

Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION
Doing business as
KU ENDOWMENT
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 928
City or town, state or province, country, and ZIP or foreign postal code
LAWRENCE, KS 660440928
F Name and address of principal officer
DALE SEUFERLING
PO BOX 928
LAWRENCE, KS 660440928

D Employer identification number
48-0547734
E Telephone number
(785) 832-7400
G Gross receipts \$ 489,850,039

H(a) Is this a group return for subordinates?
No ☐ Yes ☒
H(b) Are all subordinates included?
If "No," attach a list (see instructions) ☐ Yes ☐ No
H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KUENDOWMENT ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile KS

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
UNIVERSITY SUPPORT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** 12
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 11
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5** 325
6 Total number of volunteers (estimate if necessary) **6** 72
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** -457,644
b Net unrelated business taxable income from Form 990-T, line 34 **7b** -532,552

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶12,343,097
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12

Prior Year
190,025,615
5,838,449
62,312,102
24,663,386
282,839,552
183,804,875
0
15,146,455
49,416
19,738,376
218,739,122
64,100,430

Current Year
140,463,369
2,798,109
64,859,074
7,817,633
215,938,185
168,795,539
0
16,780,269
60,369
11,699,973
197,336,150
18,602,035

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year
1,861,251,704
117,893,380
1,743,358,324

End of Year
1,799,843,513
112,422,803
1,687,420,710

Part II

Signature Block

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

Sign Here

Signature of officer

JAMES G CLARKE TREASURER

Type or print name and title

2017-02-13

Date

Paid Preparer Use Only

Print/Type preparer's name
JENNIFER L RICHTER

Preparer's signature
JENNIFER L RICHTER

Date

Check ☐ if self-employed

PTIN
P00366526

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 190 CARONDELET PLAZA SUITE 1300

Phone no (314) 290-1000

CLAYTON, MO 63105

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1

Briefly describe the organization's mission

KU ENDOWMENT PARTNERS WITH DONORS IN PROVIDING PHILANTHROPIC SUPPORT TO BUILD A GREATER UNIVERSITY OF KANSAS

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 33,622,072 including grants of \$ 33,622,072) (Revenue \$)

STUDENT SUPPORT--VIRTUALLY ALL PRIVATELY FUNDED SCHOLARSHIPS, AWARDS AND FELLOWSHIPS PROVIDED BY KU COME FROM DONOR CONTRIBUTIONS TO KU ENDOWMENT. THIS YEAR, 110 NEW SCHOLARSHIPS WERE CREATED TO BENEFIT STUDENTS AND MORE THAN 6,400 STUDENTS RECEIVED FINANCIAL ASSISTANCE FROM KU ENDOWMENT FUNDS

4b

(Code) (Expenses \$ 33,987,717 including grants of \$ 33,987,717) (Revenue \$)

FACULTY SUPPORT INCLUDES OVER 200 NAMED, ENDOWED POSITIONS, INCLUDING 10 NEW PROFESSORSHIPS DURING THIS FISCAL YEAR. PRIVATE FUNDING AUGMENTS SALARIES AND SUPPORTS AWARDS, PROFESSIONAL TRAVEL AND PROFESSIONAL DEVELOPMENT. THIS SUPPORT IS INVALUABLE IN CREATING THE VIBRANT TEACHING AND RESEARCH ENVIRONMENT THAT ONE EXPECTS AT AN INTERNATIONAL RESEARCH UNIVERSITY

4c

(Code) (Expenses \$ 39,664,591 including grants of \$ 39,664,591) (Revenue \$ 5,295,150)

SUPPORT FROM PRIVATE DONORS STRENGTHENS ACADEMIC PROGRAMS AND BRINGS TOP-FLIGHT SCHOLARS, THOUGHTFUL LECTURERS AND BREATHTAKING PERFORMANCES TO KU. IT ALSO EXPANDS THE SCOPE OF OUTREACH PROGRAMS THROUGHOUT THE STATE AND SUPPORTS VALUABLE ACQUISITIONS BY KU'S LIBRARIES AND MUSEUMS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 61,521,159 including grants of \$ 61,521,159) (Revenue \$ 1,082,185)

4e

Total program service expenses ▶ 168,795,539

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a 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	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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
e 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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Check if Schedule O contains a response or note to any line in this Part V ☐

Form **990** (2015)

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.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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 Did the organization have members or stockholders?	6			No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		No	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete 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				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes		
13 Did the organization have a written whistleblower policy?	13	Yes		
14 Did 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?				
a 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section 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 , NJ , OH , MO , SC , UT , WA , WV , OK
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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records JAMES G CLARKE 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 or note to any line 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. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE W SEUFERLING PRESIDENT	40 00 0 10	X		X				398,882	0	127,089
(2) D JEROME DAVIES SECRETARY/SVP DEVELOPMENT	40 00 0 10	X		X				238,718	0	66,622
(3) JEFFREY W DAVIS TREASURER/SVP FINANCE-RET DEC '15	40 00 0 10	X		X				281,539	0	176,743
(4) JAMES G CLARKE TREASURER/SVP FINANCE-START DEC '15	40 00 0 10	X		X				9,715	0	3,291
(5) JOHN B DICUS EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(6) DAVID B DILLON EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(7) CHARLES E HEATH VICE CHAIR, EXEC COMMITTEE	4 00 0 10	X						0	0	0
(8) A DRUE JENNINGS EXEC COMMITTEE-VOLUNTEER	3 00 0 00	X						0	0	0
(9) MD MICHAELIS EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(10) LINDA ELLIS SIMS EXEC COMMITTEE-VOLUNTEER	4 00 0 10	X						0	0	0
(11) STEVE SLOAN EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(12) TODD L SUTHERLAND EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(13) DEANELL REECE TACHA CHAIR, EXEC COMMITTEE	4 00 0 00	X						0	0	0
(14) ROBERT D TAYLOR EXEC COMMITTEE-VOLUNTEER	3 00 0 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KURT D WATSON EXEC COMMITTEE-VOLUNTEER	4 00 0 10	X						0	0	0
(16) WILLIAM R DOCKING EXEC COMMITTEE-VOLUNTEER	4 00 0 00	X						0	0	0
(17) REBECCA L BLAESING VP MEDICAL DEVELOPMENT	40 00 0 00				X			172,392	0	39,488
(18) CLARK CROPP SVP ADMINISTRATION	40 00 0 00					X		190,121	0	104,423
(19) JAMES R MECHLER ASSOC SVP DEVELOPMENT	40 00 0 00					X		180,380	0	55,177
(20) WILLIAM S GREEN SVP INFORMATION SYSTEMS	40 00 0 00					X		170,942	0	63,206
(21) MARK P WILSON AVP CAMPAIGN PLAN & MGMT	40 00 0 00					X		146,561	0	22,474
(22) MONTE L SOUKUP SVP PROPERTY	40 00 0 00					X		139,985	0	40,225

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,929,235	0	698,738

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC 125 HIGH STREET BOSTON, MA 02110	INVESTMENT CONSULTING	2,047,519
ECG MANAGEMENT CONSULTANTS 1111 THIRD AVE STE 2500 SEATTLE, WA 98101	CONSULTING SERVICES	1,163,998
ROPES AND GRAY LLP PO BOX 414265 BOSTON, MA 02241	LEGAL SERVICES	788,215
LATHROP AND GAGE LLP 2345 GRAND BLVD STE 2800 KANSAS CITY, MO 64108	LEGAL SERVICES	502,701
1607 CAPITAL PARTNERS LLC 13 S 13TH ST STE 400 RICHMOND, VA 23219	INVESTMENT MANAGEMENT	375,526

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	19,688,355			
	d	Related organizations	1d	501,165			
	e	Government grants (contributions)	1e	22,789,983			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	97,483,866			
	g	Noncash contributions included in lines 1a-1f \$		11,045,159			
	h	Total. Add lines 1a-1f		140,463,369			
Program Service Revenue	2a	LOAN INTEREST	Business Code 522200	1,715,924	1,715,924		
	b	APARTMENT RENTALS	531110	556,580	556,580		
	c	OTHER REAL ESTATE	531390	290,605	290,605		
	d	BUILDING LEASE	531120	235,000	235,000		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,798,109			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,277,232	1,821,730	-487,225
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties		598,598			598,598
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		43,581,842			43,581,842
8a		Gross income from fundraising events (not including \$ 19,688,355 of contributions reported on line 1c) See Part IV, line 18					
		a	5,374,124				
		b	823,160				
c		Net income or (loss) from fundraising events . . .		4,550,964			4,550,964
9a		Gross income from gaming activities See Part IV, line 19					
		a					
	b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	OTHER RECEIPTS		900099	1,757,496	1,757,496		
b	AGRICULTURE		110000	880,994			880,994
c	OIL & GAS EXTRACTION		211110	29,581		29,581	
d	All other revenue						
e	Total. Add lines 11a-11d			2,668,071			
12	Total revenue. See Instructions			215,938,185	6,377,335	-457,644	69,555,125

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	168,795,539	168,795,539		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,551,730		1,021,064	530,666
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	11,495,948		4,246,432	7,249,516
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,802,919		570,713	1,232,206
9	Other employee benefits.	1,074,039		492,685	581,354
10	Payroll taxes.	855,633		373,179	482,454
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	317,631		264,350	53,281
c	Accounting.	149,429		149,429	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	60,369			60,369
f	Investment management fees.	6,174,811		6,174,811	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	388,681		191,080	197,601
12	Advertising and promotion.	645,849		28,111	617,738
13	Office expenses.	792,184		228,068	564,116
14	Information technology.	200,755		200,755	
15	Royalties.	231,475		209,358	22,117
16	Occupancy.	133,798		96,825	36,973
17	Travel.	708,964		96,728	612,236
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	119,530		48,242	71,288
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,547,544		1,537,698	9,846
23	Insurance.	160,060		154,927	5,133
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MISCELLANEOUS	71,777		55,969	15,808
b	UNRELATED BUSINESS TAX	49,910		49,910	
c	EQUIPMENT & FURNISHINGS	7,575		7,180	395
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	197,336,150	168,795,539	16,197,514	12,343,097
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		5,678,401	1	11,788,895	
	2	Savings and temporary cash investments		64,679,166	2	95,688,470	
	3	Pledges and grants receivable, net		111,484,931	3	87,687,279	
	4	Accounts receivable, net		5,744,050	4	24,013,708	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	56,424,369			
	b	Less: accumulated depreciation	10b	12,295,639	48,731,429	10c	44,128,730
	11	Investments—publicly traded securities		811,411,044	11	768,703,301	
	12	Investments—other securities. See Part IV, line 11		733,569,833	12	685,895,942	
	13	Investments—program-related. See Part IV, line 11		27,860,747	13	30,391,203	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		52,092,103	15	51,545,985	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,861,251,704	16	1,799,843,513		
Liabilities	17	Accounts payable and accrued expenses		48,554,686	17	46,654,592	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		69,338,694	21	65,768,211	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		117,893,380	26	112,422,803	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		176,743,230	27	165,265,993	
28		Temporarily restricted net assets		1,135,555,250	28	1,082,707,082	
29		Permanently restricted net assets		431,059,844	29	439,447,635	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		1,743,358,324	33	1,687,420,710	
34		Total liabilities and net assets/fund balances		1,861,251,704	34	1,799,843,513	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	215,938,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	197,336,150
3	Revenue less expenses Subtract line 2 from line 1	3	18,602,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,743,358,324
5	Net unrealized gains (losses) on investments	5	-65,862,985
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,676,664
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,687,420,710

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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)

(Code) (Expenses \$ 61,521,159 including grants of \$ 61,521,159) (Revenue \$ 1,082,185)

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 THIS YEAR'S INVESTMENT WAS HIGHER THAN RECENT YEARS AS SEVERAL SIGNIFICANT PRIVATELY-FUNDED CONSTRUCTION PROJECTS WERE COMPLETED OR ARE OCCURRING AT KU, INCLUDING COMPLETION OF A NEW SCHOOL OF BUSINESS, A NEW STUDENT, FACULTY, AND VISITOR CENTER FOR THE SOUTH PART OF CAMPUS, NEW STUDENT HOUSING, AND RENOVATIONS TO A RECITAL HALL IN THE SCHOOL OF MUSIC ALSO, CONSTRUCTION OF THE NEW EARTH, ENERGY, AND ENVIRONMENT CENTER BEGAN DURING THE YEAR MORE THAN TWO-THIRDS OF KANSAS UNIVERSITY BUILDINGS AND ABOUT 85% OF THE LAND AVAILABLE FOR CAMPUS EXPANSION WERE MADE POSSIBLE BY PRIVATE GIFTS

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Employer identification number
48-0547734

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

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	118,770,141	138,630,627	186,410,633	190,025,615	140,463,369	774,300,385
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	118,770,141	138,630,627	186,410,633	190,025,615	140,463,369	774,300,385
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,344,874
6 Public support. Subtract line 5 from line 4						703,955,511

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	118,770,141	138,630,627	186,410,633	190,025,615	140,463,369	774,300,385
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,312,004	29,024,307	23,410,494	29,408,360	26,796,443	136,951,608
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-164,977	-212,239	-1,061,458	-982,502	-457,644	-2,878,820
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						908,373,173
12 Gross receipts from related activities, etc. (see instructions)					12	40,958,584
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	77.500 %
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	77.200 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	Employer identification number 48-0547734
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	168,795,539	169,406,280												
e	Total exempt purpose expenditures (add lines 1c and 1d)	168,795,539	169,406,280												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
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			
a 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?			
e 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?			
j Total. Add 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			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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TY 2015 Affiliated Group Schedule

Name: THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

EIN: 48-0547734

Affiliated Group Business Name: THE KU ENDOWMENT CHARITABLE GIFT FUND

Address. Either US or Foreign Type: PO BOX 928
LAWRENCE, KS 660440928

EIN: 20-0317170

Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 543,224

Total Exempt Purpose Expenditures: 543,224

Lobbying Nontaxable Amount: 106,484

Grassroots Nontaxable Amount: 26,621

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: LEON KARELITZ CHARITABLE TRUST

Address. Either US or Foreign Type: PO BOX 928
LAWRENCE, KS 660440928

EIN: 61-6400249

Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 26,933

Total Exempt Purpose Expenditures: 26,933

Lobbying Nontaxable Amount: 5,387

Grassroots Nontaxable Amount: 1,347

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name:	VIRGIL AND PAULINE BROWN MEMORIAL TRUST
Address. Either US or Foreign Type:	PO BOX 928 LAWRENCE, KS 660440928
EIN:	46-7074121
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	40,584
Total Exempt Purpose Expenditures:	40,584
Lobbying Nontaxable Amount:	8,117
Grassroots Nontaxable Amount:	2,029
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name: THE KU ENDOWMENT CHARITABLE GIFT FUND
Address. Either US or Foreign Type: PO BOX 928
LAWRENCE, KS 660440928
EIN: 20-0317170
Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 543,224
Total Exempt Purpose Expenditures: 543,224
Lobbying Nontaxable Amount: 106,484
Grassroots Nontaxable Amount: 26,621
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: LEON KARELITZ CHARITABLE TRUST
Address. Either US or Foreign Type: PO BOX 928
LAWRENCE, KS 660440928
EIN: 61-6400249
Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 26,933
Total Exempt Purpose Expenditures: 26,933
Lobbying Nontaxable Amount: 5,387
Grassroots Nontaxable Amount: 1,347
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: VIRGIL AND PAULINE BROWN MEMORIAL TRUST
Address. Either US or Foreign Type: PO BOX 928
LAWRENCE, KS 660440928
EIN: 46-7074121
Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 40,584
Total Exempt Purpose Expenditures: 40,584
Lobbying Nontaxable Amount: 8,117
Grassroots Nontaxable Amount: 2,029
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Employer identification number
48-0547734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ -860

(ii)

Assets included in Form 990, Part X

► \$ 676,882

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☒ Public exhibition

d

☒ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,020,215,390	980,592,275	859,882,814	788,414,325	822,485,264
b Contributions	34,212,862	74,913,454	26,053,312	29,680,270	31,575,638
c Net investment earnings, gains, and losses	-14,895,996	-1,631,054	126,579,227	70,848,569	-31,381,920
d Grants or scholarships	14,903,301	14,750,171	14,120,401	12,922,126	11,694,829
e Other expenditures for facilities and programs	19,403,790	18,909,114	17,802,728	16,138,224	22,659,829
f Administrative expenses					
g End of year balance	1,005,225,165	1,020,215,390	980,592,275	859,882,814	788,414,325

2

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

a

Board designated or quasi-endowment ▶ 0 290 %

b

Permanent endowment ▶ 38 990 %

c

Temporarily restricted endowment ▶ 60 720 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

No

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	13,306,264	13,900,522		27,206,786
b Buildings	153,200	26,183,287	10,411,550	15,924,937
c Leasehold improvements				
d Equipment		2,851,991	1,884,089	967,902
e Other	29,105			29,105
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				44,128,730

Schedule D (Form 990) 2015

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	428,195,532	F
(B) OTHER LLC'S AND LLP'S	61,672,083	F
(C) PRIVATE INVESTMENTS	194,170,997	F
(D) REAL EST,ROYALTY,&MINERAL INTERESTS	1,857,330	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	685,895,942	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	142,281,052
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-65,862,985	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-2,574,386	
e	Add lines 2a through 2d		2e	-68,437,371
3	Subtract line 2e from line 1		3	210,718,423
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,219,762	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	5,219,762
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	215,938,185

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	198,218,666
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	6,102,278	
e	Add lines 2a through 2d		2e	6,102,278
3	Subtract line 2e from line 1		3	192,116,388
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,219,762	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	5,219,762
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	197,336,150

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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 XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 3,283 INDIVIDUAL FUND ACCOUNTS ESTABLISHED TO PROVIDE SUPPORT FOR A VARIETY OF UNIVERSITY PROGRAMS ACROSS GENERATIONS
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF LIFE INCOME GIFTS -3,247,353 CHANGE IN NET INTEREST IN KU ENDOWMENT CHARITABLE GIFT FUND -266,268 FUNDRAISING EVENT DIRECT EXPENSES (SEE PART VIII, LINE 8B) 823,160 CHANGE IN VALUE OF LIFE INSURANCE CASH VALUE 116,075
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT DIRECT EXPENSES (SEE PART VIII, LINE 8B) 823,160 AMORTIZATION OF PENSION ADJUSTMENTS 5,279,118

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Employer identification number

48-0547734

Part I General Information on Activities Outside the United States.

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		342,887,000
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		2,572,000
(3) SUB-SAHARAN AFRICA	0	0	FUNDRAISING		1,000
(4) EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		5,000
(5) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		4,000
3a Sub-total	0	0			345,469,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			345,469,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes ☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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, 2016. 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public
Inspection

Employer identification number
48-0547734

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRENZBACH GLIER AND ASSOCIATES INC 401 N MICHIGAN AVE CHICAGO, IL 60611	FUNDRAISING CONSULTING AND ANALYSIS		No	0	60,369	-60,369
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					60,369	-60,369

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		20% OF RIGHT TO PURCHASE TICKETS (event type)	CANCER CENTER BENEFIT DINNER (event type)	21 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	22,764,096	1,367,246	931,137	25,062,479
	2 Less Contributions	18,211,277	953,402	523,676	19,688,355
	3 Gross income (line 1 minus line 2)	4,552,819	413,844	407,461	5,374,124
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			8,268	8,268
	6 Rent/facility costs			32,668	32,668
	7 Food and beverages		84,633	153,852	238,485
	8 Entertainment		221,206	47,391	268,597
	9 Other direct expenses		145,164	129,978	275,142
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				823,160
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				4,550,964

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

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

Return Reference	Explanation
------------------	-------------

2015

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	MANY DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE FOR UNIVERSITY OF KANSAS STUDENT SCHOLARSHIPS OR FOR UNIVERSITY EMPLOYEE SALARIES AND SIMILAR EXPENSES WHICH ARE DISBURSED DIRECTLY TO THE UNIVERSITY, AND WHICH ARE INCURRED DIRECTLY IN THE ACTIVE CONDUCT OF ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE ORGANIZATION IS ORGANIZED AND OPERATED OTHER DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE FOR THE DIRECT BENEFIT OF THE UNIVERSITY OF KANSAS, IN ACCORDANCE WITH ACCOUNTABLE PLAN PROCEDURES AND ARE SUBJECT TO CONDITIONS ESTABLISHED BY THE ORGANIZATION'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

Additional Data

Software ID:
Software Version:
EIN: 48-0547734
Name: THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF KANSAS STRONG HALL 1450 JAYHAWK BLVD LAWRENCE, KS 66045	48-6029925	SECTION 115	161,964,100	0			STUDENT SCHOLARSHIPS AND FELLOWSHIPS, STUDENT AND FACULTY AWARDS AND PRIZES, FACULTY AND STAFF SALARY SUPPORT, GENERAL PROGRAM AND EDUCATIONAL SUPPORT, AND FACILITIES SUPPORT
THE KANSAS UNIVERSITY ALUMNI ASSOCIATION 1266 OREAD AVENUE LAWRENCE, KS 66045	48-0291250	501(C)(3)	1,987,771	0			GENERAL SUPPORT TO FURTHER THE MISSION OF THE ALUMNI ASSOCIATION TO INFORM, ENGAGE, AND MOBILIZE THE KU COMMUNITY
THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1202402	SECTION 115	4,843,668	0			SALARY AND FACILITY SUPPORT FOR THE UNIVERSITY OF KANSAS HOSPITAL

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Employer identification number
48-0547734

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4a No 4b Yes 4c No	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III	5a No 5b No	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III	6a No 6b No	
7 For persons listed on 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 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8 No	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DALE W SEUFERLING PRESIDENT	(i)	398,882 ----- 0	0 ----- 0	0 ----- 0	115,056 ----- 0	12,033 ----- 0	525,971 ----- 0	0 ----- 0
	(ii)							
2 D JEROME DAVIES SECRETARY/SVP DEVELOPMENT	(i)	236,218 ----- 0	2,500 ----- 0	0 ----- 0	54,685 ----- 0	11,937 ----- 0	305,340 ----- 0	0 ----- 0
	(ii)							
3 JEFFREY W DAVIS TREASURER/SVP FINANCE- RET DEC '15	(i)	263,588 ----- 0	17,951 ----- 0	0 ----- 0	168,379 ----- 0	8,364 ----- 0	458,282 ----- 0	0 ----- 0
	(ii)							
4 REBECCA L BLAESING VP MEDICAL DEVELOPMENT	(i)	172,392 ----- 0	0 ----- 0	0 ----- 0	38,961 ----- 0	527 ----- 0	211,880 ----- 0	0 ----- 0
	(ii)							
5 CLARK CROPP SVP ADMINISTRATION	(i)	190,121 ----- 0	0 ----- 0	0 ----- 0	95,097 ----- 0	9,326 ----- 0	294,544 ----- 0	0 ----- 0
	(ii)							
6 JAMES R MECHLER ASSOC SVP DEVELOPMENT	(i)	179,380 ----- 0	1,000 ----- 0	0 ----- 0	43,399 ----- 0	11,778 ----- 0	235,557 ----- 0	0 ----- 0
	(ii)							
7 WILLIAM S GREEN SVP INFORMATION SYSTEMS	(i)	169,442 ----- 0	1,500 ----- 0	0 ----- 0	57,250 ----- 0	5,956 ----- 0	234,148 ----- 0	0 ----- 0
	(ii)							
8 MARK P WILSON AVP CAMPAIGN PLAN & MGMT	(i)	146,561 ----- 0	0 ----- 0	0 ----- 0	22,021 ----- 0	453 ----- 0	169,035 ----- 0	0 ----- 0
	(ii)							
9 MONTE L SOUKUP SVP PROPERTY	(i)	137,485 ----- 0	2,500 ----- 0	0 ----- 0	28,554 ----- 0	11,671 ----- 0	180,210 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	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 TWO HIGHLY COMPENSATED EMPLOYEES TO PROMOTE FUNDRAISING EFFORTS. THESE AMOUNTS ARE TREATED AS COMPENSATION TO THESE EMPLOYEES.
PART I, LINE 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 \$78,208.
PART I, LINE 7	ONE OFFICER AND THREE "HIGHEST COMPENSATED EMPLOYEES" RECEIVED A BONUS PAYMENT THAT RESULTED FROM KU ENDOWMENT'S ANNUAL REVIEW OF ALL EMPLOYEE'S COMPENSATION. THE BONUS WAS FOR EXEMPLARY SERVICE DURING THE YEAR, AS APPROVED BY THE EXECUTIVE STAFF COMPENSATION COMMITTEE, AND THAT, WHEN COMBINED WITH EACH EMPLOYEE'S REGULAR COMPENSATION, IS WITHIN THE BENCHMARK RANGE OF COMPARABLE SALARIES FOR EACH POSITION WITHIN KU ENDOWMENT'S MARKET PEERS. ALSO, ONE OFFICER, JEFF DAVIS, UPON RETIREMENT AT THE END OF CALENDAR YEAR 2015, RECEIVED A LONGEVITY BONUS FOR HIS OVER 30 YEARS OF SERVICE TO THE ORGANIZATION. THIS LONGEVITY BONUS WAS ALSO APPROVED BY THE EXECUTIVE STAFF COMPENSATION COMMITTEE.

Additional Data

Software ID:
Software Version:
EIN: 48-0547734
Name: THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DALE W SEUFERLING PRESIDENT	(i)	398,882	0	0	115,056	12,033	525,971	0
	(ii)	0	0	0	0	0	0	0
1DJEROME DAVIES SECRETARY/SVP DEVELOPMENT	(i)	236,218	2,500	0	54,685	11,937	305,340	0
	(ii)	0	0	0	0	0	0	0
2JEFFREY W DAVIS TREASURER/SVP FINANCE- RET DEC '15	(i)	263,588	17,951	0	168,379	8,364	458,282	0
	(ii)	0	0	0	0	0	0	0
3REBECCA L BLAESING VP MEDICAL DEVELOPMENT	(i)	172,392	0	0	38,961	527	211,880	0
	(ii)	0	0	0	0	0	0	0
4CLARK CROPP SVP ADMINISTRATION	(i)	190,121	0	0	95,097	9,326	294,544	0
	(ii)	0	0	0	0	0	0	0
5JAMES R MECHLER ASSOC SVP DEVELOPMENT	(i)	179,380	1,000	0	43,399	11,778	235,557	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM S GREEN SVP INFORMATION SYSTEMS	(i)	169,442	1,500	0	57,250	5,956	234,148	0
	(ii)	0	0	0	0	0	0	0
7MARK P WILSON AVP CAMPAIGN PLAN & MGMT	(i)	146,561	0	0	22,021	453	169,035	0
	(ii)	0	0	0	0	0	0	0
8MONTE L SOUKUP SVP PROPERTY	(i)	137,485	2,500	0	28,554	11,671	180,210	0
	(ii)	0	0	0	0	0	0	0

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KURT D WATSON	EXECUTIVE COMMITTEE OF KU ENDOWMENT	328,308	SEE PART V - KURT WATSON IS PRESIDENT OF THE IMA FINANCIAL GROUP, WHICH RECEIVES FEES AS AN INSURANCE CONSULTANT AND BROKER THE TRANSACTIONS ARE CONDUCTED AT ARM'S LENGTH AND APPROVED BY EXECUTIVE STAFF BASED ON AUTHORITY FROM THE EXECUTIVE COMMITTEE		No
(2)					No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Employer identification number
48-0547734

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	328	9,318,908	FMV
10 Securities—Closely held stock	X	5	192,437	FMV (SAME AS PROCEEDS)
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	6	1,533,814	MARKET COMPARABLES
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

5

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

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

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF DONORS

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION**Employer identification number**

48-0547734

Return Reference**Explanation**FORM 990, PART VI, SECTION A,
LINE 2DEANELL REECE TACHA, M D MICHAELIS, ROBERT TAYLOR, AND KURT WATSON HAVE A BUSINESS
RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS OF THE ORGANIZATION WERE AMENDED AS OF JANUARY 14, 2016 THE AMENDMENTS PRIMARILY INCLUDED 1) REVISIONS TO SECTIONS THAT WERE RELEVANT AT THE TIME THE BY LAWS WERE REVISED IN 2008 BUT ARE NOW OUTDATED, 2) MINOR REVISIONS THAT WILL PROVIDE GREATER FLEXIBILITY FOR THE AGE REQUIREMENT FOR A CHAIR'S FIRST TERM AND THE NAMING OF AN ASSISTANT SECRETARY AND ALLOW FOR ONE ADDITIONAL MEMBER OF EACH COMMITTEE, AND 3) A REWRITTEN CONFLICT OF INTEREST SECTION INCLUDING A NEW PROVISION FOR CONFLICT OF INTEREST ON PERSONNEL MATTERS SEE SCHEDULE O RESPONSE TO PART VI, LINE 12C, FOR UPDATED LANGUAGE RELATED TO CONFLICT OF INTEREST PROCEDURES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BYLAWS OF THE ORGANIZATION PROVIDE FOR A BOARD OF TRUSTEES TO BE COMPRISED OF 50 TO 75 MEMBERS, NONE OF WHICH RECEIVE COMPENSATION FOR THEIR POSITION AS TRUSTEE. 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

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 BYLAWS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>FORM 990 IS PREPARED INTERNALLY BY THE DIRECTOR, TAX, COMPLIANCE, AND OPERATIONS. 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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>AN ANNUAL CONFLICT OF INTEREST DISCLOSURE IS REQUESTED FROM ALL CURRENT MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND EMPLOYEES TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, THE FOLLOWING PROCEDURES HAVE BEEN ESTABLISHED</p> <p>1 DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTERESTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT</p> <p>2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE PORTION OF THE TRUSTEE, EXECUTIVE COMMITTEE OR COMMITTEE MEETING DURING WHICH THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING TRUSTEES, EXECUTIVE COMMITTEE MEMBERS OR COMMITTEE MEMBERS, AS THE CASE MAY BE, WHICH OTHER TRUSTEES OR MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS</p> <p>3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST (A) THE TRUSTEES, EXECUTIVE COMMITTEE OR COMMITTEE, AS THE CASE MAY BE, SHALL COMPLY WITH ALL APPLICABLE LAWS AND KU ENDOWMENT POLICIES IN CONSIDERING A TRANSACTION OR ARRANGEMENT BETWEEN KU ENDOWMENT IN WHICH IT HAS BEEN DETERMINED THAT A CONFLICT OF INTEREST EXISTS (B) AFTER EXERCISING ALL DUE DILIGENCE REQUIRED BY APPLICABLE LAW OR KU ENDOWMENT'S POLICIES AND ANY ADDITIONAL DUE DILIGENCE THAT MAY BE DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES BY THE DISINTERESTED TRUSTEES, EXECUTIVE COMMITTEE MEMBERS OR COMMITTEE MEMBERS, AS THE CASE MAY BE, THE EXECUTIVE COMMITTEE OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT TAKING INTO ACCOUNT 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</p> <p>4 VIOLATIONS OF THE CONFLICT OF INTEREST POLICY (A) IF THE EXECUTIVE COMMITTEE OR A STANDING COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A TRUSTEE HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE TRUSTEE OF THE BASIS FOR SUCH BELIEF AND AFFORD THE TRUSTEE AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE (B) 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</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 EIGHT 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.</p>

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 CONFIRMATIONS OF THIS EXEMPTION OVER THE YEARS, AND MOST RECENTLY ON OCTOBER 18, 2010 A COPY OF THE LATTER IS AVAILABLE ON THE ORGANIZATION'S WEBSITE UNDER THE TAB, "RESOURCES," "FINANCIALS AND FORMS," "IRS DETERMINATION LETTER "

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 "RESOURCES," "FINANCIALS AND FORMS," "2016 AUDIT REPORT " ALSO, A COPY OF THE ORGANIZATION'S CURRENTLY FILED FORM 990 IS AVAILABLE IN THE SAME LOCATION ON THE ORGANIZATION'S WEBSITE SCHEDULE O OF THE FORM 990 PROVIDES A DESCRIPTION OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND CERTAIN OTHER ASPECTS OF ITS GOVERNING DOCUMENTS, SUCH AS TRUSTEE ELECTIONS AND VOTING POWERS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	A MORTIZATION OF PENSION ADJUSTMENTS -5,279,118 CHANGE IN NET INTEREST IN KU ENDOWMENT CHARITABLE GIFT FUND -266,268 CHANGE IN VALUE OF LIFE INCOME GIFTS -3,247,353 CHANGE IN VALUE OF LIFE INSURANCE 116,075

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

48-0547734

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CWAPTS LLC PO BOX 928 LAWRENCE, KS 660440928 45-3170274	RENTAL REAL ESTATE	KS	339,090	3,268,739	THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION
(2) RGAPTS LLC PO BOX 928 LAWRENCE, KS 660440928 46-1289542	RENTAL REAL ESTATE	KS	198,240	1,184,580	THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION
(3) RCP LLC PO BOX 928 LAWRENCE, KS 660440928 32-0392147	RENTAL REAL ESTATE	KS	259,994	2,949,577	THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION
(4) FOBN LLC PO BOX 928 LAWRENCE, KS 660440928 26-2224126	RENTAL REAL ESTATE	KS	118,432	482,642	THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE KU ENDOWMENT CHARITABLE GIFT FUND PO BOX 928 LAWRENCE, KS 660440928 20-0317170	SUPPORT FOR KU ENDOWMENT AND 501(C) (3)'S NAMED IN GOVERNING DOCUMENT	KS	501(C)(3)	11A, TYPE I	KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	Yes	
(2)LEON KARELITZ CHARITABLE TRUST PO BOX 928 LAWRENCE, KS 660440928 61-6400249	SUPPORT FOR KU ENDOWMENT PURSUANT TO GOVERNING DOCUMENT	KS	501(C)(3)	11A, TYPE I	KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	Yes	
(3)VIRGIL AND PAULINE BROWN MEMORIAL TRUST PO BOX 928 LAWRENCE, KS 660440928 46-7074121	SUPPORT FOR KU ENDOWMENT PURSUANT TO GOVERNING DOCUMENT	KS	501(C)(3)	11A, TYPE I	KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

No

c

Gift, grant, or capital contribution from related organization(s)

1c

Yes

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE KU ENDOWMENT CHARITABLE GIFT FUND	C	433,648	CASH

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 48-0547734

Name: THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (49)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	KS	N/A	T					No
(1) CHARITABLE REMAINDER TRUST (1)	SPLIT INTEREST TRUST PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	IL	N/A	T					No
(2) CHARITABLE REMAINDER TRUSTS (3)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	MO	N/A	T					No
(3) CHARITABLE REMAINDER TRUSTS (3)	SPLIT INTEREST TRUSTS PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	TX	N/A	T					No
(4) CHARITABLE LEAD TRUSTS (1)	SPLIT INTEREST TRUST PROVIDING SUPPORT TO KU ENDOWMENT ASSOCIATION	OH	N/A	T					No
AGNES LAURETTA MCCLAIR TEST (5) TRUST C/O BNK OF AMERICA PO BOX 831041 DALLAS, TX 75283 48-6126736	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	T	36,468	866,084	100 000 %		No
(6) MARY SELLARS FUND C/O BNK OF AMERICA PO BOX 831041 DALLAS, TX 75283 48-6203686	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	T	9,336	301,503	100 000 %		No
LORRAINE M LOVE CHARITABLE (7) REMAINDER UNITRUST PO BOX 700 JUNCTION CITY, KS 66441 48-1247473	SEC 4947(A) (1) NONEXEMPT CHARITABLE TRUST SUPPORTING KU ENDOWMENT	KS	N/A	T	4,392	112,529	100 000 %		No