll taxes	610,756		215,704	395,052
11	Fees for services (non-employees)				
а	Management				
b	Legal	229,193	90,562	136,901	1,730
c	Accounting	512,636		512,636	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	320,247			320,247
f	Investment management fees	3,878,440	410,713	3,467,727	
g	Other	3,815,233	3,533,338	114,214	167,681
12	Advertising and promotion	908,105	425,207	43,645	439,253
13	Office expenses	3,658,329	2,999,008	182,252	477,069
14	Information technology	706,199	655,120	51,079	
15	Royalties	718,424	577,524	116,826	24,074
16	Occupancy	203,126	37,203	125,699	40,224
17	Travel	2,947,563	2,536,385	52,648	358,530
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	446,019	316,265	32,250	97,504
20	Interest	516,296	516,296		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	911,050	652,580	200,015	58,455
23 24	Insurance	199,246	115,419	83,827	
а	Transfers to University	19,874,799	19,874,799		
ь	Construction	14,664,584	14,664,584		
c	Equipment & Furnishings	4,429,212	4,424,255	4,458	499
	Official Hospitality	3,039,485	3,039,485	,,,,,,	
e	Unrelated Business Tax	36,635		36,635	
f	All other expenses	2,445,823	2,405,430	24,554	15,839
25	Total functional expenses. Add lines 1 through 24f	124,147,761	105,784,977	10,495,985	7,866,799
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. , .	. , .		rm <b>990</b> (2008)

Part X	Balance	Shoot
	Balance	Sneer

			(A)		(B)
	١	Cook was interest because	Beginning of year 338.621	1	End of year -83,274
	1	Cash—non-interest-bearing	<u>'</u>		· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments	48,326,313	$\vdash$	71,284,696
	3	Pledges and grants receivable, net	28,630,920	H	50,155,127
	4	Accounts receivable, net	10,922,454	4	10,605,841
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	d	6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges		9	
Assets	10a	Land, buildings, and equipment cost basis   10a   38,350,38	i4		
-4	b	Less accumulated depreciation Complete Part VI of	$\dashv$		
		Schedule D	24,855,219	10c	24,853,433
	11	Investments—publicly traded securities	1,200,219,650	11	910,029,683
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	8,532,549	12	8,010,223
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.	20,948,862	13	22,810,548
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	177,722,779		100,444,495
		D	, ,	15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,520,497,367	16	1,198,110,772
	17	Accounts payable and accrued expenses .	164,646,701	17	94,750,605
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D	73,362,763	21	60,905,951
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	238,009,464	26	155,656,556
		Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27			
9		through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	157,235,873	27	109,040,301
Ba	28	Temporarily restricted net assets	742,856,102	28	546,282,476
Ξ	29	Permanently restricted net assets	382,395,928	29	387,131,439
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,282,487,903	33	1,042,454,216
Z	34	Total liabilities and net assets/fund balances	1,520,497,367	34	1,198,110,772
Pa	rt XI	Financial Statements and Reporting		_	

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130006190

Employer identification number

OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

The K	ansas l	Jniversity Endo	wment Association									
									-054773			
	rt I			harity Status (to be co					Instruct	ions)		
	organı			ation because it is (Please								
1	<u> </u>			iurches, or association of ch			Sect ion	170(b)(1)(	(A)(i).			
2	<u> </u>	A school de	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3		A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Г	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the										
		hospital's name, city, and state										
5	굣	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	)(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	$\sqcap$	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	С
		described i	n <b>Sect ion 170(</b> b	<b>)(1)(A)(vi)</b> (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ıs, membe	ership fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (	less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III	)			
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509(	( <b>a)(4).</b> (S	ee ınstruc	tions )	
11	$\sqcap$			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	.Check
		a T		type of supporting organiza  Type II c		omplete li - Functioi			h <b>d</b>	Гтира	III - Ot	hor
e	$\vdash$	·		rtify that the organization is			•	•		' ''		
_	'	•	- ,	agers and other than one or			•			•	•	
		section 50			•	, , ,	-				. , ,	,
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zation,
_		check this		as the organization accepted	d any gift	or contrib	ution from	any of the				ı
g		following pe		as the organization accepted	u any gni	or contrib	ution non	i ally of the	·			
				r indirectly controls, either a	alone or to	gether wi	th person	s describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	member of a p	erson described in (i) above	?					11g(	ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	(i) or (ii) a	bove?				11g(	iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did	you notify	(vi) 1	s the	(vii) Ar	nount of
		oorted		(described on lines 1-9	_	ation in		anızatıon	_	ation in	supp	ort?
	0 rgar	nization		above or IRC section (See Instructions))		listed in		i) of your		rganized		
(See Instructions)) your governing document?					_	sup	port?	in the	US?			
	Yes No Yes No Yes No					1						
								<u> </u>		-		
								<del> </del>				
								1				
								1				
						1				1		

Total

# Support Schedule for Organizations Described in IRC 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.)

	this Support	Ked tile DOX O	11 IIIIE 3, 7, UI	o oi rait I.)				
	iblic Support	(=) 2004	(b) 2005	(-) 2006	(4) 2007	/->	700c T	(£) T - + - 1
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not	80,553,659	81,451,388	73,628,166	87,578,360	1	02,470,771	425,682,344
	include any "unusual grants ")	00,333,033	01,131,300	75,020,100	07,370,300	-	02,170,771	123,002,311
2	Tax revenues levied for the organization's							
_	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	80,553,659	81,451,388	73,628,166	87,578,360	1	02,470,771	425,682,344
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							15,872,165
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
_	(f)							
6	Public Support subtract line 5 from line 4							409,810,179
т,	otal Support							
		(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(-)	2008	(6) Tatal
	endar year (or fiscal year beginning in)	80,553,659	25,262,380	73,628,166	87,578,360		02,470,771	<b>(f)</b> Total 425,682,344
7	A mounts from line 4	80,555,059	23,202,300	73,028,100	87,378,300	1,	32,470,771	423,002,344
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	17,483,597	25,262,380	39,697,950	55,295,296	4	41,192,246	178,931,469
	sources							
9	Net income from unrelated business							
_	activities, whether or not the business is	162,761	354,993	368,615	92,132		33,895	1,012,396
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV )							
	Total Support (Add lines 7 through 10)							605,626,209
12	Gross receipts from related activities, etc	(See instruction	s)			12		86,862,362
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		
	organization, check this box and <b>stop here</b>							▶┌
Co	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		<b>67.670</b> %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		60.560 %
16a	33 1/3% Test - 2008. If the organization did	I not check the b	novon line 13 a	and line 14 is 33	1/3% or more		this hox	
	and <b>stop here.</b> The organization qualifies as				1,570 01 111010,	CHOCK	till box	<b>▶</b> ▽
b	33 1/3% Test - 2007. If the organization die		-		.5 is 33 1/3% o	r more	, check thi	•
	box and <b>stop here.</b> The organization qualifie				,		,	<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac	ts and circumst	ances" test, che	eck this box and	stop here. Exp	laın ın	Part IV ho	w the
	organization meets the "facts and circumst							▶□
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
40	the organization meets the "facts and circu							<b>►</b>
18	<b>Private Foundation.</b> If the organization did	not check the bo	ox on line 13, 16	oa, 16b, 1/a or :	1/b, check this	рох а	na see	<b>▶</b> □
	instructions							<del>-</del>

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 48-0547734

Name: The Kansas University Endowment Association

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Dale W Seuferling , President	40 00	Х		Х				296,853	0	82,180
D Jerome Davies , Secretary/SrV P Developme	40 00	Х		х				190,661	0	28,636
Jeffrey W Davis , Treasurer/Sr V P Finance	40 00	Х		х				174,289	0	58,939
PJ Jım Adam , Trustee (Volunteer)	10	Х						0	0	0
Kenneth G Adams , Trustee (Volunteer)	10	Х						0	0	0
Dana K Anderson , Trustee (Volunteer)	50	Х						0	0	0
Philip F Anschutz , Trustee (Volunteer)	10	Х						0	0	0
Polly Roth Bales , Trustee (Volunteer)	10	Х						0	0	0
Frank J Becker , Trustee (Volunteer)	3 00	Х						0	0	0
Lydıa I Beebe , Trustee (Volunteer)	10	Х						0	0	0
Beverly Smith Billings , Trustee (Volunteer)	1 00	X						0	0	0
Dan P Bolen , Trustee (Volunteer)	10	Х						0	0	0
David G Booth , Trustee (Volunteer)	10	Х						0	0	0
Tom E Bowser , Trustee (Volunteer)	10	X						0	0	0
Gene A Budıg , Trustee (Volunteer)	10	X						0	0	0
David M Carr , Trustee (Volunteer)	1 00	X						0	0	0
Anderson W Chandler , Trustee (V olunteer)	10	×						0	0	0
Howard E Cohen , Trustee (Volunteer)	1 00	Х						0	0	0
Lında Zarda Cook , Trustee (Volunteer)	10	Х						0	0	0
Cathy L Daicoff , Trustee (Volunteer)	10	Х						0	0	0
John B Dicus , Trustee (Volunteer)	1 00	X						0	0	0
John C Dicus , Trustee (Volunteer)	10	Х						0	0	0
David B Dillon , Trustee (Volunteer)	1 00	X						0	0	0
William R Docking , Trustee (Volunteer)	3 00	X						0	0	0
Robert L Driscoll , Trustee (Volunteer)	1 00	X						0	0	0
Archie R Dykes , Trustee (Volunteer)	10	X						0	0	0
RA Edwards , Trustee (Volunteer)	3 00	Х						0	0	0
John G Erıksen , Trustee (Volunteer)	10	X						0	0	0
Ray D Evans , Trustee (Volunteer)	1 00	Х						0	0	
Sam Evans , Trustee (Volunteer)	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		<b>(C)</b> Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Lewis D Gregory , Trustee (Volunteer)	1 00	Х						0	0	0	
David E Hall , Trustee (Volunteer)	10	Х						0	0	0	
Edward J Healy , Trustee (Volunteer)	1 00	Х						0	0	0	
Charles E Heath , Trustee (Volunteer)	1 00	Х						0	0	0	
Ellen Jurden Hockaday , Trustee (V olunteer)	10	Х						0	0	0	
William E Hogan II , Trustee (Volunteer)	10	Х						0	0	0	
Forrest E Hoglund , Trustee (Volunteer)	10	Х						0	0	0	
Stewart R Horejsı , Trustee (Volunteer)	10	Х						0	0	0	
John D Hunkeler , Trustee (Volunteer)	10	Χ						0	0	0	
A Drue Jennings , Trustee (Volunteer)	3 00	Х						0	0	0	
Jeff M Johnson , Trustee (Volunteer)	1 00	Х						0	0	0	
Thomas L Kıvısto , Trustee (Volunteer)	10	Х						0	0	0	
HW Knapheide III , Trustee (Volunteer)	1 00	Х						0	0	0	
Robert A Long , Trustee (Volunteer)	10	Х						0	0	0	
Dorothy Wohlgemuth Lynch , Trustee (Volunteer)	10	Х						0	0	0	
Kent C McCarthy , Trustee (Volunteer)	10	Х						0	0	0	
Mıchael T McCoy , Trustee (Volunteer)	10	Х						0	0	0	
Janet Martin McKinney , Trustee (Volunteer)	10	Х						0	0	0	
Tyrone C Means , Trustee (Volunteer)	10	Х						0	0	0	
MD Mıchaelıs , Trustee (Volunteer)	3 00	Х						0	0	0	
Brian L Mitchell , Trustee (Volunteer)	1 00	Х						0	0	0	
John W Mıze , Trustee (Volunteer)	1 00	X						0	0	0	
Joe C Morris , Trustee (Volunteer)	10	Х						0	0	0	
Laırd G Noller , Trustee (Volunteer)	10	Х			<u> </u>			0	0	0	
Charles E Rhoades , Trustee (V olunteer)	10	Х						0	0	0	
ES Rıss , Trustee (Volunteer)	1 00	Х						0	0	0	
John H Robinson Jr , Trustee (Volunteer)	1 00	Х						0	0	0	
Jann Crawford Rudkın , Trustee (V olunteer)	1 00	Х						0	0	0	
Gale E Sayers , Trustee (Volunteer)	10	Χ						0	0	0	
John C Shawver , Trustee (Volunteer)	1 00	Χ				<u> </u>		0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										,	
		<b>(C)</b> Position (check all that apply)								(F)	
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Mıchael G Shınn , Trustee (Volunteer)	1 00	Х						0	0	0	
Dolph C Sımons III , Trustee (V olunteer)	10	Х						0	0	0	
Lında Ellıs Sıms , Trustee (Volunteer)	1 00	Х						0	0	0	
Steve W Sloan , Trustee (Volunteer)	1 00	Х						0	0	0	
Glee S Smith Jr , Trustee (Volunteer)	10	Х						0 0		0	
John T Stewart III , Trustee (Volunteer)	3 00	Х						0 0		0	
Todd L Sutherland , Trustee (Volunteer)	3 00	Х						0	0 0		
Deanell Reece Tacha , Trustee (V olunteer)	3 00	Х						0	0	0	
Fenton R Talbott , Trustee (Volunteer)	1 00	X						0	0	0	
Robert D Taylor , Trustee (Volunteer)	1 00	Х						0	0	0	
Robert M Thomas Jr , Trustee (Volunteer)	1 00	Х						0	0	0	
Kenneth J Wagnon , Trustee (Volunteer)	10	X						0	0	0	
Kurt D Watson , Trustee (Volunteer)	5 00	Х						0	0	0	
Thomas G Wiggans , Trustee (Volunteer)	1 00	Х						0	0	0	
David C Wysong , Trustee (Volunteer)	10	Х						0	0	0	
Stephanie Grinage , VP Medical Development	40 00				х			151,863	0	19,028	
James Mechler , VP Development	40 00					Х		140,825	0	24,364	
William Green , SVP Information Systems	40 00					х		137,734	0	26,697	
Clark Cropp , SVP Administration	40 00					Х		132,801	0	35,373	
Monte Soukup , VP Property Management	40 00					Х		109,171	0	19,053	
Rosita Elizalde-McCoy , SVP Communications & Mkt	40 00					х		106,702	0	22,977	

#### DLN: 93493130006190

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	<b>s," to Form 990, Part IV, Line 5 (Pr</b> zations_complete Part III	oxy Tax)				
Na	me of the organization e Kansas University Endowment Associa	·		Employer ider 48-0547734	ntification number		
Par		oy all organizations exempt of the instructions for Schedule (					
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV			
2	Political expenditures				\$		
3	Volunteer hours						
Par	<b>To be completed b</b> for Schedule C for d	oy all organizations exempt etails.)	under sectioi	<b>501(c)(3).</b> (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955	\$		
3	If the organization incurred in	┌ Yes					
4a	Was a correction made?				┌ Yes		
Ь	If "Yes," describe in Part IV						
Par		y all organizations exempt ( for Schedule C for details.)	under sectioi	1 501(c), except sec	tion 501(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities						
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ted to other orga	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	ı organızatıon's own ınterna Hitical organızatıon, such a	al funds or were s a separate		
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
		<u> </u>					

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

section 4911 tax for this year?

┌ Yes ┌ No

	,			
P		organizations exempt under section 501(c		68
	(election under sec	tion 501(h)). (See the instructions for Schedule	C for details.)	
	<u>-</u> 5 5	belongs to an affiliated group		
В	Check   If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	52,000		
c	Total lobbying expenditures (add line	52,000		
d	Other exempt purpose expenditures	105,732,977		
е	Total exempt purpose expenditures	105,784,977		
f	Lobbying nontaxable amount Enter t columns—	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
		- 3FW - 41 16	350,000	
_	Grassroots nontaxable amount (ente	•	250,000	
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c	O	

# 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 instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	241	25,242	25,243	52,000	102,726				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000				
f	Grassroots lobbying expenditures									

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that

**Supplemental Financial Statements** 

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service

	me of the organization E Kansas University Endowment Association		Employer identification number	tification number		
	Trained Silversity Endownent Association		48-0547734			
Pā	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complet	te if the		
		(a) Donor advised funds	(b) Funds and other accou	nts		
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised <b>Yes</b>	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		·	∏ No		
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation of natural habitat	tion or pleasure)  Preservation of ar	n historically importantly land are ertified historic structure	а		
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	of a conservation easement			
			Held at the End of	the Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	nts	2b			
c	Number of conservation easements on a certified h	historic structure included in (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf the taxable year <b>&gt;</b>	ferred, released, extinguished, or terminato	ed by the organization during			
4	Number of states where property subject to conserv	vation easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes	☐ No		
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the y	ear ► \$			
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^{7}$	2(d) above satisfy the requirements of sec	T Yes	┌ No		
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia ements	I statements that describes			
Pai	Complete if the organization answered		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets help provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service	е,		

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D

**-**\$

-820

763,624

Par	ter Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Treas</u>	ures, or Othe	<u>er Similar</u>	Asset	<b>S</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing that a	re a significant	use of its col	lection		
а	▼ Public exhibition		d	~	Loan or exc	change program	S			
ь	Scholarly research		e	$\sqcap$	Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further the	organization's e	xempt purpo	se in		
_	Part XIV				,	<b>g</b>				
5	During the year, did the organization solicit						mılar			<b></b>
Do.	assets to be sold to raise funds rather than to the Trust, Escrow and Custodial A						varad "Vac!			V No
PG	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anization ansv	vereu res	to roi	ל ווו	<i>3</i> 0,
1a	Is the organization an agent, trustee, custod					or other assets	not			_
	included on Form 990, Part X?							ΓY	es	✓ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				_			
								A moun	ıt	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year 1e									
f	f Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					V Y	es	┌ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	f the organizatior (a)Current Year		were Prior		Form 990, Pa Two Years Back (d			Equr V	
1a	Beginning of year balance	753,554,225	(1)	PHOL	real (C)	TWO TEATS BACK   (u	Jilliee fears be	ick   (e)	oui re	als back
ь	Contributions	21,731,857								
c	Investment earnings or losses	-167,933,094								
d	Grants or scholarships	20,809,436								
e	Other expenditures for facilities	13,199,467								
	and programs									
f	Administrative expenses									
g	End of year balance	573,344,085								
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	0 370 %								
ь	Permanent endowment 🕨 59 780 %									
c	Term endowment ► 39 850 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	thata	are held and	admınıstered fo	r the	_		<del></del>
	organization by  (i) unrelated organizations						Г	3a(i)	Yes	No No
	(ii) related organizations		•	•			_	3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization				ule R?.		· . ·	3b		
4	Describe in Part XIV the intended uses of th	e organization's end	lowm	ent fu	nds		L			
Par	rt VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 990, F	Part X, line 10.				
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion (	( <b>d)</b> Boo	ok value
1a	Land				9,723,368	5,580,426	5		1.	5,303,794
b	Buildings				204,500		٦	5,990		9,049,831
	Leasehold improvements				•		<u> </u>			
d	Equipment					4,707,517	4,229	9,931		477,586
e	Other				22,222	2				22,222
Tota	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	), line	10(c).) .	<u> </u>			2	4,853,433
							Schedu	le D (Fo	orm 9	90) 2008

Part VII	Investments-Other Securities. Se	e Form 990, Part X, line	12.	
(	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	erivatives and other financial products			
Closely-he	ld equity interests			
Other				
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 12)	•		
		000 P- I-V I-	- 40	
Part VIII	Investments—Program Related. S	<u>ee Form 990, Part X, lin</u>		d of valuation
	(a) Description of investment type	( <b>b</b> ) Book value		d of valuation · year market value
				·
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX	Other Assets. See Form 990, Part X,			
	(a) Desc	rıptıon		( <b>b)</b> Book value
Trusts Hel	d by Others			27,828,821
Interest in	KU Endowment Charitable Gift Fund			406,031
Special Lib	rary Collections			270,724
Works of A	rt			492,900
LCC Certif	ıcates			425
Remainder	Interests			46,744
Lıfe Insura	nce Policies - Cash Value			8,112,804
Deposits -	State of Kansas & Other			82,283
Federal Stu	ıdent Loan Deposits, Adjusted for Unrecovera	ble		526,047
Collateral 1	for Securities Lending			62,677,716
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) lını	e 15.)		100,444,495
Part X	Other Liabilities. See Form 990, Part	: X, line 25.		
	(a) Description of Liability	(b) A mount	_	
Federal Inc	come Taxes		_	
			_	
			_	
			$\dashv$	
			_	
			_	
			4	
			_	
			_	
			_	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Pai	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	147,194,930
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	124,147,761
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,047,169
4	Net unrealized gains (losses) on investments	4	-260,554,755
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,526,101
9	Total adjustments (net) Add lines 4 - 8	9	-263,080,856
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-240,033,687
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	-116,627,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-259,987,230
3	Subtract line <b>2e</b> from line <b>1</b>	3	143,359,326
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	3,835,604
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	147,194,930
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 2	Total expenses and losses per audited financial statements	1	123,405,783
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,093,626
3	Subtract line <b>2e</b> from line <b>1</b>	3	120,312,157
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 3,835,604		
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,835,604
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	124,147,761
Pai	rt XIV Supplemental Information		· · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130006190

OMB No 1545-0047

2008

**SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization Kansas University Endov	Employer identification number							
ıne	Kansas University Endov	48-0547734							
Pā		rmation on Ac 990, Part IV, lir		ide the United States	s. Complete	e if the orgai	nızatıon answered		
1		•		records to substantiate	the amount	of the grant	s or		
	_	_		assistance, and the se		_			
	the grants or assista	nce					┌ Yes ┌ No		
2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States									
3	Activites per Region (L	Jse Schedule F-1	(Form 990) If ad	ditional space is needed )					
		(h) Number of	(a) Number of	(d) Activities conducted in	(e) If activi	ty listed in (d)			
	(a) Region	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,			(f) Total expenditures in		
	(=,g	region	agents in region			pecific type of s) in region	region		
Cen	tral America and the	0	0	Investment management	3017100(	5) III Tegion	1,019,520		
Carı	bbean			fees netted from the					
				value of investments in					
				foreign corporations					
Tota	als ▶						1,019,520		

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
	I			1	1	1	I

Schedule F (Form 990) 2008

Part IV Supplemental Complete this p	art to provide the information requ	ired in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
Schedule F, Part IV	O ther Information	Schedule F, Part I, Line 3 Income from asset holdings is reported net of related investment expenses, which are disclose as a note to the audited financial statement

Software ID:

**Software Version:** 

**EIN:** 48-0547734

Name: The Kansas University Endowment Association

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493130006190

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Internal Revenue Service	lines 17, 18, or 19,	and by organ	izations tha	Inspection		
Name of the organization The Kansas University E					<b>Employer ide</b> 48-054773	ntification number
Part I Fundraisi	<b>ng Activities.</b> Comp	lete if the	e organiz	zation answered "Yes'	to Form 990, Part I	V, line 17.
1 Indicate whether the a	ns ons ions	nds throug	h any of t		f non-government grants f government grants	5
or key employees  b If "Yes," list the te	listed in Form 990, Part n highest paid individual	VII) or ent s or entitie	ity in con s (fundra	individual (including offic nection with professiona isers) pursuant to agreer 990-EZ filers are not req	l fundraising activities? nents under which the fu	
(i) Name of individual or entity (fundraiser)	(ii) Activity	contributions		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Grenzebach Glier and Associates Inc	Campaign planning, feasibility analysis	Tes	No No	0	320,247	-320,247
Total	1		1			

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

AZ,CO,NJ,NY

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lin eipts greater than \$5,	ne 18, or 000.	report	ted		
			(a) Event #1  20% of Right to Purchase Tickets (event type)	(b) Event #2  Cancer Center Benefit Dinner (event type)	(c) O ther Events  11 (total number)	(Add col	tal Eve (a) th			
ξ	1	Gross receipts	19,692,994	686,005	813,369		21,19	2,368		
Revenue	2	Less Charitable	15,754,395	349,649	403,536		16,50	7,580		
	3	Gross revenue (line 1 minus line 2)	3,938,599	336,356	409,833		4,68	4,788		
	4 Cash Prizes									
Direct Expenses	5	Non-cash Prizes								
	<b>6</b> Rent/Facility costs			49,812	63,670		11	3,482		
	7	Other direct expenses		287,043	245,371		53	2,414		
	8 Direct expense summary Add lines 4 through 7 in column (d)							645,896		
	9 Net income summary Combine lines 3 and 8 in column (d)									
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted moi	e thar	ı		
Revenue		bingo/progressive bingo						(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue								
Ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
ğ M T	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes						
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌					
9 a		er the state(s) in which the organiza the organization licensed to operate				· 9a	Yes	No		
b	If "I	No," Explain								
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a				
11	Doe	es the organization operate gaming a	activities with nonmembe	rs?		11	<u> </u>	<u> </u>		
12		the organization a grantor, beneficiar ned to administer charitable gaming				.   12				

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493130006190 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

> Open to Public **Inspection**

Part I General Information on Grants and Assistance  Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criterian used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Torm 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed  (b) EIN (c) IRC section or grant gra	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
the selection criteria used to award the grants or assistance?	
organization or government If applicable grant cash or government (book, FMV, appraisal, other) or assistance or a	——
University of Kansas1502 Iowa Street 240 C-0 and fellowships a student and facu	ant
	nd ty
2 Enter total number of section 501(c)(3) and government	1
organizations	0

Part III	<b>Grants and Other Assista</b>	nce to Individuals in the United States	. Complete if the organization	answered "Yes	" on Form 990,	Part IV, lır	ne 22
		) if additional space is needed.	·		,	•	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Most disbursements in furtherance of the institution's exempt programs are made for scholarships or salary and similar expenses incurred directly in the active conduct of activities constituting the exempt purpose or function for which the institution is organized and operated. Otherwise, disbursements in furtherance of the institution's exempt programs are made in accordance with procedures or are subject to conditions established by the institution's governing board designed to insure that individuals and organizations receiving disbursements from the organization in furtherance of its exempt programs are adequately investigated to insure that they are qualifying recipients. Students receiving scholarships and fellowships are judged worthy by the University's assessment on the basis of academic achievement, financial need and similar standards, in accordance with applicable gift instruments.

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DLN: 93493130006190

**Employer identification number** 

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

## **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 OMB No 1545-0047

Open to Public Inspection

The	Kansas University Endowment Association					
В-	O sellere Bree dies Commenties		48-0547734			
Ра	rt I Questions Regarding Compensation				I .,	г
			1		Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	☐ Housing allowance or residence fo	r personal use			
	▼ Travel for companions	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initia	tion fees			
	Discretionary spending account	Personal services (e g , maid, chai	uffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"		ement or	1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir	· · · · · · · · · · · · · · · · · · ·	•	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that a Compensation committee  Independent compensation consultant  Form 990 of other organizations					
4	During the year, did any person listed in Form 990, Part	t VII, Section A, line 1a				
а	Receive a severance payment or change of control payr	nent?		4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item	ın Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	ete lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a, did the organization pay or accrue	any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of		any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re					

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & (iii) Other		(C) Deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		compensation	incentive compensation	compensation	!		'	990 01 1 01111 990 EZ
Dale W Seuferling	(I) (II)				72,379	9,801	379,033	149,649
D Jerome Davies	(I) (II)				19,115	9,521	219,297	94,490
Jeffrey W Davis	(i) (ii)				51,627	7,312	2 233,228	86,971
Stephanie Grinage	(ı) (ıı)				14,463	4,565	170,891	72,249
James Mechler	(I) (II)				15,024	9,340	165,189	70,469
William Green	(i) (ii)				19,680	7,017	164,431	69,357
Clark Cropp	(I) (II)				26,000	9,373	168,174	68,706
	(ii)							
	(i)		<u> </u>			<u> </u>	<u> </u>	]
	(ii)		<del>                                     </del>			<u> </u>	<u> </u>	1
	(i)		<del> </del>		!		<u> </u>	1
	(ii)		<del> </del>		!	<del> </del>	· <del> </del> '	1
	(i)	<del> </del>	<u> </u>			<del> </del>	<del>                                     </del>	4
	(ii)	<del>                                     </del>	<u> </u>			<del> </del>	<del> </del> '	4
	(i)	<del>                                     </del>	<u> </u>			<del>                                     </del>	<del> </del> '	4
	(ii)	1	1		·		1	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		Regarding travel for companions, KU Endowment's written guidelines are as follows "For spouse expenses to be reimbursable, the expense must be required by your supervisor and it is expected that the event in which your spouse is included will include spouses of guests, and both requirements should be stated on the reimbursement request" In keeping with this policy, travel expenses were paid for a spouse to accompany an officer to assist in a volunteer capacity with a donor development event held in the same city as a meeting of the directors, which also required attendance by the officer Country club dues were paid on behalf of two officers to promote fundraising efforts
	'	One officer meets the criteria to participate in the nonqualified retirement plan as of the participant's normal retirement date, subject to a substantial risk of forfeiture. The amount included in column (C) as deferred compensation for Dale W. Seuferling attributable to the nonqualified retirement plan is \$28,907.
	+	
	<u> </u>	
	-	
	+	
	<del> </del>	

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DLN: 93493130006190

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Open to Public Inspection

The Kansas University Endowment Association							mpioy	er Ide	ent if ica	t ION I	number	
<u> </u>						4	8-054	773	4			
Part I Excess Benefit Transac  To be completed by organization										Par	tV line	40h
			0111 011						90-62		(c) Cor	
1 (a) Name of disqualifie	a pe	rson		<b>(b)</b> Des	crıptı	on of trans	action				Yes	No
2 Enter the amount of tax imposed on	the o	organization manag	jers or di	squalified pers	sons	during the y	ear ui	nder				
section 4958	• _ •				•			•	\$			
3 Enter the amount of tax, If any, on II		•	-	organization .	•			_	<u> </u>			
Part II Loans to and/or From To be completed by organize				orm 990. Part	IV. li	ine 26. or F	orm 9	90-F	Z. Part	V . Iır	ne 38a	
		) Loan to or			1	= , =			(f			
(a) Name of interested person and		from the	<b>(c)</b> 0 rig	ınal prıncıpal	(4) B	alanaa dua	(e)		A ppr		1	Vritten
purpose	or	ganization?	amount		(a)b	( <b>d)</b> Balance due		e default? by			1 -	
	Ţ	Γo From	om				Yes	No	Yes	No	Yes	No
	-											
otal												
Part III Grants or Assistance E To be completed by orga					90.	Part IV. lır	ne 27					
(a) Name of interested person	····	(b)Relationship									assista	
(a) Name of interested person		and t	the orga	nızatıon		(C)AIII	ount (	n gra	iit or ty	pe oi	4551516	
D-1-17 D-1-1-1	<u> </u>											
Part IV Business Transactions To be completed by orga					90.	Part IV, lır	ne 28	a. 28	Bb. or i	28c.		
		(b) Relationship									<b>(e)</b> Sha	arıng of
(a) Name of interested person		between intereste		(c) A mount of	:	(d) Desci	ription	oftr	ansactı	on	organiz	ation's nues?
		person and the organization		transaction							Yes	No
A Edwards		rustee of KU		179,	724	See Sch O	- R A	ıs P	residen	t of		No
	E	ndowment				Fırst Natıor Hutchınson			12065			
						ıncome-pro	ducın	g farn	-			
						properties l		y KU				

Kurt D Watson

Trustee of KU

Endowment

Νo

279,012 See Sch O - Kurt is President of

The IMA Financial Group, which

receives fees as an insurance consultant and broker

### OMB No 1545-0047

Open to Public

#### **SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Non-Cash Contributions** 

Attach to Form 990 Internal Revenue Service

Inspection **Employer identification number** Name of the organization The Kansas University Endowment Association 48-0547734 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . . Art—Historical treasures .

3 Art—Fractional interests 4 Books and publications . . Clothing and household goods . . . . . . Cars and other vehicles . . Boats and planes . . . . Intellectual property . . . Securities—Publicly traded . Χ 179 2,102,666 Cost Securities—Closely held stock . Χ 1 102,256 Cost (same as proceeds) 11 Securities—Partnership, LLC, Х 1 1,467,195 Trust Accounting Statement or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . Χ 780,329 Market comparables Collectibles . . . . 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy . . . . . 21 22 Historical artifacts . . . . Scientific specimens . . Archeological artifacts . . . Other (describe 26 Other (describe \_\_\_\_\_) 27 Other (describe )

28 Other (describe \_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No

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

Identifier	mplete this part for any additional ReturnReference	Explanation
Method for Determining Number of	Part I, Column (b)	The organization is reporting the number of contributors
Contributors		

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#### DLN: 93493130006190

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

48-0547734

OMB No 1545-0047

Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization The Kansas University Endowment Association

responses to specific questions for the Form 990 or to provide any additional information. **Employer identification number** 

Return **Identifier Explanation** Reference Facilities Support--construction, equipment, supplies and furnishings funded by private giving. This amount fluctuates from year to year, depending on the timeline of construction projects. More than two-thirds of Form 990, Part Other Program III, line 4d Kansas University buildings were made possible by private gifts Expenses \$ 21706177 including grants of \$ Services 0 Revenue \$ 186483

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Miscellaneous Supporting Services Expenses \$ 419494 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		John C Dicus had a family and a business relationship with John B Dicus John C Dicus, John B Dicus, Jeff M Johnson, and Michael T McCoy have a business relationship Todd L Sutherland and Dolph C Simons III have a business relationship John T Stewart III and David M Carr have a business relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Upon completion by an external tax preparer, a draft copy of Form 990 is provided to the Directors and Officers to review and recommend revisions. Any such recommendations are provided to the external preparer in time to make the necessary revisions before transmitting the return to the Internal Revenue Service.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		To monitor and enforce compliance with the conflict of interest policy, upon disclosure of a conflict of interest, the Chair of the Executive Committee or committee shall, if appropriate appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the Executive Committee or committee shall determine whether KU Endow ment can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Executive Committee or committee shall determine by a majority vote of the disinterested Members whether the transaction or arrangement is in KU Endow ment's best interest and for its own benefit and whether the transaction is fair and reasonable to KU Endow ment and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination. If the Executive Committee or a standing committee has reasonable cause to believe that a Trustee has failed to disclose actual or possible conflicts of interest, it shall inform the Trustee of the basis for such belief and afford the Trustee an opportunity to explain the alleged failure to disclose. If, after hearing the response of the Trustee and making such further investigation as may be warranted in the circumstances, the Executive Committee or a standing committee determines that the Trustee has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation of officers and such other persons as designated by the Executive Committee shall be determined by the Compensation Committee and be confirmed by the Executive Committee. The Executive Committee may adjust compensation determined by the Compensation Committee whenever, in its judgment, the best interests of KU Endow ment would be served thereby. A Compensation Committee of not less than five nor more than seven Trustees shall be appointed annually by the Chair of the Executive Committee. The Chair of the Executive Committee shall designate one Compensation Committee member as Chair. A majority in number of the Committee shall constitute a quorum. The Compensation Committee must consist of individuals who (i) do not have a conflict of interest with respect to compensation arrangements or transactions, (ii) have obtained and relied upon appropriate data as to comparability prior to making any determination, and (iii) adequately document the basis for committee decisions concurrently with making determinations. The Committee is directed to act in a manner that will avoid the intermediate sanctions provisions of the Internal Revenue Code. Its duties shall be the review, study and recommendation of reasonable and necessary compensation for officers and employees of KU Endow ment and any and all such additional functions as may from time to time be designated by the Executive Committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		KU Endow ment was granted an exemption from federal income tax in 1934, and received additional confirmation of this exemption on June 1, 2000. A copy of the latter is available on the organization's website under the tab, "About Us," "Publications and Reports," "Form 1023."

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		KU Endow ment's financial statements are available on the organization's wiebsite under the tab "About Us," "Publications and Reports," "2009 Audit Report " A copy of the organization's governing documents, including the conflict of interest policy, are available upon request

ldentifier	Return Reference	Explanation
Form 990, Part VII,	Average Hours Per Week	The following persons listed in Section A each devoted an additional 10 hours per wieek to
Section A, Column	Devoted to a Related	The KU Endow ment Charitable Gift Fund, a related organization Frank J Becker, John T
(B)	Organization	Stewart III, Kurt D Watson, Dale W Seuferling, D Jerome Davies, Jeffrey W Davis

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

DLN: 93493130006190

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization The Kansas University Endowment Association				Employer ident	ification number
Part I Identification of Disregarded Entities				1 40-0347734	
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions		_		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta (if section 501(c)	atus Direct controlling (3)) entity
The KU Endowment Charitable Gift Fund PO Box 928 Lawrence, KS660440928 20-0317170	Support for KU Endowment and 501(c)(3)'s named in governing document	κs	501(c)(3)	11a, Type I	N/A

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	<b>Transactions with Related Organizations</b>	
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one	or more related organizations listed in Parts II-IV							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b	Gift, grant, or capital contribution to other organization(s)			1b		No			
С	Gift, grant, or capital contribution from other organization(s)			1c	Yes				
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	Performance of services or membership or fundraising solicitations for other organization(	s)		1k		No			
- 1	Performance of services or membership or fundraising solicitations by other organization(s	5)		11		No			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No			
n	Sharing of paid employees			1n		No			
0	Reimbursement paid to other organization for expenses			10		No			
Р	Reimbursement paid by other organization for expenses			1р		No			
q	O ther transfer of cash or property to other organization(s)			1q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
			'						
2	If the answer to any of the above is "Yes," see the instructions for information on who must		and transaction thresholds						
	(A)	(B) Transaction	(C)						
	Name of other organization(s)  type(a-r)  Amount Involved								
(1)	The KU Endowment Charitable Gift Fund	С		:	104,106	5			
(2)									
(3)									
(4)									
(5)									

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	