

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Form **990** (2009)

Part III Stat	ement of Progr	ram Service Acco	mplishme	nts			
	e the organization's					-	
			NS OF I	HE KSU	FOUNDATION AN	D KANSAS	STATE
					SCHOOL OF ENG		
				· · · · · · · · · · · · · · · · · · ·	***************************************		
2 Did the organiz	zation undertake any	significant program se	ervices during	the year whic	h were not listed on		
the prior Form	990 or 990-EZ?			_		X,	Yes No
If "Yes," descri	ibe these new servic	es on Schedule O.					
3 Did the organiz	zation cease conduc	ting, or make significar	nt changes in l	how it conduc	ts, any program		
services?							Yes X No
If "Yes," descri	ibe these changes o	n Schedule O.					
4 Describe the e	xempt purpose achie	evements for each of ti	ne organizatio	n's three large	est program services by exp	enses.	
					red to report the amount of	grants and	
allocations to d	thers, the total expe	enses, and revenue, if a	ny, for each p	orogram servi	ce reported.		
	_						
4a (Code:) (Expenses \$	792,160	including gra	nts of\$	792,160) (Rev	enue \$	
GRANTS PA	AID TO KSU	FOUNDATION	TO SUP	PORT T	HE KSU SCHOOL	OF ENGINE	ERING.
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4b (Code:) (Expenses \$		including gra	nts of\$) (Revi	anue \$	
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	services. (Describe	•					
(Expenses \$		including grants	of\$) (Revenue \$)	
4a Total program	condes eveneses	702	5 0				

<u>_P</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
_	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		Ī	<u> </u>
•	Schedule D. Part VI.		1 ₄ 1	
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	7-1		· 🗸
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1.5		l' .:
_			1	Fr
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		n.	l: -
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ı. ı.		i n
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	1	ĺ, ·	ľ· ":
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	, ,		, ,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		نی ا	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	: .		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			٠:
12	• • • • • • • • • • • • • • • • • • • •		7	نسيا
	Schedule D, Parts XI, XII, and XIII.	12	,	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		/ <u>`</u>	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	۴.	٠. ا	·_ ·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the s	14a		X
b	3,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part i	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			
		19		x
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20	$\neg \neg$	¥

Form 990 (2009) FOUNDATION FOR ENGINEERING AT

	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	م ا		ł
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	┝
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	ļ	۱.,
_	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			۱
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		K
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
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		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			l
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	K
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
В	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	i	ĸ
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Ť
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes." complete Schedule L. Part III	27		x
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-	`,1	-
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	196	, · · ·	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	x	n. 1
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208	-	
	Schedule L, Part IV	205	ŀ	x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b	-	F
C				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ľ
_	Part IV	28c		-
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ł	١
_	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ŀ	1	
_	Part I	31		X
•	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schodule N. Part II	32		K
2	Contraction 14, 1 diff in			
2 3	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
2 3 4	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	x	X
4	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	x	X
4	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	33		X
4 5	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	33	x	ж
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33 34 35		
4 5 6	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	33 34 35		
4 5 6	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33 34 35		
4	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	33 34 35 36		×
4 5 6	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33 34 35		x

	iit 4 Ctaterinento Negarding Other N.O. i mingo and Tax Compnance				Yes	LNa
1=	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1		100	No.
	IIS Information Petures Enter O. if not applicable	1a	0	İ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	Ö			
c	Did the organization comply with backup withholding rules for reportable payments to vendors ar		rtable			
•	coming (compliant) unique to prince unique 2	.c .cp.		10	.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ויייין	[·····	1	
-4	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax			2t	١.	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.			·····	\top	1
	instructions)					1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co	vered	bv			1
	this return?		-	38	١	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3k	$\overline{}$	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	thority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?			48	ı	X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	ign B	ink			
	and Financial Accounts.	•		}	1	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yes	ır?		54	.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on?		<u>, </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regan	ding			
	Prohibited Tax Shelter Transaction?		_ 	_50	:	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	lid the				
	organization solicit any contributions that were not tax deductible?				<u>. </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	bution	s or			Т
	gifts were not tax deductible?			6t	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).					
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
	and services provided to the payor?			78	<u> </u>	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7t	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was			1	
	required to file Form 8282?	,		70	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums or	n a per	sonal			l
_	benefit contract?	 .				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		t?		_	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi				Ц_	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C a	18			l
_	required?	• •			Ч	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	_				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponso			1 -		🖵
	organization, have excess business holdings at any time during the year?		• • • • • • • • • • • • •		+	X
9	Sponsoring organizations maintaining donor advised funds.			1_		
8	Did the organization make any taxable distributions under section 4966?			9a	_	X
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	• • • • • •	• • • • • • • • • • • • • • • • • • • •	<u>9b</u>	+	X
10	Initiation fees and capital contributions included on Part VIII, line 12	ا ممه ا			1	1
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	מער				
	Gross income from members or shareholders	11a		ŀ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	┝╌╾				
-	amounts due or received from them \	116		l	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of F		1412	12		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ј 12b	~''	······ 14	+	+-
	in 1 on outer the amount of tax-exempt interest received of according the year					

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8, 8, bp. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voing members that are independent. 1b Enter the number of voing members that are independent. 2 Did any office, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management concerned a scenario property of the premark. 1 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, clieston or trustees, or key employees to a management company or other person? 2 Did the organization make any application charges to be a organization or company or other person? 3 Did the organization make any application charges to be a organization of the governizes or substitution of the organization have members, substitutions of the governization or the powernizes or substitutions? 3 Did the organization notes any application charges to be a organization to make members, substitution of the governization conferengements or substitutions and procedures governing body? 3 Experiments of the organization organization have written policies and procedures governing the subvites of such chapters. 3 In the organization relationship conference in the process in substitution	For	n 990 (2009) FOUNDATION FOR ENGINEERING AT 26-3520449			age 6
Scition A. Governing Body and Management 1s Einter the number of voting members of the governing body b Einter the number of voting members of the governing body b Einter the number of voting members of the governing body any other officer, director, trustee, or law employees a Did the organization note employees a Does the organization become envelope they adopted the approval by manufacts, and other presence of the governing body? b As any decisions of the governing body subject to approval by manufacts, and other presence? con the governing body? b Each committee with authority to act on behalf of the governing body with the conditions of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body and the conditions of the governing body? b Each committee with authority to act on behalf of the governing body employees at the congulation on the conditions of the governing body. b Each committee with authority to act on behalf of the governing body employees at the congulation on the organization of the governing body employees in a foreign the governing body employees at the congulation of the governing body employees in a foreign the governing	Pi				
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Be Einter the number of voting members of the governing body 1s 5 1 2 2					
18 Enter the number of voting members of the governing body 15 Enter the number of voting members that are independent 2 Did any officer, director, unbelow, or levy employee have a family reletionship or a business relationship with any other officer, director, trustee, or key employee have a family reletionship or a business relationship with any other officer, director, surface, or key employees to a management company or other person? 3 X 4 Did the organization delegate control over management distine outeroarshy performed by or under the direct asspervision of officers, directors or rustless, or key employees to a management company or other person? 4 X 5 Did the organization become aware during the year of a material diversion of the organization seeds? 5 Did the organization have members or absorbiotions? 6 Does the organization have members a stockholders, or other persons who may alect one or more members of the powering body? 5 Did the organization or the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 16 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 17 Tay a written pooly? 18 Single the organization was sufficient of the governing body? 18 Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached 18 X 19 Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached 19 X 2 Is the organization have local chapters, branches, or affiliates? 10 Did be organization have local chapters, branches, or affiliates? 10 Did be provided to the process, if any, used by the organization to review this Form 990. 11 Hes the organization have a written monitor of interest policy? 12 Did be provided to the process, if any, used by the organization to review this Form 990. 13 Did th	Sec	ction A. Governing Body and Management			
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Yes No			9	X	
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Part VII	Compensation of Officers, Directors, Truste	es, 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (C) (E) Reportable compensation hours per compensation amount of other compensation from the from related Stitutional trustee the organization (W-2/1099-MISC) (W-2/1099-MISC) organization and related organizations R. LEE HARRIS PRESIDENT 1.00 X 0 0 DUANE CANTRELL 0 1.00 0 0 TONY BASOLO, III DIRECTOR 1.00 X 0 0 0 JAMES H. ALLEN JR 1.00 X DIRECTOR 0 0 DR. FRED CHOLICE SECRETARY/TREASURER 1.00 X 0 0 O

Form 990 (2009)

DAA

Form 990 (2009) FOUNDATI Part VII Section A. Officer	ON FOR 3	ENG ruste	IN es.	EE Kev	RI Em	NG plove	A DOS.	T 26-352 and Highest Compense	20449 hted Employees (continued)	Page 8
(A) Name and Title	(B) Average hours per			(C)	that a		(D)	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1098-MISC)	other compensation from the organization and related organizations
• • • • • • • • • • • • • • • • • • • •										
•										
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •										
					Γ					
										<u>-</u>
•										
										-
• • • • • • • • • • • • • • • • • • • •										
1b Total	, , , , ,						▶			
2 Total number of individuals (reportable compensation from	_			to th	ose	liste	d ab	ove) who received more	than \$100,000 in	
3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on line the organization and related individual 5 Did any person listed on line services rendered to the organization B. Independent Contract 1 Complete this table for your compensation from the organization from the o	former officer, ," complete Scine 1a, is the su organizations of 1a receive or a anization? If "Y stors five highest core	direct hedul im of greate accrudes," c	tor o e J f repo er tha e coa	ortab en \$ mpe elete	uch le co 150, nsat Sch	indivompe 0007 ion f	idua ensa P If " rom e J 1	il ition and other compensa Yes," complete Schedule any unrelated organization	ition from J for such on for	Yes No 2.6
	(A) business address							Descric	(B) ation of services	(C) Compensation
I NOTICE SER	DUSTINGSS SOUTCES							Descrip	VIOLI OI SELAICES	Compensation
						_				
Total number of independent more than \$100,000 in comp	•		_				to t	hose listed above) who re	oceived	7. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DAA	CHORUUH HOM	ui o Ui	Acti	يدهزا	JII 🏴	-				Form 990 (2009)

<u>Pë</u>	<u>irt V</u>	ill Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue Contributions, gifts, grantd	1a	Federated campaigns	1a					
ξē	b	Membership dues	1b					
1	C	Fundraising events	1c					
	d	Related organizations	1d					
	0	Government grants (contributions)	10					
芸	f	All other contributions, gifts, grants, and similar amounts not included above	.	045 506				
草草				,245,536				
SE	9	Noncash contributions included in lines 1		,245,536	0 245 526			
*	n	Total. Add lines 1a-1f	,	Busn. Code	9,245,536			
Ze l	2a							
\$	L de	•						
<u>Ş</u> .	-				-			
5	d					-	-	-
Ē								
쥸	f	All other program service rev	enue				_	
Æ	a	Total. Add lines 2a-2f						
	3							
		other similar amounts)		▶ L	311			311
	4	Income from investment of ta						
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	▶				
		(i) Real	(ii)	Personal		-		
	6a	Gross Rents						
	Ь	Less: rental exps.						
	C	Rental inc. or (loss						
	d	The state of the s	 	<u></u> ▶↓				
	/-	sales of assets (i) Securities	• (ii) Other				
		other than inventory						
	b	Less: cost or other						
		basis & sales exps						
		Gain or (loss)						
		Net gain or (loss)		······ >	_			
3	80	Gross income from fundraising ev						
Revenue		(not including \$						
\$		of contributions reported on line 16						1
	_	See Part IV, line 18						
ᅙ	þ	Less: direct expenses Net income or (loss) from fun		to				1
		Gross income from gaming activiti		<u> </u>				
		See Part IV, line 19						•
	ь	Less: direct expenses						
		Net income or (loss) from gain		•				
		Gross sales of inventory, less						
		saturna and allowaness	a					
	ь	Less: cost of goods sold	Р					
		Net income or (loss) from sai		y				
		Miscellaneous Revenue		Busn, Code				
	11a							
	b	*						
	C							
	d	All other revenue						
	•	Total. Add lines 11a-11d		▶ L				
		Total Revenue. See instructi			9,245,847	0	Ö	311

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations indust co	mpiece column (A) but	are restricted to com	piece columnia (D), (O), a	\-/.
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		·		
	organizations in the U.S. See Part IV, line 21	792,160	792,160		
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 Compensation of current officers, directors,				
5	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				*
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
a	Management	-			
0	Legal		· -	_	
d	Accounting Lobbying				
	Professional fundraising services. See Part IV, line	7			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	33		33	
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Travel Payments of travel or entertainment expense				
	for any federal, state, or local public officials	- 			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization		 ,		
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below	.)			
b	• • • • • • • • • • • • • • • • • • • •				
9	•				
d	· ·····				
f	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 2	792,193	792,160	33	
	Joint costs. Check here if following		. 52 / 200		
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint cost from a combined educational campaign and	,		1	
	fundraising solicitation				
DAA					Form 990 (2009)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments		2	430
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	-		
	employees, and highest compensated employees. Complete Part II of		ı	
	Schedule L		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		6	
7			7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
Iь	Less: accumulated depreciation 10b		10c	
111	Language and Wale Annual of a constitution		11	
12	***************************************	8,259,495		16,712,71
13	Investments—program-related. See Part IV, line 11	0,200,400	13	10,111,11
14	1 - 4 46 1 4 -		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,259,495		16,713,14
17		6,239,493	17	10,713,14
18			18	
19	· · · · · · · · · · · · · · · · · · ·		19	
20	Deferred revenue		20	
. 1	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key	-	-21	
21 22	· · · · · · · · · · · · · · · · · · ·			
	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
23 24	Land the state of			
25	Unsecured notes and loans payable to unrelated third parties		24	
26	Other liabilities. Complete Part X of Schedule D		25	
120	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here IX and		26	
27				
27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,259,495		16,713,14
-		0,239,493		10,/13,14
28	Temporarily restricted net assets		28	
29			29	
30 31 32 33	Organizations that do not follow SFAS 117, check here		-	
	and complete lines 30 through 34.	1	[
30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	<u>-</u>
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	44 = 44 = 44
33	Total net assets or fund balances	8,259,495		16,713,14
34	Total liabilities and net assets/fund balances	8,259,495	34	16,713,14

Form 990 (009) FOUNDATION FOR	ENGINEERING AT	26-3520449		Pag	ge 12
Part XI	Financial Statements an	d Reporting				
	_				Yes	No
1 Acco	nting method used to prepare the F	orm 990: 🔲 Cash 🕱 Accrual	Other		T-77	9 "
	•	accounting from a prior year or checked	l "Other," explain in	, , ,	1. "K	7
	ule O. the organization's financial statemer	nts compiled or reviewed by an indepen	dent accountant?	28	-	X
b Were	the organization's financial stateme	nts audited by an independent accounta	int?	2b	X	
c if "Ye	to line 2a or 2b, does the organiza	tion have a committee that assumes re	sponsibility for oversight of			
the a	dit, review, or compilation of its fina	ncial statements and selection of an inc	dependent accountant?	2c	X	
	organization changed either its over lule O.	sight process or selection process durin	g the tax year, explain in	: ¹ / ₂	1	H AL
d If "Ye	" to line 2a or 2b, check a box below	v to indicate whether the financial state	ments for the year were	, TF.	F	'::: ^m
	on a consolidated basis, separate		·	. אַ.	H _{10.50}	, <u>,</u> ,,,,
□ s	parate basis 🕱 Consolidated ba	sis	e basis	1.5		نېز. ت
3a As a	esult of a federal award, was the org	anization required to undergo an audit	or audits as set forth in	[
the S	ngle Audit Act and OMB Circular A-	33?		3a		X
b If "Ye	," did the organization undergo the	required audit or audits? If the organiza				
requi	ed audit or audits, explain why in Sc	hedule O and describe any steps taken	to undergo such audits.	Зь		
				Form	. ggn	/2000

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047 2009 , Open to Public '

Department of the Treasury Inspection Internal Revenue Service Name of the organization FOUNDATION FOR ENGINEERING AT **Employer Identification number** KANSAS STATE UNIVERSITY, INC. 26-3520449 Reason for Public Charity Status (All organizations must complete this part.) See instructions. ,:Part II. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗶 Type i b Type II c Type III-Functionally integrated d Type III-Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (Ii) No and (iii) below, the governing body of the supported organization? X 11q(i) (ii) A family member of a person described in (i) above? X (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (III) Type of organization (II) EIN (v) Did you notify (vi) is the (VII) Amount of organization cribed on lines 1-9 in cal. (i) listed in your organization in col.

(i) organized in the support re organization col. (1) of your above or IRC section governing docume U.S.? support? (see instructions)) Yes No Yes Yes No No KSU FOUNDATION 48-0667209 X 792,160 86

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

Schedule A (Form 990 or 990-EZ) 2009

792,160

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	art III Support Schedule for ((Complete only if you c	Organizations	Described in	Section 509		5-3520 44 9	Page 3
800	ction A. Public Support	Hecked the po	X On line 9 Of	raiti.)			·
	ilendar year (or fiscal year beginning in)	(a) 200E	(h) 2000	(0) 2007	(4) 2000	T (a) 2000 T	40 Total
Ca	nendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				_		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons			,			
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		1				
C	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from	1	State Same				
Sec	line 6.)						_
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						- 1:
10a							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ļ					
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		l				
	and 12.)						
14	First five years. If the Form 990 is for thorganization, check this box and stop he			fourth, or fifth tax	-		
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2009 (line	8, column (f) divi	ded by line 13, co	lumn (f))		15	*
16	Public support percentage from 2008 Sc	hedule A, Part III,	line 15			16	*
Sec	tion D. Computation of Investm	<u>nent Income F</u>	Percentage				
17	Investment income percentage for 2009	(line 10c. column	(f) divided by line	13, column (f))		17	*
18	Investment income percentage from 200	8 Schedule A. Pa	rt (I) line 17			1461	<u> </u>
19a	33 1/3 % support tests—2009. If the org			line 14. and line 1	l5 is more than 3		
	17 is not more than 33 1/3 %, check this						▶ □
b	33 1/3 % support tests—2008. If the org	anization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3 %, ar	
	line 18 is not more than 33 1/3 %, check						
<u>20</u>	Private foundation. If the organization of	iid not check a bo	x on line 14, 19a,	or 196, check this		tructions	<u> </u>

(

Schedule A (F	om 990 or 990-EZ) 2009 FOUNI Supplemental Information Part II, line 17a or 17b; and	DATION FOR I a. Complete this p d Part III, line 12.	ENGINEERING art to provide the Provide any othe	explanations readditional info	6-3520449 equired by Part II, ormation. See inst	Page 4 line 10; ructions.
	••••••					
		•••••				
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				· · · · · · · · · · · · · · · · · · ·		
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-	······································				chedule A (Form 990 c	or 990-EZ) 2009

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

▶ Attach to Form 990. ▶ See separate Instructions.

Openito Public

_		-	ii iii opecateii i
	e of the organization OUNDATION FOR ENGINEERING AT		Employer identification number
	ANSAS STATE UNIVERSITY, INC.		26-3520449
	art I. Organizations Maintaining Donor Advised	Funda or Other Similar Funda	
г	the organization answered "Yes" to Form 99	0. Part IV. line 6.	of Accounts. Complete if
_	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2) 1 (1120 (1121 (122) (1221 (1221 (1221 (1221 (1221 (1221 (1221 (1221 (1221 (1221 (122) (1221 (1221 (122) (1221 (1221 (122) (1221 (122) (1221 (122) (1221 (122) (1221 (122) (1221 (122) (1221 (122) (1221 (122) (1221 (122) (
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 advisors in writing	that the seests held in donor advised	<u> </u>
•	funds are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisor		
•	used only for charitable purposes and not for the benefit of the done		
	purpose conferring impermissible private benefit?		Yes No
P.	aftill. Conservation Easements. Complete if the o	rganization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
·	Preservation of land for public use (e.g., recreation or pleasure)	<u> </u>	moortant land area
	Protection of natural habitat	Preservation of certified historic	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	conservation
_	easement on the last day of the tax year.		
			i. pi Held at the End of the Tax Yea
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/	17/06	2d
3	Number of conservation easements modified, transferred, released	extinguished, or terminated by the organic	anization during
	the taxable year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	forcing conservation easements during	the year
	-	-	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the y	<i>r</i> ear
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	sfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation eas		
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements t	hat describes
· <u>-</u>	the organization's accounting for conservation easements.		
, P	art III Organizations Maintaining Collections of A	rt, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under SFAS 116, not to rep	ort in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public exhibit		ce of public service,
	provide, in Part XIV, the text of the footnote to its financial statemen		
D	If the organization elected, as permitted under SFAS 116, to report		
	historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of	of public service,
	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		<u>*</u>
2	If the organization received or held works of art, historical treasures.	, or other similar assets for financial gai	n, provide the
	following amounts required to be reported under SFAS 116 relating		
	Revenues included in Form 990, Part VIII, line 1		🏲 🖫 — — — — — —
ь	Assets included in Form 990, Part X		▶ S

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

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 FOUNDATIO	N FOR	ENGINE	ERING AT	26-3!	520449)		Page 2
Pa	ert III Organizations Maintaining	Collect	ions of Ar	, Historical T	Treasures, or O	ther Sim	ilar Ası	sets (cor	ntinued
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and oth	ner records, ci	neck any of the f	ollowing that are a si	gnificant us	e of its		
a	Public exhibition		d Loan o	r exchange prog	rams				
b	Scholarty research								
C	Preservation for future generations								
4	Provide a description of the organization's c Part XIV.		•	·	•				
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t	or receive d	onations of ar ained as part (t, historical treas of the organization	ures, or other simila on's collection?	r 		Yes	
	art IV Escrow and Custodial Arr	angeme	nts. Comp	lete if the org	anization answe	ered "Ye	s" to Fo	orm 990,	Part
	IV, line 9, or reported an a					-			
1a	Is the organization an agent, trustee, custod								
	included on Form 990, Part X?							Yes	No
þ	If "Yes," explain the arrangement in Part XIV	and comp	lete the follow	ing table:		_			
							ļ	Amount	
C	Beginning balance								
d	Additions during the year								
•	Distributions during the year	· · · · · · · · · · · · ·				<u>1</u> 6	<u> </u>		
f	Ending balance					<u>l_1f</u>			
2a	Did the organization include an amount on F	form 990, F	art X, line 211	,				Yes	No
	If "Yes," explain the arrangement in Part XIV				/I 4- F 00/	N D-4 N			
<u>Pa</u>	art V Endowment Funds. Comp								
	Burton A. A.	(a) Cun	ent year	(b) Prior year	(c) Two years back	(a) intee	ears Dack	(e) Four ye	ears back
1 a	Beginning of year balance	<u> </u>			 	 			
	Contributions				 				
C	Net investment earnings, gains,					1			
	and losses				 	+		-	
a	Grants or scholarships			<u> </u>	 	+		<u> </u>	
8	Other expenditures for facilities				1	1		ł	
	and programs				+	 			
	Administrative expenses				 	1			
9	End of year balance					<u> </u>		<u></u>	
2	The state of the s								
a	Board designated or quasi-endowment ▶_ Permanent endowment ▶ %		, 7 6						
	Term endowment > %								
9-	Are there endowment funds not in the posse	anina of the		46-4	d - dl-l-l-td # ab	_			
34	organization by:	ssion of the	organization	that are neid an	a administered for th	18		[v	[N-
	(1) uprelated emonitations								98 No
	(i) unrelated organizations		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		3a(I)	+-
h	(II) related organizations If "Yes" to 3a(ii), are the related organization	e listed as	required on S	shadula D2		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	3a(ii)	+-
	Describe in Part XIV the intended uses of the					• • • • • • • • • • • •	•••••	3b	
	art VI Investments—Land, Build				000 Part Y lir	10			
	Description of investment		or other basis	(b) Cost or		cumulated	<u> </u>	(d) Book va	lue
	been past of investment	1	estment)	basis (oth	1-7	reciation	ŀ	(U) BOOK VE	iue
10	Land	 		,	.,		+		
h	Land Buildings			 -	-		+-	-	
-	Leasehold improvements	-					+		
d	Equipment		 	 		_			
-	Other			 					
Total	L Add lines 1s through 1e. (Column (d) must	equal Form	990 Part X	Solumn (B) line 1	10/c) \		_		

Part VII Investments—Other Securities. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or and-d-year market value Classify-rised equity interests Classify-rised equity interests Close or wind deviation: Close or w		orm 990) 2009 FOUNDATION FOR ENGIN	EERING AT	26-3520449	Page 3
Financial derivatives Cosely-Peld oquity Interests 16,712,713 MARKET Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (b) Description (c) Method of valuation: Cost or end-d-year market value Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (b) Description (c) Method of valuation: (d) Book value Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability Federal innome laxes Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (6) line 25.)	Part VII	(a) Description of security or category		• •	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(D) Amount		
	rederal incom	e taxes			
					
					
	Total /Oslum	(h) must sound Ease 000 Dest V and (D) line 05 1			
			nanization's financial state	ments that reports the	

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 FOUNDATION FOR ENGINEERING A	T 2	26-352044	9	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990		Financial Sta	tements	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	-
5	Donated services and use of facilities			5	
6	Investment expenses			6	-
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stater			Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, i,	
a	Net unrealized gains on investments	2a		·	
b	Donated services and use of facilities	2b		. "	
c	Recoveries of prior year grants	2c		' <u>.</u> 4.	
d	Other (Describe in Part XIV.)	2d		, 7	
	Add lines 2a through 2d		_	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	JJ		. liv	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV.)				
C	Add lines 4s and 4b		•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• • • • • • • • • • • • • • • • • • •		5	
Pa	nt XIII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses p	er Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
a	Donated services and use of facilities	2a		,#·	
b	Prior year adjustments			· ; ;	
C	Other losses			- '-	
d	Other (Describe in Part XIV.)	2d			
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		i ie	
Ь	Other (Describe in Part XIV.)	4b		- [7]	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II				
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII	I, lines 2d and	4b. Also complete	8	
this p	art to provide any additional information.				
				, - ·	

Schedule [) (Fon	m 99(O) 20	009	F	נטכ	ND	AT	'IC	N	F	OR	E	NG	IN	EE	RI	NG	; A	T			2	6-	35	520)4	49	ı					Pa	ge (
Part XI	V ₄' S	upp	olen	nen	ital	Inf	for	ma	tio	n (c	con	tinı	ied)																					
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Form 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 (Form 990) if additional space is needed ▶ □ **Open to Public** OMB No. 1545-0047 2009 Inspection (h) Purpose of grant Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to PROGRAM SUPPORT or assistance Employer identification number non-cash assistance (g) Description of 26-3520449 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? (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal rappicable control of the control Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 792,160 Name of the organization FOUNDATION FOR ENGINEERING AT × KANSAS STATE UNIVERSITY, INC. General Information on Grants and Assistance 48-0667209 Enter total number of section 501(c)(3) and government organizations (P) EIN KS 66502 (a) Name and address of organization 2323 ANDERSON AVE, SUITE 500 or government Department of the Treasury Internal Revenue Service KSU FOUNDATION SCHEDULE MANHATTAN (Form 990) Part Part

Schedule I (Form 990) 2009

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

Enter total number of other organizations

2 **X**

(f) Description of non-cash assistance Schedule I (Form 990) 2009 m 990) 2009 FOUNDATION FOR ENGINEERING AT 26-3520449

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Type of grant or assistance (b) Number of (c) Amount of recipients cash grant no Schedule I (Form 990) 2009 FOUNDATION FOR ENGINEERING AT (a) Type of grant or assistance Part IV Part III l≸

SCHEDUL	E L	1	٦	Γran		ions		
(Form 990 o	r 99 0-EZ)		" Y	'es" or	Form	Complet 990, Pai	rt IV, Iir	ne 25:
Department of Internal Reven			•	Attack		Form 99 m 990 c		
Name of the	organization E		TION I					
Part I	Excess I	3enefit T	ransacti	ons (section	501(c)	(3) and	d sec
1	(a) Name of d	isqualified pe	rson				
	<u>.</u>					-		

terested Persons

OMB No. 1545-0047 2009

			Form 990-EZ.		arate instruc					spect		٠,
Name of the organization FOUNDATION FOR							oyer i			n nun	nber	
KANSAS STATE UN Part le Excess Benefit Transactions (s							·352	<u> 204</u>	49			
Part I Excess Benefit Transactions (somplete if the organization answered **							rt V Ii	ne 40)h			
<u> </u>	100 0111	011111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			110 40		(c) (omec	ted?
1 (a) Name of disqualified person					(b) Description	on of transaction	П			Yes	_	No.
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				_	_							
				<u>.</u>						<u> </u>	_	
				-						<u> </u>	+	
2 Enter the amount of tax imposed on the organization under section 4958		_						<u> </u>				
Part II Loans to and/or From Intereste												
Complete if the organization answered "				ne 26. or F	om 990-EZ	. Part V. line	38a.					
(a) Name of Interested person and purpose		oan to	(c) Origi		l	ence due	1	defaulti	(f) Ap	onowed	(g) W	/ritten
()	or fro	m the	principal a		(-,				by bo	ard or		ment?
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	To	From		_			Yes	No	Yes	No	Yes	No
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Total				▶\$	5			,	۱ - ب	 P0	<i>;</i> ; ,	1,
Part III. Grants or Assistance Benefitti												
Complete if the organization answered "	Yes" on i	om 9		-			. —					
(a) Name of interested person			(b) Relation		en interested p anization	person and the	(c) A	mount	and t	ype of	assisi	ance
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		-					├—					
Part IV Business Transactions Involvi Complete if the organization answered					b, or 28c.		<u> </u>					
(a) Name of interested person			ship between	1	nount of	(d) Descr	iption 4	of tran	section		(e) S	haring
,		ested p	erson and the		saction	,_,	,			-	rever	vg. wes?
ORD AMERICAN	-	orga:	ization				_				Yes	No
SEE ATTACHMENT	+			 							<u> </u>	X
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization FOUNDATION FOR ENGINEERING AT **Employer Identification number** KANSAS STATE UNIVERSITY, INC. 26-3520449 Part I Types of Property (a) (b) (c) (d) **Number of Contributions** Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art—Works of art Art—Historical treasures Art—Fractional interests 3 Books and publications Clothing and household 5 goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock 9,245,536 FAIR MARKET VALUE 10 Securities—Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 Qualified conservation 13 contribution—Historic structures Qualified conservation contribution—Other Real estate—Residential 15 Real estate—Commercial 16 Real estate—Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other ▶(______) 25 26 Other ▶(.....) Other ▶(.....) 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 b If "Yes," describe the arrangement in Part II.

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

contributions?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked.

contributions?

Schedule M (Form 990) 2009

32s

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (For	m 990) 2009 FOUNDATION Supplemental Information 32b, and 33. Also complete	FOR ENGINEERING Complete this part to perform the complete this part for any additions.	AT 26- provide the information.	3520449 ation required by Part I, lir	Page 2 nes 30b,
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				Schedule M (F	form 990) 2009

DAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009

*Open to Public!

Department of the Treasury Internal Revenue Service

Name of the organization FOUNDATION FOR ENGINEERING AT KANSAS STATE UNIVERSITY. INC.

Employer Identification number 26-3520449

ANSAS STATE UNIVERSITY, INC. 26-3520

TAMORD DIRECT ONLY TO THE	ANC. LO JOEO 175
FORM 990, PART III, LINE 2	
GRANTS PAID TO KSU FOUNDATION TO SU	PPORT THE KSU SCHOOL OF ENGINEERING.
FORM 990, PART VI, LINE 2 - RELATED	PARTY INFORMATION AMONG OFFICERS
JAMES H. ALLEN, JR.	TONY BASOLO, III
BUSINESS RELATIONSHIP	
DUANE CANTRELL, R LEE HARRIS	DR. FRED CHOLICK
BUSINESS RELATIONSHIP	
FORM 990, PART VI, LINE 7A - ELECTION	
	HAS THE RIGHT TO APPOINT THREE BOARD
MEMBERS. THE DOLESE BROS. CO. HAS T	HE RIGHT TO APPOINT TWO BOARD MEMBERS.
FORM 990, PART VI, LINE 9 - OFFICER	3 WHO CANNOT BE REACHED
JAMES H. ALLEN JR.	
P.O. BOX 677	
OKLAHOMA CITY, OK 73101-0677	
FORM OOD DARM UT I TAME 113 ORGANI	
	IZATION'S PROCESS TO REVIEW FORM 990
	ATTORNEY FOR THE KANSAS STATE UNIVERSITY
FOUNDATION REVIEWED THE RETURN. ANY	
	ARIFICATION THAT NEED TO BE MADE ARE
MADE. THE COMPLETED DRAFT OF THE RE	FURN IS THEN REVIEWED BY THE KANSAS
STATE UNIVERSITY FOUNDATION'S SR. V.	ICE-PRESIDENT, FINANCE & AUDIT/CFO/COO

Schedule R (Form 990) 2009 Open to Public Inspection (f) Direct controlling entity Employer Identification number 26-3520449 (f) Direct controlling entity OMB No. 1545-0047 2009 KSU FOUND KSU FOUND Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) K/X (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 114 11A IJ Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33. (d) Exempt Code section Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income **501C3 501C3** 501C3 Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) 8 KS **X**8 GOLF COURS (b) Primery activity (b) Primery activity FUNDRAISE SUPPORT ► Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA XS 66503 74-2830002 KS 66502 48-1248969 48-0667209 FOUNDATION FOR ENGINEERING AT KANSAS STATE UNIVERSITY, INC. (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity 2323 ANDERSON AVE., SUITE 500 MANHAITAN KS 66502 2323 ANDERSON AVE., SUITE 500 5200 COLBERT HILLS DRIVE MANHATTAN KS GOLF COURSE MONT KSU CHARITABLE GIFT Name of the organization KSU FOUNDATION Department of the Tressury Internal Revenue Service MANHATTAN SCHEDULE R (Form 990) Part Parti

Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (l) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1085) Ξ end-of-year assets (g) Share of (h) Dispro-portionale alloc.? Yes No (g) Share of end-of-year assets (f) Share of total income (f) Share of total income Type of entity (C corp, S corp. or trust) Predominant income (related, unrelated, excluded from tax under aections 512-514) (d) Direct controlling (d)
(Direct controlling entity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Schedule R (Form 990) 2009 FOUNDATION FOR ENGINEERING AT Primery activity Primery activity Ð Name, address, and EIN of related organization (a)
Name, address, and EIN of releted organization Part IV Part.III §

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Į	۶	Xes No	ol
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	\$	ļ	-	\dashv	
 Receipt of (!) interest (!!) annuities (!!!) royalties (!v) rent from a controlled entity 		_	1a	×	
b Gift, grant, or capital contribution to other organization(s)		•	1b	X	١
c Gift, grant, or capital contribution from other organization(s)			10	×	
d Loans or loan guarantees to or for other organization(s)			1d	×	۱
e Loans or loan guarantees by other organization(s)			10	X	١
f Sale of assets to other organization(s)			#	×	
ation(s)		ι	10	×	١
h Exchange of assets		1	₽	×	١.,
I Lease of facilities, equipment, or other assets to other organization(s)		_	11	×	
Lease of facilities, equipment, or other assets from other organization(s)			1]	×	
her organization(s)			1k	X	١
I Performance of services or membership or fundralising solicitations by other organization(s)			=	×	١
m Sharing of facilities, equipment, mailing lists, or other assets		ш	1m	X	
n Sharing of paid employees		•	1n X	_	
ation for expenses			10	×	
p Reimbursement paid by other organization for expenses			10	×	
			19	×	
. І		Ļ	+	×	ادا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshold	ds.			
(a) Name of other organization	(b) Transaction	Amoun	(c) Amount involved	2	
(9)					
(2)					i i
(3)				,	!
(*)					
(5)					
(9)					
		O.L.d.i.		1000	18

G AT 26-3520449

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part 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 goas revenue) that was not a related organization. See instructions recarding exclusion for certain investment partnerships.

A A A A A A A A A A	(a) (c) (d) Name, address, and EIN of entity Primary activity Legal domicile Are all pages or foreign section country) 501(s)	(b) Primery activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year essets	(f) Disproportionale altocations?	tionate ons?	(g) Code V—UBI amount in box 20 of Schedule K-1	(h) General or managing partner?	nal or aging
				Yes No	-	8	2	(Form 1065)	88 X	<u> </u>
)
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						-				
		•								