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DLN: 93493080004302

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

A Fo	r the	2010 ca	alendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	011			
		applicable	C Name of organization			D Em	oloyer	identification number
		hange	THE KANSAS UNIVERSITY ENDOW	MENT ASSOCIATION		48-	0547	734
Г Naı	me cha	ange	Doing Business As KU ENDOWMENT			E Tele	phone	number
┌ Inıt	ıal retu	urn		f mail is not delivered to street address)	Room/si	uite (78	5)83	2-7400
Ter	mınate	ed	PO BOX 928					
☐ Am	ended	return	City or town, state or country, ar LAWRENCE, KS 660440928	d ZIP + 4	<u>'</u>	— <b>G</b> Gros	ss receip	ots \$ 256,170,195
M App	olicatio	n pending	DAWKENCE, RS 000440320					
			F Name and address of p	rıncıpal officer	<b>H(a)</b> I	s this a group retui	n for affil	ıates?
			DALE SEUFERLING PO BOX 928					
			LAWRENCE, KS 6604409	928	` ′	Are all affiliates		Yes No t (see instructions)
						Group exemp		
		npt status		◀ (Insert no )	_			
J W	ebsit	e: 🕨 WW	VW KUENDOWMENT ORG					
<b>K</b> For	n of or	rganızatıon	Corporation Trust Associa	ition Cther ►	<b>L</b> Year	of formation 1	891	<b>M</b> State of legal domicile KS
Pa	rt I	Sum	nmary					
	1			sion or most significant activities				
8		UNIVER	RSITY SUPPORT					
Activities & Governance								
e e								
20			•	discontinued its operations or dispose		nan 25% of it	1	assets
<i>ా</i> ఇక			-	rning body (Part VI, line 1a)			3	10
8	4	Number	of independent voting member	s of the governing body (Part VI, line 1	b)		4	8
Ě	5	Total nu	ımber of ındıvıduals employed ı	n calendar year 2010 (Part V, line 2a)			5	269
ਹੁੰ	6	Total nu	ımber of volunteers (estımate ı	fnecessary)			6	69
q.	7a	Total un	related business revenue from	Part VIII, column (C), line 12			7a	8,129
	ь	Net unre	elated business taxable incom	e from Form 990-T, line 34			7b	0
				Prior Year		Current Year		
g,	8	Contri	ibutions and grants (Part VIII,	line 1h)		107,274	,043	109,911,593
anue	9		am service revenue (Part VIII		1,919		1,793,498	
Reven	10			mn (A), lines 3, 4, and 7d)		10,912		34,269,420
	11			(a), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,216	,919	13,455,116
	12			l 1 (must equal Part VIII, column (A), l	ine	132,323	,429	159,429,627
	13			ort IX, column (A), lines 1-3)		29,480	,010	28,065,778
	14	Benefi	its paid to or for members (Par	t IX, column (A), line 4)			0	0
υħ	15		es, other compensation, emplo	yee benefits (Part IX, column (A), lines	5 5 -	21.052	611	42.021.100
<u>8</u>	16a	10)	scional fundraising foos (Part I	X, column (A), line 11e)		31,953	,611	42,821,100
Expenses	ь		undraising expenses (Part IX, column			240	,001	193,373
ш	17			), lines 11a-11d, 11f-24f)	· .	66,221	.705	62,055,389
	18			nust equal Part IX, column (A), line 25)		127,901		133,135,642
	19			ne 18 from line 12		4,422		26,293,985
8 8 8 8					Begi	nning of Curr	<del>.</del>	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			Year 1,311,662	594	1,478,771,447
AS dB	21					147,800		102,179,307
E E	22			ct line 21 from line 20	. —	1,163,861		1,376,592,140
			nature Block		-	1,100,001	,020	2,0,0,032,110
Unde know	r pena	alties of po and belie	perjury, I declare that I have exan	nined this return, including accompanying te. Declaration of preparer (other than offi				
		<b></b>				2012-03-20		
Sign		Signa	ature of officer			Date		
Here	е		REY W DAVIS TREASURER					
	ı	<u> </u>	<u>'</u>	December of the second		Check if s	olf-	T
		Print/Type preparer's		Preparer's signature	Date	employed		PTIN
Paid		Fırm's nar	me FERNST & YOUNG US LLP		-	· · · · · · · · · · · · · · · · · · ·		Firm's EIN •
Prepa		Firm's add	dress • 111 MONUMENT CIRCLE SUI	TE 2600				Phone no  (317) 681-
Use (	July		INDIANAPOLIS, IN 46204					7000
May	the IF	RS discus		r shown above? (see instructions) .				✓ Yes

Form	990	(2010)
1 01111	,,,,	(2010)

Page **2** 

Pai		of Program Serv			ı		
	•	organization's missior ERS WITH DONORS I		S PHILANTHROPIC S	SUPPORT TO BUILD A G	GREATER UNIVERSITY OF	
127-11							
2		undertake any signific r 990-EZ?		ervices during the yea	r which were not listed o	n	
	If "Yes," describe the	ese new services on S	chedule O				
3	services?			nt changes in how it c	onducts, any program	┌ Yes ┌ No	
	If "Yes," describe the	ese changes on Sched	ule O				
4	Section 501(c)(3) ai		ions and secti	on 4947(a)(1) trusts	e largest program service are required to report the service reported	• •	
4a	(Code	) (Expenses \$	27,498,629	ıncludıng grants of \$	27,498,630 ) (Revenu	ıe \$ )	_
		RTUALLY ALL SCHOLARSHIP 00 STUDENTS RECEIVED SC				ONTRIBUTIONS TO KU ENDOWMENT	
4b	(Code	) (Expenses \$	33,975,756	including grants of \$	567,148 ) (Revenu	ue \$	
75	FACULTY SUPPORT INC THROUGH KU ENDOWM	REASED BY 41 PERCENT ON IENT PROVIDED MORE THAI O POSITIONS THIS SUPPOR	VER THE PREVIOUS	S YEAR IN ADDITION TO F TOTAL FUNDING FOR KU	ACULTY DEVELOPMENT AND A S DISTINGUISHED PROFESSOR	WARDS, SUPPORT BY DONORS RS, INCLUDING 170 PROFESSORS WE ENVIRONMENT THAT ONE EXPECTS A	
	(Code	) (Eyponoos d	20 102 500	maluding amounts of the	) (Dougnus	o. d. 2 701 000 \	
4c		) (Expenses \$ TE DONORS STRENGTHENS S OF KU'S LIBRARIES AND		including grants of \$ RAMS AND BRINGS RENOW	) (Revenue NED SCHOLARS, ARTISTS AND	e \$ 2,791,999 ) D PERFORMERS TO KU IT ALSO	
	0.11	(D	11015				
4d	Other program serv (Expenses \$	ices (Describe in Sch 13,240,022 ind	redule O ) <b>See</b> : rluding grants o		for Description ) (Revenue \$	321,176)	
4e	Total program servi	ice expenses►\$	112.897.00	16	•		

Part IV	Chec	rklist o	f Dear	iired	Sche	dules
4: I L T L T	CHE	-KIISL U	ı Keui	JII EU	SCHE	uuies

			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 (see instruction)? 📆	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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," complete Schedule D, Part 1	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 2	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, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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	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		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, 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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

a ı	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1,081			
•	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		   V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the	1		
	year?	3a	Yes	
•	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
	Does the eventuation have applied and a second that are married and the first of the control of	5c		K.J
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c	Yes	
	If "Yes," indicate the number of Forms 8282 filed during the year			
<u>.</u>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	1		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
l	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	_		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is incensed to issue qualified flearth plans			
	Enter the amount of reserves on hand 13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vec " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		NO
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	165	
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			•
17	List the States with which a copy of this Form 990 is required to be filed ►AK , CA , KY , MD , MA , MI , MN , NH , l UT , WA , WV	, OI	н, о <mark>к,</mark>	sc,
18	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 Another's website Vpon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DALE W SEUFERLING PRESIDENT	40 00	х		х				309,709	0	84,322
(2) D JEROME DAVIES SECRETARY/SRVP DEVELOPMENT	40 00	Х		Х				193,021	0	34,306
(3) JEFFREY W DAVIS TREASURER/SR VP FINANCE	40 00	х		х				180,752	0	65,766
(4) FRANK J BECKER EXEC COMMITTEE-VOLUNTEER	2 00	х						0	0	0
(5) WILLIAM R DOCKING EXEC COMMITTEE-VOLUNTEER	4 00	х						0	0	0
(6) RA EDWARDS EXEC COMMITTEE-VOLUNTEER	3 00	х						0	0	0
(7) CHARLES E HEATH EXEC COMMITTEE-VOLUNTEER	4 00	х						0	0	0
(8) A DRUE JENNINGS CHAIR, EXEC COMMITTEE-VOLUNTEER	4 00	х						0	0	0
(9) MD MICHAELIS EXEC COMMITTEE-VOLUNTEER	3 00	х						0	0	0
(10) LINDA ELLIS SIMS EXEC COMMITTEE-VOLUNTEER	3 00	х						0	0	0
(11) JOHN T STEWART III EXEC COMMITTEE-VOLUNTEER	2 00	х						0	0	0
(12) TODD L SUTHERLAND EXEC COMMITTEE-VOLUNTEER	3 00	Х						0	0	0
(13) DEANELL REECE TACHA VICE CHAIR, EXEC COMMITTEE-VOLUNTEER	3 00	х						0	0	0
(14) ROBERT D TAYLOR EXEC COMMITTEE-VOLUNTEER	3 00	х						0	0	0
(15) KURT D WATSON EXEC COMMITTEE-VOLUNTEER	4 00	х						0	0	0
(16) STEPHANIE GRINAGE VP MEDICAL DEVELOPMENT	40 00				х			160,386	0	25,942
										Form <b>990</b> (2010)

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

<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) JAMES MECHLER VP DEVELOPMENT	40 00					х		141,248	0	27,372
(18) WILLIAM GREEN SVP INFORMATION SYSTEMS	40 00					х		142,116	0	31,549
(19) CLARK CROPP SVP ADMINISTRATION	40 00					х		140,839	0	38,822
(20) JOHN R HILLIS ASST VP DEVELOPMENT PROG	40 00					Х		133,352	0	20,621
(21) MARK P WILSON AVP CAMPAIGN PLAN & MGMT	40 00					х		122,290	0	18,241
1b Sub-Total		_					<u> </u>			
c Total from continuation sheets t						<u></u>				
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,523,713	0	346,941
Total number of individuals (inclu \$100,000 in reportable compens	•				ed a	bove)	who	received more thar	1	

			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</i> "Yes," complete Schedule J for such individual	3		Νο	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	V		•
		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I 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

(A) Name and business address	(B) Description of services	(C) Compensation
PURDUM INC 7301 W 133RD ST STE 100 OVERLAND PARK, KS 66213	CONSTRUCTION	5,417,694
MAR LAN CONSTRUCTION LLC 1008 NEW HAMPSHIRE STE 200 LAWRENCE, KS 66046	CONSTRUCTION	1,650,383
WELLINGTON MANAGEMENT COMPANY LLP 75 STATE STREET BOSTON, MA 021091827	INVESTMENT MANAGEMENT	1,021,944
COMMERCIAL INSTALLATION & CONSTRUCTION C 14720 W 105TH ST LENEXA, KS 66215	CONSTRUCTION	899,842
CAMBRIDGE ASSOCIATES LLC 100 SUMMER ST STE 1300 BOSTON, MA 021102104	INVESTMENT CONSULTING	763,239
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►60	) who received more than	

Form 9		•					Pa	age <b>9</b>
Part	<b>7111</b>	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
まま	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
e, €	С	Fundraising events	1c	16,202,281				
<u>₹,</u> ह	d	Related organizations	. 1d	119,106				
E, S	e	Government grants (contributions)	1e	19,248,054				
er s	f	All other contributions, gifts, grants	, and <b>1f</b>	74,342,152		 	 	 
들	•	sımılar amounts not ıncluded above	2					
ξğ	g	Noncash contributions included in li		9,082,086				
ੁੱਕ	h	Total. Add lines 1a-1f	· · · · · · • • • • • • • • • • • • • •		109,911,593			
e E				Business Code				
Ken	2a	LOAN INTEREST		522200	1.472.322	1,472,322		
22	ь	APARTMENT RENTALS		531110		144,276		
AC 6	С	BUILDING LEASE		531120	88,600	88,600		
<u>.</u>	d	OTHER REAL ESTATE		531390	88,300	88,300		
Program Serwce Revenue	e		<u></u>					
200	f	All other program service re	venue					
<u>Ā</u>	g	Total. Add lines 2a-2f			1,793,498			
	3	Investment income (includin	ig dividends, interest					
		and other similar amounts)			20,726,037	1,319,677	-44,441	19,450,801
	4	Income from investment of tax-ex	empt bond proceeds 🕨					
	5	Royalties			3,236,112			3,236,112
			(ı) Real	(11) Personal				
		Gross Rents						
	_	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	109,035,255	516,352				
		assets other than inventory						
	Ь	Less cost or other basis and	95,743,515	264,709				
	_	sales expenses Gain or (loss)	13,291,740	251,643				
		Net gain or (loss)		231,043	13,543,383			
4.					, ,			13,543,383
Other Revenue	8a	Gross income from fundraisii (not including	ng events					
<b></b> ≳		\$16,202,281						
ď		of contributions reported on See Part IV, line 18						
je i		,	а	4,422,030				
ᅙ	ь	Less direct expenses .	ь	732,344				
	С	Net income or (loss) from fur	ndraising events 🟲		3,689,686			3,689,686
			ctivities See Part IV, line 19 . a					
			b					
		Net income or (loss) from ga	<u> </u>	1				
	102	Gross sales of inventory, les returns and allowances .	5					
	ı.	land archief 1	a					
		Less cost of goods sold .  Net income or (loss) from sa	•					
	_	Miscellaneous Revenue		Business Code				
	11a	OTHER RECEIPTS		900099	4,577,274			4,577,274
		AGRICULTURE		110000	1,899,474			1,899,474
		OIL & GAS EXTRACTION		211110	52,570		52,570	
		All other revenue	<u> </u>					
		• Total. Add lines 11a-11d						
			<b>&gt;</b>		6,529,318			
	12	Total revenue. See Instructi	ons		159,429,627		8,129	
					, ==,==.	3,113,175		46,396,730

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses		•		
A	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(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	28,065,778	28,065,778		· · · · · · · · · · · · · · · · · · ·
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	1,094,730		666,481	428,249
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,094,730		000,401	420,243
7	Other salaries and wages	38,978,382	30,349,685	3,166,053	5,462,644
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,361,137		446,442	914,695
9	Other employee benefits	726,753		306,799	419,954
10	Payroll taxes	660,098		286,209	373,889
а	Fees for services (non-employees) Management				
b	Legal	201,809	89,483	107,889	4,437
c	Accounting	117,563		117,563	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	193,375			193,375
f	Investment management fees	4,736,486	536,307	4,200,179	
g	Other	3,467,408	3,058,923	83,986	324,499
12	Advertising and promotion	1,019,801	438,383	67,033	514,385
13	Office expenses	2,826,133	2,075,102	202,761	548,270
14	Information technology	780,289	704,623	75,666	
15	Royalties	714,067	575,815	113,505	24,747
16	Occupancy	243,568	92,937	117,186	33,445
17	Travel	3,250,157	2,728,642	71,420	450,095
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	488,224	397,277	39,973	50,974
20	Interest	19,430	19,430		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	978,663	782,610	133,066	62,987
23	Insurance	193,084	88,399	104,258	427
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	UNRELATED BUSINESS TAX	-6,613		-6,613	
b	TRANSFERS TO UNIVERSITY	26,022,351	26,022,351		
c	CONSTRUCTION	8,824,600	8,824,600		
d	OFFICIAL HOSPITALITY	2,824,654	2,824,654		
е	EQUIPMENT & FURNISHINGS	2,516,127	2,506,251	7,065	2,811
f	A II other expenses	2,837,588	2,715,756	108,670	13,162
25	Total functional expenses. Add lines 1 through 24f	133,135,642	112,897,006	10,415,591	9,823,045
26	<b>Joint costs.</b> Check here ▶ ┌ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	combined educational campaign and landraising sometation			_	000 /2010

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,948,425	1	4,915,010
	2	Savings and temporary cash investments			43,911,004	2	53,708,184
	3	Pledges and grants receivable, net			56,986,407	3	59,099,049
	4	Accounts receivable, net			9,685,898	4	4,678,795
	5	Receivables from current and former officers, directors, trusted highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ , and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)	mplo	yers, and			
sts.		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	47,908,727			
	ь	Less accumulated depreciation	10b	11,282,737	29,716,702	10c	36,625,990
	11	Investments—publicly traded securities			750,951,856	11	881,861,535
	12	Investments—other securities See Part IV, line 11			303,583,319	12	372,309,259
	13	Investments—program-related See Part IV, line 11			22,763,836	13	22,085,419
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			92,115,147	15	43,488,206
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,311,662,594	16	1,478,771,447
	17	Accounts payable and accrued expenses .			81,325,917	17	32,197,456
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D		66,474,852	21	69,981,851
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			147,800,769	26	102,179,307
- 5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			128,611,406	27	165,500,927
Ba	28	Temporarily restricted net assets			639,399,796	28	807,991,773
nd	29	Permanently restricted net assets			395,850,623	29	403,099,440
Fund Balance		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd co	mplet e			
٥٢		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	
	32	Retained earnings, endowment, accumulated income, or other	unds			32	
Net	33	Total net assets or fund balances			1,163,861,825	33	1,376,592,140
	34	Total liabilities and net assets/fund balances			1,311,662,594	34	1,478,771,447

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		150 /	129,62
2	Total expenses (must equal Part IX, column (A), line 25)	2			L35,64
3	Revenue less expenses Subtract line 2 from line 1	3			293,98
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,163,8	361,82
5	Other changes in net assets or fund balances (explain in Schedule O)	5		186,4	136,33
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,376,5	592,14
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its content of the organization of the second organization changed either its oversight process or selection process during the tax year, explain its content of the organization of the organization of the organization have a committee that assumes responsibility for oversight of audit or the organization of the organization have a committee that assumes responsibility for oversight of audit or the organization of the organization have a committee that assumes responsibility for oversight of audit or the organization of the o	n			
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Employer identification number** 

## OMB No 1545-0047

OMB NO 1545-002

2010

Open to Public Inspection

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

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h

Department of the Treasury
Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Name of the organization THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

		48-0547734			
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
The c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box )			
1	$\sqcap$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
3	$\sqcap$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)</b> hospital's name, city, and state	(iii). Ente	r the	
5	굣	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II )			
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$ .			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in	e general	public	
	_	section 170(b)(1)(A)(vi) (Complete Part II)			
8	<u> </u>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )			
9	ļ	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, a	nd gros	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busın	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 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	•	a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III superheak this box	oporting o	rganız	ation,
g		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)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II u	ne organización	Talls to quality	under the tests	listed below, pi	lease co	ilibiete i	art III.)
	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	73,628,166	5 87,578,360	102,470,771	107,274,043	109	,911,593	480,862,933
2	grants ") 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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	73,628,166	87,578,360	102,470,771	107,274,043	109	,911,593	480,862,933
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							4,455,271
6	Public Support. Subtract line 5 from line 4							476,407,662
S	ection B. Total Support							
	endar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	beginning in) ► A mounts from line 4	73,628,166	87,578,360	102,470,771	107,274,043		,911,593	480,862,933
8	Gross income from interest,	, 5,525,155	2.72.2723	102, 17 0,77 1	107/27 1/010		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00,002,555
_	dividends, payments received on securities loans, rents, royalties and income from similar sources	39,697,950	55,295,296	41,192,246	28,896,790	32	,853,347	197,935,629
9	Net income from unrelated business activities, whether or not the business is regularly carried on	368,615	92,132	33,895	-11,291		-10,648	472,703
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							679,271,265
12	Gross receipts from related activ	ities, etc (See ins	structions )			12		42,984,443
13	First Five Years If the Form 990 I check this box and stop here	s for the organiza	tion's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(	3) organız	ation, ▶
S	ection C. Computation of Pu							
14	Public Support Percentage for 20	10 (line 6 column	ı (f) dıvıded by lıne	e 11 column (f))		14		70 140 %
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15		68 790 %
16a	<b>33 1/3% support test—2010.</b> If the and <b>stop here.</b> The organization q				line 14 is 33 1/39	% or more	, check t	his box <b>►</b> ✓
b	<b>33 1/3% support test—2009.</b> If the				6a, and line 15 is	33 1/3%	or more,	
17a	box and <b>stop here.</b> The organization 10%-facts-and-circumstances tess 10% or more, and if the organization means IV how the o	s <b>t — 2010.</b> If the or zation meets the '	ganızatıon dıd not 'facts and cırcum:	check a box on li stances" test, ch	eck this box and <b>s</b>	top here.	Explain	<b>▶</b> □
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the org	st— <b>2009.</b> If the or anızatıon meets t	ganızatıon dıd not he "facts and cırc	check a box on l umstances" test,	ine 13, 16a, 16b, check this box ar	or 17a ar nd <b>stop he</b>	id line ere.	<b>►</b> □
18	Explain in Part IV how the organize supported organization  Private Foundation If the organize particular in the organization				-			▶⊏ ▶⊏
	ınstructions							F1

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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% support tests—2009. 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 (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 48-0547734

Name: THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 13,240,022 including grants of \$ ) (Revenue \$ 321,176)

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 KANSAS UNIVERSITY BUILDINGS AND ABOUT 85% OF THE LAND AVAILABLE FOR CAMPUS EXPANSION WERE MADE POSSIBLE BY PRIVATE GIFTS DLN: 93493080004302

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

	of the organization	COCIATION		Employ	erıder	ntification number
HE KA	ANSAS UNIVERSITY ENDOWMENT AS	SOCIATION		48-054	7734	
ırt I	-A Complete if the or	ganization is exempt und	er section 501(			
P	rovide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV		
	olitical expenditures				<b> -</b>	\$
٧	olunteer hours					
rt I	B Complete if the or	ganization is exempt und	er section 501(	c)(3).		
	<u> </u>	e tax incurred by the organization			<b> </b>	\$
E	nter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955	<b>.</b>	\$
Ιf	f the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?			☐ Yes ☐ No
a W	/as a correction made?					┌ Yes ┌ No
) If	f "Yes," describe in Part IV					
		ganization is exempt und	er section 501(	c) except sectio	n 50	1(c)(3).
E	nter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities	►	\$
	nter the amount of the filing o	organization's funds contributed to	o other organization	s for section 527	<b>-</b>	\$
е,	xempt function activities					
		tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	<b>.</b>	·
T o	otal exempt function expending the filing organization file Internation file International file Internation	Form 1120-POL for this year? nd employer identification numbe	r (EIN) of all sectior	, n 527 political organi		
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses alonganization made payments of mount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fro nd directly delivered	n 527 political organi om the filing organiza to a separate politic	tıon's al orga	s to which the filing funds Also enter the anization, such as a
T of or ar	otal exempt function expending the filing organization file Inter the names, addresses alonganization made payments of mount of political contribution	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly ar	r (EIN) of all section r the amount paid fro nd directly delivered	n 527 political organi om the filing organiza to a separate politic	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a action in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political
T of or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
T of or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none
T of Er or ar	otal exempt function expending the filing organization file Inter the names, addresses all rganization made payments of political contribution eparate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly ar  Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered ) If additional space	on 527 political organization the filing organizato a separate politicis needed, provide in (d) A mount paid filing organization	tion's al orga nforma from on's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
Α.	Check If the filing organization belongs to a			
<u> </u>	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	0	
d	Other exempt purpose expenditures		112,897,006	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	112,897,006	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1 f from line 1 c If zero or less ente	or - 0-	0	

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 2a through 2f on page 4.)

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)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	25,243	52,000	0	0	77,243				
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures									

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ 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 referendum, through the use of					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [					n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c	)(5), (	or se		
	501(c)(6).	501(c	)(5), « 		Yes	No
1	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	501(c	)(5), ( 	1		
1 2	<b>501(c)(6).</b> Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c	)(5), ( 	1 2		
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	<b>501(c)(6).</b> Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c	)(5), (	1 2 3	Yes	No
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c	)(5), (	1 2 3	Yes	No
1 2 3 Par	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	501(c II-A, 1 2a 2b	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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	501(c II-A, 1 2a 2b 2c	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	501(c II-A, 1 2a 2b 2c 3	)(5), (	1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

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

DLN: 93493080004302

OMB No 1545-0047

Open to Public Inspection

### **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. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION 48-0547734 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99		•		<u>-</u>
		(a) Donor advised funds	(	( <b>b)</b> Funds and ot	her accounts
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 advi- funds are the organization's property, subject to the o	<del>-</del>	ıor advı	ısed	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes ┌ No
Pai	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV,	, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a G	certıfıe	d historic struct	•
_	easement on the last day of the tax year				
				Held at the I	nd of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ne organization d	urıng
	the taxable year ►				
Ļ	Number of states where property subject to conserva	ation easement is located be			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand		f violations, and	┌ Yes
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year 🛌	
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s during	g the year ► \$ _	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion		┌ Yes ┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial			
Par	<b>Organizations Maintaining Collectio</b> Complete if the organization answered "		or Ot	her Similar A	ssets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•
	(i) Revenues included in Form 990, Part VIII, line 1				0
	(ii) Assets included in Form 990, Part X				762,274
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan		
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
Ь	Assets included in Form 990, Part X			<b>&gt;</b> \$	

Part	<b>III</b> Organizations Maintaining Co	llections of Art,	His	torica	il Treas	sures, or (	Othe	r Similar As	sets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th			_			ion	
а	▼ Public exhibition		d	₽ L	oan or ex	change prog	rams			
b	Scholarly research		e	$\Gamma$	ther					
c	▼ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explair	n how	v they f	urther the	organizatio	n's ex	kempt purpose i	n	
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								_ Yes	✓ No
Par	Part IV, line 9, or reported an an	•			_	on answere	ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for con	itributions	or other as	sets		_ Yes	<b>▽</b> No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollow	ıng tab	le	ı		Ι -		
								Am	ount	
<b>c</b>	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					ı	✓ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete							t IV, line 10. (d)Three Years		
		(a)Current Year	(b	<b>)</b> Prior Ye	ar (c	:)Two Years Ba	ck	Back	(e)Four Y	'ears Back
1a	Beginning of year balance	683,222,760			44,085	753,554,	,225			
b	Contributions	28,231,498			13,567	21,731				
С	Investment earnings or losses	134,790,574			37,613	-167,933,				
d	Grants or scholarships	10,034,480			74,040	20,809				
е	Other expenditures for facilities and programs	13,725,088		19,7	98,465	13,199	,467			
f	Administrative expenses									
q	End of year balance	822,485,264		683,2	22,760	573,344,	.085			
2	Provide the estimated percentage of the yea	r end halance held as			<b> </b>					
- а	Board designated or quasi-endowment	0 370 %	,							
b	r emianent endowment F									
	Term endowment ► 43 290 %							* 6 -		
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	tion t	.nat are	e neid and	administere	ed for	trie	Yes	No
	(i) unrelated organizations							3a(		Νο
	(ii) related organizations							3a(i	i)	Νο
b	If "Yes" to $3a(II)$ , are the related organization	•						3b	1	<u> </u>
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments—Land, Buildings	s, and Equipmen	t. S		•				T	
	Description of investment				ost or other investment)			(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
<b>1a</b> L	and				12,834,228	6,64	2,937		1	9,477,165
b B	Buildings					25,49	6,706	9,839,864	1	5,656,842
c L	easehold improvements									
d E	quipment		•			2,91	2,628	1,442,873	3	1,469,755
<b>e</b> (	)ther				22,22	8			1	22,228

36,625,990

Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b</b> )Book value		d of valuation -year market value
(1)Financial derivatives		Cost of the of	y car market varae
(2)Closely-held equity interests			
(3)0 ther			
(A) MARKETABLE ALTERNATIVE INVESTMENTS	237,361,515		F
(B) NON-MARKETABLE ALTERNATIVE INVESTMTS	26,568,384		F
(C) OTHER LLC'S AND LLP'S	106,945,721		<u> </u>
(D) REAL EST,ROYALTY,&MINERAL INTERESTS	1,433,639		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	372,309,259		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		d of valuation
	, ,	Cost or end-or	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(a) Descrip	tion		(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	159,429,627
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	133,135,642
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	26,293,985
4	Net unrealized gains (losses) on investments	4	184,263,230
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,173,100
9	Total adjustments (net) Add lines 4 - 8	9	186,436,330
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	212,730,315
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	340,214,651
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 683,938		
e	Add lines <b>2a</b> through <b>2d</b>	2e	184,947,168
3	Subtract line <b>2e</b> from line <b>1</b>	3	155,267,483
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) 4b 4,162,144		
c	Add lines <b>4a</b> and <b>4b</b>	4c	4,162,144
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	159,429,627
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	127,484,337
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
Ь	Prior year adjustments	1 1	
С	Other losses	4	
d	Other (Describe in Part XIV)	1 1	
е	Add lines <b>2a</b> through <b>2d</b>	2e	-1,489,161
3	Subtract line <b>2e</b> from line <b>1</b>	3	128,973,498
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	1	
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	4,162,144
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	133,135,642

### Part 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 IV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
	PART III, LINE 4	OVER THE YEARS, DONORS HAVE GIVEN IN-KIND GIFTS OF ART AND LIBRARY COLLECTIONS, OR HAVE ESTABLISHED FUNDS FOR THE PURPOSE OF PURCHASING SUCH ITEMS FOR THE MUSEUMS, LIBRARIES AND TEACHING FACILITIES OF THE UNIVERSITY OF KANSAS SUCH GIFTS ARE ADMINISTERED BY KU ENDOWMENT IN ACCORDANCE WITH ANY APPROPRIATE DONOR RESTRICTIONS THAT MAY BE PLACED UPON THE GIFT
	PART IV, LINE 2B	KU ENDOWMENT HOLDS CERTAIN ENDOWMENT AND OTHER FUNDS ON BEHALF OF AFFILIATES OF THE UNIVERSITY AND OTHER THIRD PARTIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 2,600 INDIVIDUAL FUND ACCOUNTS ESTABLISHED TO PROVIDE SUPPORT FOR A VARIETY OF UNIVERSITY PROGRAMS ACROSS GENERATIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		AMORTIZATION OF PENSION ADJUSTMENTS 2,221,505 CHANGE IN NET INTEREST IN KU ENDOWMENT CHARITABLE GIFT FUND 45,142 CHANGE IN VALUE OF LIFE INCOME GIFTS -1,188,549 CHANGE IN VALUE OF LIFE INSURANCE 1,095,002
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF LIFE INCOME GIFTS -1,188,549 CHANGE IN NET INTEREST IN KU ENDOWMENT CHARITABLE GIFT FUND 45,142 FUNDRAISING EVENT DIRECT EXPENSES (SEE PART VIII, LINE 8B) 732,344 CHANGE IN VALUE OF LIFE INSURANCE CASH VALUE 1,095,001
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME (REDUCED BY INVESTMENT EXPENSES) 4,162,144
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT DIRECT EXPENSES (SEE PART VIII, LINE 8B) 732,344 AMORTIZATION OF PENSION ADJUSTMENTS -2,221,505
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT EXPENSES 4,162,144
		PART V, LINE 1C UPON FURTHER REVIEW OF THE REPORTING OF ENDOWMENT FUNDS AND TO BE CONSISTENT WITH THE REPORTING OF ENDOWMENT FUNDS IN THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS, IT WAS DETERMINED THAT CASH BALANCES OF THE ENDOWMENT FUNDS SHOULD BE INCLUDED AS PART OF THE ENDOWMENT FUNDS BEING REPORTED THESE AMOUNTS WERE NOT INCLUDED IN THE PRIOR YEAR ENDING BALANCE, THUS AN ADJUSTMENT OF \$45,657,502 WAS MADE TO INCREASE LINE 1C TO INCLUDE THESE AMOUNTS IN THE TOTAL ENDOWMENT FUNDS BEING REPORTED FOR THE PRIOR YEAR COLUMN

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DLN: 93493080004302

OMB No 1545-0047

2010

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**Inspection** 

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

**Statement of Activities Outside the United States** 

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Employer identification number

	KANSAS ONIVERSITI ENDOWI				48-0547734	
Pa	rt I General Information "Yes" to Form 990, Par			he United States. Co	omplete if the organiz	atıon answered
1	For grantmakers. Does the	organization r	naıntaın record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ırd
	the grants or assistance?					│ Yes │ No
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	zation's procedui	es for monitoring the use	of grant funds outside th	ne
3	Activites per Region (Use Part \	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		82,690,00
	EAST ASIA AND THE PACIFIC	0		FUNDRAISING		27,000
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		2,000
	-					
	_					
	Sub-total	С	C			82,719,00
b	Total from continuation sheets to Part I	c	) c			1

c Totals (add lines 3a and 3b)

82,719,000

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	<b>a)</b> Name of rganization	(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)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Г	_	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	<del>-</del>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	F	<del>,</del>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	Į.	<del>-</del>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	Į.	<del>-</del>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	[·	<del>-</del>	Νo

Schedule F (Form 990) 2010

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	SCHEDULE F, PART I, LINE 3 THE AMOUNT FOR "INVESTMENTS" REPRESENTS THE TOTAL BOOK VALUE OF ALL INVESTMENTS IN THE REGION AS OF JUNE 30, 2011 SUCH INVESTMENTS BY THE ORGANIZATION ARE PASSIVE AND DO NOT CONSTITUTE ANY ACTIVITY RELATED TO THE ORGANIZATION'S PROGRAM SERVICES INCOME FROM THESE HOLDINGS ARE REPORTED NET OF RELATED INVESTMENT EXPENSES, WHICH ARE DISCLOSED AS A NOTE TO THE AUDITED FINANCIAL STATEMENT

Schedule F (Form 990) 2010

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DLN: 93493080004302

OMB No 1545-0047

Department of the Treasury Internal Devenue Convec

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Open to Public

internal Neverlue Service	F Attach to Form 990 of Form 990-EZ. F See separate instructions.	Inspection
Name of the organization		Employer identification number
THE KANSAS UNIVERS	ITY ENDOWMENT ASSOCIATION	
		48-0547734

Part I	Fundraising Activities.	Complete if the organization answe	red "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations e Solicitation of non-government grants
- Solicitation of government grants ▼ Internet and e-mail solicitations
- Phone solicitations Special fundraising events
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
  - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
ASSOCIATES INC	CAMPAIGN PLANNING, FEASIBILITY ANALYSIS		Νο	O	198,375	-198,375
Total					198,375	-198,375

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

AK, AZ, AR, CA, CO, CT, HI, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, OH, OK, OR, SC, VA, WA, WV, UT, KY

Pa	<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.					
			(a) Event #1  20% OF RIGHT TO PURCHASE TICKETS (event type)	(b) Event #2  CANCER CENTER BENEFIT DINNER (event type)	(c) O ther Events  18 (total number)	(d) Total Events (Add col (a) through col (c))
ENE	1	Gross receipts	18,663,125	1,072,146	889,040	20,624,311
Revenue	2	Less Charitable contributions	14,930,500	748,370	523,411	16,202,281
_	3	Gross income (line 1 minus line 2)	3,732,625	323,776	365,629	4,422,030
	4	Cash prizes				
မ	5	Non-cash prizes				
Expenses	6	Rent/facility costs			40,377	40,377
ă	7	Food and beverages		75,560	158,353	233,913
<u>D</u> eg	8	Entertainment		221,482	69,262	290,744
ā	9	Other direct expenses .		94,693	72,617	167,310
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	732,344
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		3,689,686
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
sesue	2	Cash prizes				
xpen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
P	5	Other direct expenses				
	6	Volunteer labor	∀es %     No	┌ Yes % ┌ No	┌ Yes %	
		Direct expense summary Add lines  Net gaming income summary Com				
						I
9 a		er the state(s) in which the organiza the organization licensed to operate:		· · · · · · · · · · · · · · · · · · ·		
ь		No," Explain				· I Yes I No
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · 「Yes 「No
						1

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493080004302

Department of the Treasury Internal Revenue Service Name of the organization

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

**Inspection** Employer identification number

48-0547734

Part I General Inform	mation on Grants	and Assistance					
1 Does the organization ma the selection criteria use	d to award the grants (	orassistance?					<b>▽</b> Yes <b>┌</b> N
<ul><li>2 Describe in Part IV the o</li><li>Part II Grants and Ot</li></ul>		es for monitoring the us Governments and			Complete if the o	rnanization answere	d "Yes" to
Form 990, Part 1		ecipient that receive	d more than \$5,000.		one recipient rec	eived more than \$5,	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STATE OF KANSAS THE UNIVERSITY OF KANSAS 1502 IOWA STREET 240 C-0 LAWRENCE,KS 66045	48-6029925	SECTION 115	28,065,778				STUDENT SCHOLARSHIPS AND FELLOWSHIPS AND STUDENT AND FACULTY AWARDS AND PRIZES
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations					<u> </u>
3 Enter total number of other							• 0
Duite A-A d D ul. D-		AL - TAAi f F		C-t N- FOOFFD		C-1	h - ded - 7 (F 000) 2010

	$V_{i_1} + \cdots + V_{i_m} + \cdots + $
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) 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.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MANY DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT
MONITORING GRANTS		PROGRAMS ARE MADE FOR STUDENT SCHOLARSHIPS OR FOR UNIVERSITY EMPLOYEE SALARIES AND SIMILAR
IN THE U S		EXPENSES WHICH ARE DISBURSED DIRECTLY TO THE STATE OF KANSAS, UNIVERSITY OF KANSAS, AND WHICH
		ARE 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 ACCOUNTABLE
		PLAN PROCEDURES AND ARE SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING
		BOARD DESIGNED TO ENSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE
		ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAMS ARE ADEQUATELY INVESTIGATED TO ENSURE
		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
		Sabadula I / Farm 000\ 2010

DLN: 93493080004302

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE	KANSAS UNIVERSITY ENDOWMENT ASSOCIATION			
	48-0547734			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	IB	162	
_	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	, Applications of different compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	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 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
ь	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 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
0	If "Vac" to line 8, did the organization also follow the rebuttable procumption procedure described in Pagulations	<u> </u>	<del>                                     </del>	<del> ,</del>

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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)(I)-(III) 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
(4) 5 (1 5 W) (1 (1 )		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DALE W SEUFERLING	(I) (II)	309,709 0	_	0 0	74,586		394,031	J
(2) D JEROME DAVIES	(ı) (ıı)	193,021	0	0 0	24,824		2 227,327	,
(3) JEFFREY W DAVIS	(ı) (ıı)	180,752 0	_	0 0	58,400		246,518	
(4) STEPHANIE GRINAGE	(I) (II)	160,386 0	0	0 0	21,336		186,328	
(5) JAMES MECHLER	(ı) (ıı)	141,248 0	0	0 0	18,071		168,620	
(6) WILLIAM GREEN	(ı) (ıı)	142,116 0	0	0 0	24,581		173,665	)
(7) CLARK CROPP	(ı) (ıı)	140,839	0	0 0	29,492		179,661	
(8) JOHN R HILLIS	(ı) (ıı)	133,352	0 0	0 0	16,100			
(9)	<u> </u>							
(10)								
(11)		1						
( 12 )		†						
( 13 )		†						
( 14 )	+-	+						
( 15 )	<del></del>	+						
( 16 )	<del></del> '	+			+			

## 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
	1 A	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 REIMBURSED, AND NOT TREATED AS COMPENSATION, FOR A SPOUSE TO ACCOMPANY AN OFFICER TO ASSIST IN A VOLUNTEER CAPACITY WITH DONOR DEVELOPMENT AT SEVERAL EVENTS, WHICH ALSO REQUIRED ATTENDANCE BY THE OFFICER COUNTRY CLUB DUES WERE PAID ON BEHALF OF TWO OFFICERS AND ONE HIGHLY COMPENSATED EMPLOYEE TO PROMOTE FUNDRAISING EFFORTS THESE AMOUNTS ARE TREATED AS COMPENSATION TO THESE EMPLOYEES
	4B	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 \$18.099

**Schedule J (Form 990) 2010** 

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As Filed Data -

DLN: 93493080004302

Employer identification number

OMB No 1545-0047

Schedule L

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

THE K	ANSAS UNIVERSITY ENDOWMENT AS	SOCIATI	ON					4	8-05477	34			
Part	Excess Benefit Trai							organı	zations (	only).	ıne 40h		
	(a) Name of disq					10				orrected?			
1	(a) Name or disq	uaimed	person			<b>(b)</b> Desc	ription	of trans	action		Yes	No	
2 F	inter the amount of tax impos	ed on t	he orgai	nization man	agers or	disqualified pers	ons duri	na the v	ear unde	r	•	•	
	ection 4958		_		-	•			•	· \$			
<b>3</b> E	inter the amount of tax, if any	, on lın	e 2, abo	ve, reımburs	ed by th	e organization .			🕨	· \$			
Part	III Loans to and/or I	From	Intere	stad Dare	sone .								
1 41 6	Complete if the organiz					, Part IV, line 26	, or Forr	n 990-E	Z, Part V	, line 38	a		
		(b) L	oan to						(f)				
(a) Na	ame of interested person and	` '				. (d)Balance due	(e) In default?		Approved by board or		(g)Writ		
	purpose	organ	ızatıon?	principal a	amount	(d) Balance due			committee?			agreement.	
		То	From				Yes	No	Yes	No	Yes	No	
										-			
Total					<b>▶</b> \$					- I			
Part :	••• Grants or Assistar												
	Complete if the orga	nızatı						27.					
	(a) Name of interested pers	on	(	-		en interested per ganization	rson	<b>(c)</b> A m	nount of g	rant or t	ype of ass	stance	
				ai	id the or	gamzation							

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

Complete if the organization	on answered "Yes" on	Form 990, Part IV, III	ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz rever	aring of ation's nues?
(1) RA EDWARDS	organization  EXECUTIVE COMMITTEE OF KU ENDOWMENT	, , , , , , , , , , , , , , , , , , ,	SEE PART V - R A EDWARDS IS PRESIDENT OF FIRST NATIONAL BANK OF HUTCHINSON, WHICH MANAGES INCOME- PRODUCING FARM PROPERTIES HELD BY KU ENDOWMENT	Yes	No No
(2) KURT D WATSON	EXECUTIVE COMMITTEE OF KU ENDOWMENT	, ,	SEE PART V - KURT WATSON IS PRESIDENT OF THE IMA FINANCIAL GROUP, WHICH RECEIVES FEES AS AN INSURANCE CONSULTANT AND BROKER		No
(3) JOHN T STEWART III	EXECUTIVE COMMITTEE OF KU ENDOWMENT	,	SEE PART V - JOHN STEWART IS CHAIRMAN OF STEWART COMPANIES, WHICH MANAGES INCOME- PRODUCING FARM PROPERTIES HELD BY KU ENDOWMENT		No
4		1	I .		

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

**NonCash Contributions** 

Open to Public Inspection

	ne of the organization KANSAS UNIVERSITY ENDOWMENT ASSOCIA	Employer identification number						
					48-0547734			
Pä	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		ntribut	.ion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
100	ds							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	216	8,774,446	COST			
10	Securities—Closely held	l x	1	00.640	COST (SAME AS PI	DO CEET	) C \	
11	stock	^	1	99,640	COST (SAME AS FI	ROCEEL	<i>J</i> 3)	
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
14	structures Q ualified conservation contribution—O ther							
15	Real estate—Residential .				1			
16	Real estate—Commercial	Х	1	208,000	MARKET COMPARA	ABLES		
17	Real estate—Other				1			
18	Collectibles				1			
19	Food inventory					,		
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts				1			
23	Scientific specimens				1			
	Archeological artifacts							
25	O ther ▶ ()							
	Other ▶()							
	Other ►( )				1			
	Other►( )							
29	Number of Forms 8283 received for which the organization comple		<u>-</u>		29			1
			·	-		\	Yes	No
30a	During the year, did the organizat	ion receive	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the c	late of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	e holding p	erıod?			30a		No
ŀ	If "Yes," describe the arrangeme	nt ın Part I	I					
31	Does the organization have a gift	acceptano	e policy that requires the i	review of any non-standard	contributions?	31 Y	/es	
32a	Does the organization hire or use contributions?				non-cash	32a		Νo
,	If "Yes," describe in Part II							110
	If the organization did not report i	revenijes i	n column (c) for a type of n	ronerty for which column (a	) is checked			

describe in Part II

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
		THE ORGANIZATION IS REPORTING THE NUMBER OF
NUMBER OF CONTRIBUTORS		CONTRIBUTORS

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493080004302

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Employer identification number

48-0547734

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		A DRUE JENNINGS, FRANK BECKER, JOHN T STEWART, AND TODD SUTHERLAND HAVE A BUSINESS RELATIONSHIP M D MICHAELIS, R A EDWARDS, TODD SUTHERLAND, DEANELL REECE TACHA, ROBERT TAYLOR, AND KURT WATSON HAVE A BUISNESS RELATIONSHIP

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION'S BY-LAWS WERE AMENDED TO REFLECT AN UPDATED MISSION STATEMENT FOR THE ORGANIZATION THE UPDATED MISSION STATEMENT IS AS FOLLOWS "KU ENDOWMENT PARTNERS WITH DONORS IN PROVIDING PHILANTHROPIC SUPPORT TO BUILD A GREATER UNIVERSITY OF KANSAS"

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BY LAWS OF THE ORGANIZATION PROVIDE FOR A BOARD OF TRUSTEES TO BE COMPRISED OF 50 TO 75 MEMBERS THE BOARD OF TRUSTEES ARE RESERVED A LIMITED NUMBER OF POWERS WHICH INCLUDE 1) ELECTION OR REMOVAL OR TO FILL VACANCIES IN THE EXECUTIVE COMMITTEE, AND 2) ELECTION OF THE CHAIR OF THE EXECUTIVE COMMITTEE THE OTHER POWERS PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES ARE OUTLINED IN THE EXPLANATION TO QUESTION 7B BELOW

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE LIMITED POWERS OF THE MEMBERS OF THE BOARD OF TRUSTEES OF THE ORGANIZATION ALSO INCLUDE 1) ELECTION OR REMOVAL OR TO FILL VACANCIES OF THE MEMBERS OF THE BOARD OF TRUSTEES, 2) CHANGE IN THE NUMBER OF MEMBERS OF THE BOARD OF TRUSTEES, 3) AMENDMENT OF THE ARTICLES OF INCORPORATION, AND 4) LIQUIDATION OR DISSOLUTION OF KU ENDOWMENT, OR DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF KU ENDOWMENT, OR ANY MERGER OF KU ENDOWMENT INTO OR WITH ANOTHER CORPORATION THE BY LAWS DO NOT GRANT THE MEMBERS OF THE BOARD OF TRUSTEES ANY OTHER POWERS OTHER THAN THOSE INDICATED ABOVE A FULL LIST OF THE MEMBERS OF THE BOARD OF TRUSTEES CAN BE FOUND ON THE ORGANIZATION'S WEBSITE WWW KUENDOWMENT ORG

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS PREPARED INTERNALLY BY THE TAX AND COMPLIANCE REPORTING OFFICER AN INTERNAL REVIEW OF THE RETURN IS COMPLETED BY APPROPRIATE KU ENDOWMENT PERSONNEL AN EXTERNAL TAX PREPARER THEN COMPLETES A REVIEW OF THE RETURN A DRAFT COPY OF FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE TO REVIEW AND RECOMMEND REVISIONS ANY SUCH RECOMMENDATIONS ARE PROVIDED IN A TIMELY MANNER TO INCORPORATE THEM IN THE RETURN BEFORE TRANSMITTAL TO THE IRS THE AUDIT COMMITTEE REVIEWS THE 990 ON BEHALF OF THE GOVERNING BODY (THE EXECUTIVE COMMITTEE) AND RECOMMENDS APPROVAL OF THE 990 BY THE EXECUTIVE COMMITTEE THE FINAL VERSION OF THE 990 IS PLACED ON THE TRUSTEE INTRANET FOR THE EXECUTIVE COMMITTEE TO REVIEW PRIOR TO FILING AFTER TRANSMITTAL OF THE FINAL RETURN TO THE IRS, A COPY OF THE RETURN IS PLACED ON THE ORGANIZATION'S PUBLIC WEBSITE

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 ENDOWMENT 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 ENDOWMENT'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO KU ENDOWMENT 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 AND 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 ENDOWMENT 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 ENDOWMENT AND ANY AND ALL SUCH ADDITIONAL FUNCTIONS AS MAY FROM TIME TO TIME BE DESIGNATED BY THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	KU ENDOWMENT WAS GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX IN 1934, AND RECEIVED ADDITIONAL CONFIRMATION OF THIS EXEMPTION ON JUNE 1, 2000, AND MOST RECENTLY ON OCTOBER 18, 2010 A COPY OF THE LATTER IS AVAILABLE ON THE ORGANIZATION'S WEBSITE UNDER THE TAB, "ACCOUNTABILITY," "FINANCIALS AND FORMS," "IRS DETERMINATION LETTER"

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	KU ENDOWMENT'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE UNDER THE TAB "ACCOUNTABILITY," "FINANCIALS AND FORMS," "2011 AUDIT REPORT " A COPY OF THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE UNDER THE TAB "ABOUT US," "LEADERSHIP,"BOARD OF TRUSTEES "

ldentifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO A RELATED ORGANIZATION	FORM 990, PART VII, SECTION A, COLUMN (B)	THE FOLLOWING PERSONS LISTED IN SECTION A EACH DEVOTED AN ADDITIONAL 10 HOURS PER WEEK TO THE KU ENDOWMENT CHARITABLE GIFT FUND, A RELATED ORGANIZATION FRANK J BECKER, CHARLES HEATH, KURT D WATSON, TODD SUTHERLAND, LINDA ELLIS SIMS, DALE W SEUFERLING, D JEROME DAVIES, JEFFREY W DAVIS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 184,263,230 AMORTIZATION OF PENSION ADJUSTMENTS 2,221,505 CHANGE IN NET INTEREST IN KU ENDOWMENT CHARITABLE GIFT FUND 45,142 CHANGE IN VALUE OF LIFE INCOME GIFTS -1,188,549 CHANGE IN VALUE OF LIFE INSURANCE 1,095,002 TOTAL TO FORM 990, PART XI, LINE 5 186,436,330

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

DLN: 93493080004302

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

**Employer identification number** 

# SCHEDULE R (Form 990)

Name of the organization

THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

48-0547734 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) (c) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) FOBW LLC THE KANSAS UNIVERSITY PO BOX 928 INACTIVE KS 0 ENOWMENT ASSOCIATION 0 LAWRENCE, KS 660440928 26-2224227 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section controlled or foreign country) (if section 501(c)(3)) entity organization Yes (1) THE KU ENDOWMENT CHARITABLE GIFT FUND SUPPORT FOR KU PO BOX 928 ENDOWMENT AND 501(C) KS 11A, TYPE I N/A 501(C)(3) No (3)'S NAMED IN LAWRENCE, KS 660440928 GOVERNING DOCUMENT 20-0317170 (2) LEON KARELITZ CHARITABLE TRUST SUPPORT FOR KU PO BOX 928 ENDOWMENT PURSUANT 11A, TYPE I N/A KS 501(C)(3) No TO GOVERNING LAWRENCE, KS 660440928 DOCUMENT 61-6400249

Cat No 50135Y

				<b>ble as a Partner</b> created as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lu	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V- amount in bo Schedule (Form 10	x 20 of K-1	(j Gene mana part	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "\	'es" on	Form	990,	Part IV,
	(a) Id EIN of related organiz		(b) Primary activity	(c) Legal domicile (state or foreign country)	·	(d) Direct cor enti	) ntrolling	(e) Type of er (C corp, S or trust	ntity corp,		<b>(f)</b> f total income	Shai end-o	y) e of f-year ets		(h) Percentage ownership
See Additional Data Table				,,											

Pa	<b>rt V Transactions With Related Organizations</b> (Complete if the organization answered "Ye	es" on Form 990, Pai	rt IV, line 34, 35, 3	5A, or 36.)		
	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 organization engage in any of the following transactions with one or more related organization	anızatıons lısted ın Part	s 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
c	Gıft, grant, or capıtal contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
е	Loans or loan guarantees by other organization(s)			<b>1e</b>		No
f	Sale of assets to other organization(s)			<u>1f</u>		No
g	Purchase of assets from other organization(s)			<u>1g</u>		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
i	Lease of facilities, equipment, or other assets from other organization(s)					No
k				1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n				1n		No
o	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)			<b>1</b> q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transacti	on thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount
<b>(1)</b> T	HE KU ENDOWMENT CHARITABLE GIFT FUND	С	119,106	CASH		

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) THE KU ENDOWMENT CHARITABLE GIFT FUND	С	119,106	CASH
(2) LORRAINE M LOVE CHARITABLE REMAINDER UNITRUST	С	8,358	CASH
(3) AGNES LAURETTA MCCLAIR TEST TRUST	С	36,201	CASH
(4) MARY SELLARS FUND	С	14,800	CASH
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) 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?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:** 

**EIN:** 48-0547734

Name: THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CHARITABLE REMAINDER TRUSTS (68)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	KS	N/A	Т			
CHARITABLE REMAINDER TRUST (1)	SPLIT INTEREST TRUST PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	IL	N/A	т			
CHARITABLE REMAINDER TRUST (1)	SPLIT INTEREST TRUST PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	CO	N/A	Т			
CHARITABLE REMAINDER TRUSTS (3)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	МО	N/A	Т			
CHARITABLE LEAD TRUSTS (2)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	ОН	N/A	т			
LORRAINE M LOVE CHARITABLE REMAINDER UNITRUST PO BOX 700 JUNCTION CITY, KS66441 48-1247473	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	Т	5,669	146,490	100 000 %
AGNES LAURETTA MCCLAIR TEST TRUST C/O BNK OF AMERICA PO BOX 831041 DALLAS, TX75283 48-6126736	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	Т	-89,908	946,618	100 000 %
MARY SELLARS FUND C/O BNK OF AMERICA PO BOX 831041 DALLAS, TX75283 48-6203686	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	Т	25,229	292,246	100 000 %