

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



CHANGE OF ACCOUNTING PERIOD

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.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A	For the	2015 calendar year, or tax year beginning JAN 1, 2016 and e	ending J	UN 30, 2016	
В	Check if	C Name of organization		D Employer identificat	ion number
	applicable	KANSAS STATE UNIVERSITY RESEARCH			
-	Addres	TOTATO A TOTAL			
Ē	Name change	Doing business as		48-610)6237
7	Initial		Room/suite	E Telephone number	70237
F	lreturn Final	1	.05	1	32-5720
L.	—lretum/ termin-		.05		
<u></u>	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,482,350.
누	return Applica	MANHATTAN, KS 00502		H(a) is this a group retui	
L	tion pendin	Finally and address of principal officer: 0 - RUENZI		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inclu-	
		mpt status: $X = 501(c)(3) = 501(c)(1) = 1000(c)(1) = 10$	r 527	If "No," attach a list	t. (see instructions)
		E: ► WWW.K-STATE.EDU/TECH.TRANSFER		H(c) Group exemption n	umber 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1942 M S	tate of legal domicile: KS
Р	art I	Summary			
as	1 1	Briefly describe the organization's mission or most significant activities. TO PR	COMOTE	, ENCOURAGE,	& AID
ၙၟႄ	} ;	SCIENTIFIC INVESTIGATION, RESEARCH & TECH	INOLOG	Y TRANSFER A	r K-STATE
S CUII	2	Check this box If the organization discontinued its operations or disposi	ed of more	than 25% of its net asse	ts
Z <u>S</u>	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14
ာ ဇိ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
وزج	6	Fotal number of volunteers (estimate if necessary)		6	0
ethvitic	7	Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line			0.
ູ້ 🕹	/ a	Net unrelated business taxable income from Form 990.7 line 3		7a	
7 7 1	b	The state of the s		. 7b	0.
Z '	\			Prior Year	Current Year
2: 9	. 8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	38-08	100.	0.
وَ ا	. 9 F	Program service revenue (Part VIII, line 2g)	: /q/_	3,453,277.	1,399,931.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		98,546.	74,517.
)} —	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 🥂 🔏 🛒	,~\\\	0.	<u> </u>
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		3,551,923.	1,474,448.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		187,000.	20,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		240,286.	144,228.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	ь.	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,753,711.	1,304,202.
	ı	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,180,997.	1,468,430.
		Revenue less expenses Subtract line 18 from line 12		370,926.	6,018.
Net Assets or	<u> </u>		Ra	ginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)	100	4,915,419.	4,925,254.
ASS	21	Total liabilities (Part X, line 26)	-	1,315,331.	1,319,862.
e		• • • •	 		3,605,392.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,600,088.	3,003,392.
		'- '			
		tites of perjury declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge	,
	-	Signature of officer		12/9/14	<u></u>
Sig	gn			Date *	
He	ere	CINDY BONTRAGER, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	_ 1	Date Check	PTIN
Pa	id	SUSAN M SPAIN SUSAN M SPAIN C	PA 1	2- >-1 self-employed	P00616420
Pre	eparer	Firm's name VARNEY & ASSOCIATES, CPAS, LLC			30-0038643
Us	e Only	Firm's address 120 NORTH JULIETTE			-
		MANHATTAN, KS 66502-6092		Phone no. 785	-537-2202
Ma	ay the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2015) FOUNDATION	48-6106237	Page 2
Par	t 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:		
	TO PROMOTE, ENCOURAGE AND AID SCIENTIFIC INVESTIGATION,	RESEARCH AN	MD
	TECHNOLOGY TRANSFER AT KANSAS STATE UNIVERSITY		
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	s X 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?	Ye:	s 🗓 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 expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	, and
	revenue, if any, for each program service reported.	•	
4a	(Code) (Expenses \$ 255, 209 • including grants of \$ 0 •) (Revenue	Je \$ 66	,961.)
	NEW PATENTS AND MAINTENANCE OF OLD PATENTS		<u>, </u>
			
			
	066.460		
4b	(Code) (Expenses \$966, 460. including grants of \$) (Revenue	ue \$1,324	<u>, 790.</u>)
	ROYALTY SHARES		
			
4c	(Code) (Expenses \$ 20,040. including grants of \$ 20,000.) (Reven	ue \$8	,180.)
	ALL OTHER		
	Other program conuces (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 1,241,709.		
53200	2	Form	990 (2015)
12-18			

Part IV Checklist of Required Schedules

FOUNDATION

48-6106237 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	}
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	}		
	Schedule D, Part III	8	<u></u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		}	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	ł
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent)	1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	l	ĺ	ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	ĺ	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	İ	ł	}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>X</u>	ļ
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	<u> </u>	X
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	}]	Ī
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		ļ
	Schedule D, Parts XI and XII	12a	X	 -
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	(ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> X</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	-	X
b				ł
	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		}	.
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	14b	}	X
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	 	<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	A.	1
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-		1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		├ ^
.5	complete Schedule G, Part III	19		x
			990	
				, •

48-6106237 Page 4

Form 990 (2015) FOUNDATION

Part IV Checklist of Required Schedules (continued)

	•		Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	}	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł l		
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	, ,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		į	
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Ì	' Ì	
	Schedule L, Part I	25b		<u>X</u>
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? If "Yes,"		. (
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	į	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	1	
	instructions for applicable filing thresholds, conditions, and exceptions)	1	' Ì	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		₩.
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30_		X
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	131		
<u></u>	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_=_
-	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
		Form	990	20151

Form 990 (2015) FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	K X
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	K
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
(gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x_
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X
	x
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u> </u>
	ĺ
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>X</u> _
b If "Yes," enter the name of the foreign country:	ł
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	$\frac{\mathbf{x}}{\mathbf{x}}$
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	-
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have applied gross receipts that are permally greater than \$100,000, and did the organization solicit	-
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	x
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ^ -
were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	
to file Form 8282?	<u> </u>
d If "Yes," indicate the number of Forms 8282 filed during the year	ĺ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	}
sponsoring organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	1
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	-+-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter	_
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1
11 Section 501(c)(12) organizations. Enter	İ
a Gross income from members or shareholders	l
b Gross income from other sources (Do not net amounts due or paid to other sources against	- (
amounts due or received from them)	- 1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	90 (2015)

532005 12-16-15

FOUNDATION

48-6106237 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, 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					X
<u>Sec</u>	tion 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	14			
	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 0.			1	<u> </u>	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		· •	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		Ì	
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:			
а	The governing body?	-	-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, 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 boo	dy befo	ore filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe	{		
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approx	al by I	ndependent	İ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?		1		
а	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	_X_
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a	1		
	taxable entity during the year?			16a	 	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıd	on's			1
	exempt status with respect to such arrangements?		·····	16b		L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►KS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (Sec	tion 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, an	d finan	cial	
	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 b	ooks a	nd records 🕨			
	TRESA LANDIS - 785-532-5720					
	2005 RESEARCH PARK CIRCLE, STE 105, MANHATTAN, KS	66	502			
53200	8 12-16-15		·	Forn	9 90	(2015)

_						
1	FOI	TNT	יאכ	ΤŢ	ON	

48-6106237

Page 7

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Charle this boy if pathor the erganization per any related erganization compensated any surrent officer director or trusted

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do		Pos		i than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	-	er an	dad	recto	or/trus	ree)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	0.0	 8	}	}	慧		organization	(W-2/1099-MISC)	from the
	organizations	ruste	T Tes	}	9	ngu		(W-2/1099-MISC)		organization and related
	below	ta ta	trona	l	e e	S es	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Keyer	Highest compensated employee	Богте	•		!
(1) JOHN KUENZI	1.00									
INTERIM CHAIR/VICE CHAIR	<u> </u>	X	<u> </u>	X	<u> </u>			0.	0.	0
(2) ERNIE MINTON	1.00		}						,	_
SECRETARY		X	<u> </u>	X	<u> </u>	<u> </u>		0.	93,430.	0
(3) CINDY BONTRAGER	1.00	ļ			}			_		_
TREASURER	1	X		X		_		0.	108,462.	0.
(4) PETER DORHOUT	1.00	Ì		Ì					45 65-	
BOARD MEMBER	1 00	X	<u> </u>			-	_	0.	145,687.	0
(5) APRIL C. MASON	1.00	x	Ì	l					160 630	
BOARD MEMBER	1.00	^	\vdash	-	├—	-	—	0.	169,630.	0
(6) DICK HESSE	1.00	X	l	ļ	ĺ			0.	79,603.	0
BOARD MEMBER (7) SYLVIA WHITE ROBINSON	1.00	^	┢	-	-	 	\vdash	·	19,003.	
BOARD MEMBER	1.00	X			Į		l	0.	0.	0
(8) LAFE BAILEY	1.00	1	_	_	 	 	一			
BOARD MEMBER		X				-	l	0.	0.	0
(9) MIKE GREIM	1.00	Г				Γ				
BOARD MEMBER		X				_	_	0.	0.	0
(10) JOE E. FARRAR	1.00	[
BOARD MEMBER		X						0.	0.	0
(11) BART A. FISHER	1.00		1	}			}	<u> </u>		
BOARD MEMBER		X		<u> </u>	_	_		0.	0.	0
(12) MARY REZAC	1.00	}	1	{	1		1	}		
BOARD MEMBER		X		<u> </u>	ļ.,	<u> </u>	<u> </u>	0.	115,076.	0
(13) MICHAEL D. TOKACH	1.00	}	}	1	}	}	1			_
BOARD MEMBER		X	 	-	 	╄	<u> </u>	0.	63,287.	0
(14) GARY M. PIERZYNSKI	1.00	1				1			05.005	
BOARD MEMBER		X	-	-	-	\vdash	-	0.	97,896.	0
	-	-	-		-	-	-	 		
		1_	_	_	_	-	_			
		1	ì	1			1			j

Form 990 (2015)

	990 (2015) FOUNDATI	ON								<u>48-61</u>	<u> 10623</u>	7	Pa	ge 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	Name and title	(B) Average hours per week	box	not c , unle	Pas heck ss pe	more rson	than is bot or/trus	h an	from	(E) Reportable compensatio from related		Fstim Estimamou oth	nated unt o ner	of
		(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	SC)	from from organi and re rganiz	the zatio	on ed
			<u> </u>	_	_	_		_						
			_	_				_						
			_	_		_	_	_	ļ	<u> </u>				
			_	_	_		-	_		 			_	
			_		_		_	-						
			ļ.		-	_	-	_			_			
			ļ 		_	_	-	_			_			
			 		_	-	<u> </u>	_						
	C. L. L. L. L. L. L. L. L. L. L. L. L. L.		<u>.</u>					L	0.	873,0	71			0.
C	Sub-total Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	II, Section A						>	0.	873,0	0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to the	nose	liste	ed a	bov	e) wl	no r						0
		director or to	unto			mple			highest companyated o	mpleyee ee		Y	es	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual				-	•			, ,	_3		\dashv	Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes	, " <i>c</i> c	mpl	ete :	Sch	edul	e J	for such individual		4	1 2	K	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							relat	ted organization or indiv	idual for services	5			X
1	Complete this table for your five highest co	•								•	pensatio	n from	n	
	the organization Report compensation for (A) Name and business		ear_	end	ing v	with	or w	/ithii	n the organization's tax (B) Description of s		Com	(C)	ation	
	VEY WILLIAMS, 10801 MA 00, OVERLAND PARK, KS	STIN BL	VD	٠,	S	ΤE								
KS	U-IC, 2005 RESEARCH PA		LE	,					LEGAL SERVIC MARKETING, R			. <u>97</u>		
MA	NHATTAN, KS 66502								ROYALTIES			.11	<u>, 8.</u>	<u> </u>
	Total number of independent contractors (including but	not I	mite	ed to	the	امور	ster	d above) who received n	nore than				
	\$100,000 of compensation from the organ	=					2			is o man		QC	Y (2	

48-6106237 FOUNDATION Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11 g Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code <u>1,324,790.1</u>,324,790. Program Service Revenue 2 a ROYALTIES 541700 37,215. **b LEGAL REIMBURSEMENTS** 541700 37,215. 29,746. 29,746. 541700 c MAINTENANCE FEE REIMBU 8.180 541700 8,180. All other program service revenue g Total. Add lines 2a-2f 399,931 Investment income (including dividends, interest, and 58,519. 58,519. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 23,900. b Less: cost or other basis 7,902 and sales expenses 15,998. c Gain or (loss) 15,998. 15,998 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d

532009 12-16-15

58,519. Form 990 (2015)

0.

Total revenue. See instructions.

474,448.1,415,929

Form 990 (2015) FOUNDATION
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-			mpioto column py	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	2,500.	2,500.		
3	Grants and other assistance to foreign			İ	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,500.	7,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ļ			
7	Other salaries and wages	144,228.		144,228.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (non-employees).				
a	Management	30,000.		30,000.	
b	Legal	3070001		3070001	
_	Accounting	6,900.		6,900.	
٦	Lobbying	0,500.		0,500.	
u 2	Professional fundraising services. See Part IV, line 17				
4	Investment management fees				
f	Other (If line 11g amount exceeds 10% of line 25,				
g	· · · · · · · · · · · · · · · · · · ·	20,883.		20,883.	
	column (A) amount, list line 11g expenses on Sch O.)	3,025.		3,025.	
12	Advertising and promotion	3,808.		3,808.	
13	Office expenses	3,630.		3,630.	
14	Information technology	3,030.		3,030.	
15	Royalties	1 160		4 160	
16	Occupancy	4,160.		4,160.	
17	Travel	2,506.		2,506.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	450		450	
19	Conferences, conventions, and meetings	450.		450.	
20	Interest				
21	Payments to affiliates	2 252			
22	Depreciation, depletion, and amortization	3,278.		3,278.	
23	Insurance	1,688.		1,688.	
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 0.)	055 450	066 460		
	ROYALTIES	966,460.	966,460.		
þ		255,209.	255,209.		
C		40.	40.		
d				2 165	
	All other expenses	2,165.	1 041 500	2,165.	
25	Total functional expenses. Add lines 1 through 24e	1,468,430.	1,241,709.	226,721.	(
26	Joint costs Complete this line only if the organization		į		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Form 990 (2015)

Part	X	Balance Sheet			
	·	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	763,584.	1	688,223
}	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,949.	4	46,515
	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined under			
Ì		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
တ္က		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	90,125.	7	90,125
₹ }	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,445.	9	1,815
1	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 30,961.			
	b	Less accumulated depreciation 10b 26,510.	5,091.	10c	4,451
1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11	3,978,779.	12	4,052,646
] 1	13	Investments - program-related See Part IV, line 11		13	
\ 1	14	Intangible assets	28,414.	14	25,777
1	15	Other assets See Part IV, line 11	11,032.	15	15,702
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,915,419.	16	4,925,254
1	17	Accounts payable and accrued expenses	81,275.	17	139,559
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
န္မ 2	22	Loans and other payables to current and former officers, directors, trustees,		1	
		key employees, highest compensated employees, and disqualified persons.		, ,	
Liabilities		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	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	4 004 056		4 400 000
1		Schedule D	1,234,056.		1,180,303
- 12	26	Total liabilities, Add lines 17 through 25	1,315,331.	26	1,319,862
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗶 and			
Se		complete lines 27 through 29, and lines 33 and 34.	2 600 000		2 (05 202
	27	Unrestricted net assets	3,600,088.	27	3,605,392
8 3	28	Temporarily restricted net assets		28	
בַּן ²	29	Permanently restricted net assets		29	
년		Organizations that do not follow SFAS 117 (ASC 958), check here			
8		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
& S	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
≚ ∣	32	Retained earnings, endowment, accumulated income, or other funds	2 600 000	32	2 605 202
15	33	Total net assets or fund balances	3,600,088. 4,915,419.	33	3,605,392
	34	Total liabilities and net assets/fund balances	4,713,417.	34	4,925,254 Form 990 (201

<u>Form</u>	990 (2015) FOUNDATION	<u>48-6</u>	<u> 106237</u>	<u>Pag</u>	<u> 12 eç</u>
Pa	rt 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	1,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,46	8,4	<u>30.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		6,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,60	0,0	88.
5	Net unrealized gains (losses) on investments	5		<7	<u> 14.</u> ;
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,60	5,3	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a	L	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or guides, available why in Schodula O and describe any stone taken to undergo each guide		ا م	1	l

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

lame of	ine organization			NIVERSITY RE	SEARC	H			identification num	ber
B			DATION					48	<u>8-6106237 </u>	
Part I				All organizations must co			e instruction	s		
he organ				For lines 1 through 11, c	-					
1 -				n of churches described)(A)(i).			
2				Attach Schedule E (Form						
3				anization described in se			-			
4 📖		ch organiza	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A	.)(iii). Enter t	he hospital's name	,
_	city, and state:									
5	-	-		lege or university owner	d or operat	ed by a go	overnmental	unit describi	ed in	
	section 170(b)(1									
6				nental unit described in s						
7 📖				ntial part of its support f	rom a gov	ernmental	unit or from	the general p	public described in	
	section 170(b)(1)									
8				1)(A)(vi). (Complete Part						
9 📖	•		• , ,	than 33 1/3% of its sup	•		*	•	•	
				ct to certain exceptions,	٠,			• •	•	
				(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization a	after June 30, 1975	•
[See section 509									
10	•	_	•	vely to test for public sa	•		- 1- // /-			
11 LX				vely for the benefit of, to				=	-	1
		-	_	d in section 509(a)(1) of supporting organization					neck the box in	
<u> </u>	¬ ~ ~		,,			•		•	anuna	
a	• • • • • • • • • • • • • • • • • • • •		•	upervised, or controlled gularly appoint or elect a	•				•	
		-	omplete Part IV, Se	•	i majority (Ji trie direc	JIOIS OF ITUSE	ees or the st	apporting	
ь <u>Г</u>	¬ -		•	or controlled in connect	tion with it	e eunnorte	ad organizati	on(e) by bay	upa	
.				anization vested in the s		• •	_		•	
		•	t complete Part IV,		arrie perse	nis triat cc	introl of man	age the supp	ported	
c X			•	g organization operated	in connec	tion with a	and functions	illy integrate	d with	
-		_	•	You must complete F				,		
a \square	¬ '	-		orting organization oper		-	-	rted organiz	zation(s)	
	• •	-	- ·	ation generally must sat				_	• •	
			-	nplete Part IV, Sections	•		-			
е 🗔	¬ '		•	written determination fro	•			II, Type III	•	
	functionally into	egrated, or	Type III non-function	nally integrated supporti	ing organi	zation	•• • ••			
f Ente	er the number of s	upported of	organizations	,					1	Ĺ
			about the supporte	d organization(s)						
	(i) Name of supported	d	(ii) EIN		(iv) is the o	rganization n your	(v) Amount o	, i	(vi) Amount of	
	organization			(described on lines 1-9 above (see instructions))	governing		suppor instruc	` 1	other support (se instructions)	е
				·	Yes	No	1151100			
	S STATE									
UNIVE	RSITY		48-0771751	5	X		60	9,260.		
			ŀ	1	ł	ļ				
					ļ	<u> </u>				
					ļ					
				 	<u> </u>					
						Į.				
			 	 						
					(1		ļ		
					ļ	 				
Total					ļ		60	9 260		ο.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

chedule A (Form 990 or 990-EZ) 2015 FOUNDATION

48-6106237 Page 2
Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked fails to qualify under the tests			=	on failed to qualify	under Part III If the	e organization
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 ")		Ì				
2 Tax revenues levied for the organ-					1	
ization's benefit and either paid to		1	Ì		}	
or expended on its behalf)	}			
3 The value of services or facilities						
furnished by a governmental unit to		}				
the organization without charge		}	1			
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a		1	}			
governmental unit or publicly		†			1	į
supported organization) included		}	{	{	1	
on line 1 that exceeds 2% of the		}	1			
amount shown on line 11,				ļ	}	
column (f)		Ĺ	}			
6 Public support. Subtract line 5 from line 4						
Section B. Total Support			<u> </u>			
alendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on				1		ĺ
securities loans, rents, royalties						
and income from similar sources			1			
9 Net income from unrelated business						
activities, whether or not the]	Ì		
business is regularly carried on			<u> </u>	<u> </u>]	i
10 Other income. Do not include gain						
or loss from the sale of capital			}		}	
assets (Explain in Part VI.)				<u> </u>	<u> </u>	<u> </u>
11 Total support. Add lines 7 through 10				1		
12 Gross receipts from related activities,	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
organization, check this box and stop						▶[
Section C. Computation of Publi	c Support Pe	ercentage			,	
14 Public support percentage for 2015 (li	ne 6, column (f) o	divided by line 11,	column (f))		14	
15 Public support percentage from 2014	Schedule A, Part	t II, line 14			15	
16a 33 1/3% support test - 2015. If the o	rganization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifies	as a publicly supp	ported organization	n			►L
b 33 1/3% support test - 2014. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶Ĺ
17a 10% -facts-and-circumstances test	: - 2015. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nızatıon
meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶[
b 10% -facts-and-circumstances test	- 2014. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets th	e "facts-and-circi	umstances" test, d	heck this box and	stop here. Expla	in in Part VI how th	ө
organization meets the "facts-and-circ	umstances" test	. The organization	qualifies as a pub	licly supported ord	anization	▶ [

Schedule A (Form 990 or 990-EZ) 2015

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

(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

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION

48-6106237 Page 3

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

	Support Schedule for	0 !		N 1: FAA/-\/A
LOPE III	Support Schodula for	IZMANIZAZIONE I JE	ecrinea in v	SACTION SIMISITY
raitiii	Gubbort Scriedule for	JI Mai ii Lauoi is De	JOHNOU III V	JCCUOII JCJIGNZ

qualify under the tests listed below, please complete Part II)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (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 (d) 2014 (e) 2015 (f) Total (c) 2013 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) 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, 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 <u>%</u> Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f) 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 532023 09-23-15 Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	x	1
-		
2		X
3a		X
3b		
3c		
	-	
4a		X
}		
4b		
4c	-	
5a		x
5b 5c	-	<u> </u>
		<u> </u>
6	<u> </u>	X
7_	<u> </u>	X
8		x
-		-
0-		y
9a	-	X
9b	 	<u>X</u>
9c		X
		<u> </u>
10a		_x_
ioa	 	_~
10b	90-EZ	

2

	dule A (Form 990 or 990-EZ) 2015 FOUNDATION	48-61062	<u>37 P</u>	age 5
Pa	rt IV Supporting Organizations (continued)		-,	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ł		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	<u>11a</u>	Ц_	<u> X</u>
þ	A family member of a person described in (a) above?	11k		X
	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.	110	<u>. </u>	<u> </u>
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,		1	}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		↓
2	Did the organization operate for the benefit of any supported organization other than the supported		}]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		1	İ
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion 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	İ	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}	1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		┸
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior ta	×		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	X	↓
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	j	}	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		1
	the organization maintained a close and continuous working relationship with the supported organization(s)	_2	X	↓
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? If "Yes," describe in Part VI the role the organization's	Ì		
	supported organizations played in this regard.	3	X	<u> </u>
Sec	tion 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 yea(see in	structions):		
а				
b				
C		tity (see instruction		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,	}	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	1
	how the organization was responsive to those supported organizations, and how the organization determined	İ		1
	that these activities constituted substantially all of its activities.	<u>2</u> a	X	
b				1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ŀ		[
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	21:	X	
3	Parent of Supported Organizations Answer (a) and (b) below.	}		
а		ļ		
	trustees of each of the supported organizations? Provide details in Part VI.			┼
b	7			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	31		<u> </u>

	dule A (Form 990 or 990-EZ) 2015 FOUNDATION			48-6106237 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970. See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	on 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		
Sect	ion 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 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		
Sect	ion 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-functional	lly integrat	ed Type III supporting o	rganization (see
_	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION 48-6106237 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015. b 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) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3 and 4c Breakdown of line 7: 8 b

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION	48-6106237 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	and 2, Part IV, Section C, Section B, line 1e; Part V,
(See instructions)	ai information.
PART IV, SECTION D, LINE 3:	
THE KANSAS STATE UNIVERSITY VICEPRESIDENT FOR ADMINISTRATI	ION AND
FINANCE IS A DESIGNEE OF THE KANSAS STATE UNIVERSITY PRESIDE	ENT TO THE
KANSAS STATE UNIVERSITY RESEARCH FOUNDATION BOARD. THIS IN	DIVIDUAL
HOLDS THE OFFICE OF TREASURER OF THE KANSAS STATE UNIVERSITY	Y RESEARCH
FOUNDATION BOARD AND IS THEREBY THE CHAIR OF THE FINANCE COL	MMITTEE.
THE FINANCE COMMITTEE IS AUTHORIZED TO MAKE DECISIONS REGARD	DING ALL
FINANCIAL ACCOUNTS AND INSTRUMENTS OF THE ORGANIZATION. IT	OVERSEES
THE MANAGEMENT OF INVESTED FUNDS, MEETS REGULARLY WITH FUND	MANAGERS
AND ENSURES KANSAS STATE UNIVERSITY RESEARCH FOUNDATION'S II	NVESTMENT
POLICIES ARE FOLLOWED. FURTHER, IT CONSIDERS INITIATIVES TO) BE
SUPPORTED BY KANSAS STATE UNIVERSITY RESEARCH FOUNDATION AND	MAKES
RECOMMENDATIONS OF THE SAME TO THE BOARD.	
PART IV, SECTION E, LINE 2A:	
THE SUPPORTED ORGANIZATION IS KANSAS STATE UNIVERSITY (KSU)	. KANSAS
STATE UNIVERSITY RESEARCH FOUNDATION IS RESPONSIBLE FOR MANA	AGING THE
TECHNOLOGY TRANSFER ACTIVITIES OF KSU UNDER AN OPERATING AG	REEMENT
BETWEEN THE TWO ENTITIES. KANSAS STATE UNIVERSITY RESEARCH	FOUNDATION
WAS ESTABLISHED TO PROMOTE, ENCOURAGE, AND AID SCIENTIFIC RE	ESEARCH AT
KSU AND TO PROVIDE THE MEANS, METHODS, AND AGENCIES BY WHICH	H INVENTIONS
AND DISCOVERIES AT KSU MAY BE PATENTED, COMMERCIALIZED, OR	OTHERWISE
UTILIZED FOR THE BENEFIT OF KSU AND ITS FACULTY, STAFF, ALU	MNI, AND
STUDENTS.	
	

PART IV, SECTION E, LINE 2B:

TECHNOLOGY TRANSFER IS CLOSELY LINKED TO FUNDAMENTAL RESEARCH

532028 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION	48-6106237 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part IV, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for (See instructions)	tion B, lines 1 and 2, Part IV, Section C, line 1, Part V, Section B, line 1e; Part V,
ACTIVITIES IN UNIVERSITIES. UNDER THE BAYH-DOLE ACT (OF 1980,
UNIVERSITIES HAVE THE ABILITY TO RETAIN TITLE TO AND	PROMOTE THE
COMMERCIALIZATION OF INVENTIONS DEVELOPED UNDER GOVER	RNMENT FUNDING.
WITH THIS ELECTION, UNIVERSITIES ARE REQUIRED TO PROP	PERLY MANAGE THE
INVENTIONS INCLUDING REPORTING REQUIREMENTS, FILING 1	PATENTS, MARKETING
AND LICENSING THE INVENTION, AND DISTRIBUTING RETURNS	S. THE REQUIREMENTS
NECESSARY TO ADHERE TO THE BAYH-DOLE ACT ARE CONTRACT	TED TO KANSAS STATE
UNIVERSITY RESEARCH FOUNDATION BY KSU. IF THE KANSAS	STATE UNIVERSITY
RESEARCH FOUNDATION DID NOT EXIST, KSU WOULD STILL BI	E REQUIRED TO
CONFORM TO THESE REQUIREMENTS.	
	
	

2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KANSAS STATE UNIVERSITY RESEARCH

Employer identification number

	FOUNDATION				48-6106237
Par	-		Other Similar Fund	ds or Acc	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir				
		(a) Don	or advised funds	(b)	Funds and other accounts
1	Total number at end of year			<u> </u>	
2	Aggregate value of contributions to (during year)			<u> </u>	
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 adv	vised funds	
	are the organization's property, subject to the organization's	exclusive legal	control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writii	ng that grant funds can b	e used onl	v
	for charitable purposes and not for the benefit of the donor of		•		•
	impermissible private benefit?		, , , , , , ,		Yes No
Pai		ganization answ	rered "Yes" on Form 990). Part IV. lir	
1	Purpose(s) of conservation easements held by the organizat			<u>, </u>	
•	Preservation of land for public use (e.g., recreation or e		Preservation of a hi	storically in	nnortant land area
	Protection of natural habitat	oddodiiori,	Preservation of a ce	•	•
	Preservation of open space	'		Ji Lillou Tilott	Silo Stractare
2	Complete lines 2a through 2d if the organization held a quali	ified conseniation	on contribution in the for	m of a cons	convation eacoment on the last
2	day of the tax year.	med conservation	on contribution in the ion	III OI a COIIS	Held at the End of the Tax Year
	Total number of conservation easements			-	
a					2a
b	Total acreage restricted by conservation easements	- 10tura 100tura	4 (a)		2b
Ç	Number of conservation easements on a certified historic sti		, ,	H	2c
a	Number of conservation easements included in (c) acquired	aiter 8/17/06, a	ind not on a historic stru-		
_	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleasea, extingu	isned, or terminated by t	ne organiza	ation during the tax
_	year ▶				
4	Number of states where property subject to conservation ea		·		
5	Does the organization have a written policy regarding the pe		g, inspection, nangling o	π	
_	violations, and enforcement of the conservation easements				└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of vic	lations, and enforcing co	onservation	easements during the year
_	Annual of automatic manufacture from			4	
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ding of violation	is, and enforcing conser	vation ease	ements during the year
•	· ————————————————————————————————————	va antiofictha re	an weamoute of continue 1	70/h\/4\/D\/	,
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?	ve sausiy ine re	quirements of section 1	/ U(H)(4)(D)(I	Yes No
_					
9	In Part XIII, describe how the organization reports conservat		· ·		
	include, if applicable, the text of the footnote to the organiza	ation s financial	statements that describe	es the orgai	nization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	of Art Histor	ical Treasures or	Other Si	milar Assets
	Complete if the organization answered "Yes" on Form	-	•	Other Or	illiai A336t3.
10	If the organization elected, as permitted under SFAS 116 (A)			toment and	balance shoot works of art
ia	-		=		
	historical treasures, or other similar assets held for public ex			rance or pu	ablic service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as a seminary of the control				
b	If the organization elected, as permitted under SFAS 116 (A				•
	treasures, or other similar assets held for public exhibition, e	education, or res	search in furtherance of p	public servi	ce, provide the following amounts
	relating to these items:				. .
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$ ▶ \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre			cial gain, pr	ovide
	the following amounts required to be reported under SFAS	116 (ASC 958) i	elating to these items.		
а	Revenue included on Form 990, Part VIII, line 1				S
b	Assets included in Form 990, Part X				▶ \$

22

532051 11-02-15

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

Sche	dule D (Form 990) 2015 FOUNDAT			 					Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historic	al Treasures, o	r Othe	<u>r Simila</u>	<u>r Asset</u>	S (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following that	t are a sig	gnificant u	se of its c	ollection i	tems
	(check all that apply).								
а	Public exhibition	d	Loan	or exchange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they fu	rther the organization	on's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histono	al treasures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization	on's collection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the orga	nization answered "	Yes" on	Form 990,	Part IV, I	ne 9, or	
1a	is the organization an agent, trustee, custod	an or other intermed	lary for contr	butions or other as	sets not	ncluded			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
			•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or custodial acco	unt liabili	ty?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes	on Form 990, Part	IV, line 1	0			
		(a) Current year	(b) Prior y	ear (c) Two year	s back (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions		L						
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities)	Ÿ		1		ì		
	and programs								
f	Administrative expenses								
g	End of year balance						l		
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, col	umn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and administe	red for th	e organiza	ation	_	
	by:								<u>'es No</u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		owment funds	<u> </u>					
Pai	t VI Land, Buildings, and Equipn		0.0-+1/4.1.	44-0-5-		1			
	Complete if the organization answere								
	Description of property	(a) Cost or o		b) Cost or other basis (other)	1-7	cumulate reciation	o	(d) Book	value
	Land	Dasis (IIIVesti	nony	טמסוס (טנו ופו)	a				
	Land						- + -		
	Buildings						- 		
	Leasehold improvements						-+		
	Equipment			30,961.		26,51	10	A	,451.
	Other	aual Form COO. Do-	Y column (C			40,5			,451.
rota	. Add lines 1a through 1e (Column (d) must e	equal FUIIII 990, Part	∧, column (B	<u>,, iirite 100) ,</u>				4	<u> </u>

Schedule D (Form 990) 2015 FOUNDATION			48	-6106237 Page 3
Part VII Investments - Other Securities.				
* Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	ation Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) AMOUNTS HELD FOR OTHERS	1,144,437.			
(B) INVESTMENTS-KSURF	2,798,002.		AR MARKET	VALUE
(C) EQUITY INVESTMENTS	110,207.	COST		
(D)				
(E) (D)		 		
(F) (G)			<u></u>	
(H)			<u></u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,052,646.			
Part VIII Investments - Program Related.	1/002/010	'		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990. Pa	rt X. line 13.	
(a) Description of investment	(b) Book value			l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
		ļ		
	,			
(9)	 			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d Soc Form 000 Pa	rt Y line 15	
	Description	110 000 10111 330,1 a	10, 1110 13	(b) Book value
(1)				(-)
(2)				
				
(4)				
(5)				
(6)				· <u> </u>
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15)			 _
	on Form 900 Part IV line	11a or 11f Coo Form 0	OO Bort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	On Form 990, Fart IV, line	(b) Book value	90, Part A, III e 25	
(1) Federal income taxes		(B) Book Value		
(2) AMOUNTS HELD FOR OTHERS		1,144,437.		
(3) INVESTMENT SHARES PAYABLE		35,866.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)	1,180,303.		
A Liebility for uncertain tay positions. In Dort VIII provide	the tout of the feett-			Alexa de la calenda de la calenda de la calenda de la calenda de la calenda de la calenda de la calenda de la c

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.

Sobo	dule D (Form 990) 2015 FOUNDATION	SEARCI	18-6	5106237 Page 4
Par		nts With Revenue per F		
<u> </u>	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	1,473,734.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2/2/0//020
- а	Net unrealized gains (losses) on investments	2a <714.		
b	Donated services and use of facilities	2b		
c	Recovenes of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d	1	
	Add lines 2a through 2d		2e	<714.
3	Subtract line 2e from line 1		3	1,474,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b	1	
С	Add lines 4a and 4b		4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,474,448.
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,468,430.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b]	
С	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,468,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,468,430.
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		4, Part	X, line 2, Part XI,
PAI	RT X, LINE 2:			
THI	FOUNDATION IS EXEMPT FROM FEDERAL INCOME	TAXES UNDER SEC	CTIO	N 501(C)(3)
OF	THE INTERNAL REVENUE CODE. ACCORDINGLY,	NO PROVISION FOR	RING	COME TAXES
μъσ	BEEN REFLECTED IN THE FOUNDATION'S FINAN	СТАТ, СПАПЕМЕМПО		
1177	S DEEN REPLECIED IN THE POUNDATION S PINAN	CIAL SIAIEMENIS		
THI	FOUNDATION BELIEVES THAT IT HAS APPROPRI	ATE SUPPORT FOR	AN	Y TAX
POS	SITIONS TAKEN, AND AS SUCH, DOES NOT HAVE	ANY UNCERTAIN TA	AX PO	OSITIONS
	AT ARE MATERIAL TO THE FINANCIAL STATEMENT			
	DED JUNE 30, 2016 AND DECEMBER 31,2015, TH		<u>'טאַ כ</u>	r KECOGNIZE
AN	INTEREST OR PENALTIES ASSOCIATED WITH TA	X MATTERS.		

THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION RETURNS (FORM 990) FOR 2015

532054
09-21-15
Schedule D (Form 990)

25 10591202 755562 28925

2015.05000 KANSAS STATE UNIVERSITY RES 28925 2

KANSAS STATE UNIVERSITY RESEARCH 48-6106237 Page 5 Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued) AND 2014 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. NO TAXING AUTHORITIES HAVE COMMENCED INCOME TAX EXAMINATIONS.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2015

➤ Attach to Form 990.

➤ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	of the organization	TVERSTTY	RESEARC	н		Employer ident	ification number
	NDATION	TVERBILL	112021210			48-61062	37
Par	t I General Infor	mation on A	ctivities Out	side the United States. Complet	te if the organ	ization answered	"Yes" on
	Form 990, Part IV			<u> </u>	J		
1			maintain record	ds to substantiate the amount of its grain	nts and other	assistance,	
				the selection criteria used to award the			Yes X No
		_			•		
2	For grantmakers. Describer United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
3		ne following Part	i I. line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
							-
3 a	Sub-total		00				0.
b	Total from continuation						
	sheets to Part I		0				
C	Totals (add lines 3a						
	and 3b)	Lc	0				

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

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Part II

48-6106237

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)
			,					
2 Enter total number of the IRS, or for which t	recipient organizations the grantee or counsel	s listed above that are ri I has provided a section	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	foreign country,	recognized as tax-ex	empt by		

28

Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

RESEARCH
UNIVERSITY
STATE
ANSAS

KANSAS STAT FOUNDATION Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Page 3

48-6106237

hebeen a execus length by betavilar by ear and it had

ı	1	ı ı	1	1	Į.	ı ı	ı	1	1	ועס
(h) Method of valuation (book, FMV,	appraisal, other)									Schedule F (Form 990) 2015
(g) Description of non-cash assistance										Schedu
(f) Amount of non-cash assistance	0	0								
(e) Manner of cash disbursement										
(d) Amount of cash grant	000	2 500								
c) Number of recipients	0	1								
(b) Region	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRINKI RIRMA	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN								
(a) Type of grant or assistance (b) Region										

29

<u>Schedu</u>	<u> le F</u>	(Fòrm 990) 2015 FOUNDATION	<u>48-6106237</u>	Page 4
Part	ĪV	Foreign Forms		
	•			
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	ora	anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	•	poration (see Instructions for Form 926)	Yes	X No
		,		
2	Dıd	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trus	sts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trus	st With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Wa	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
		lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
		Instructions for Form 8621)	Yes	X No
	,	,	<u> </u>	
5	Dıd	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
		organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fon	eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		
		s," the organization may be required to separately file Form 5713, International Boycott Report (see		
		ructions for Form 5713; do not file with Form 990)	Yes	X No
		•		

48-6106237 FOUNDATION Page 5 Schedule F (Förm 990) 2015 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. PART I, LINE 2: THE AWARDS ARE DETERMINED AND CANDIDATES SELECTED BY THE K-STATE GRADUATE THE GRADUATE SCHOOL REQUESTS THE FUNDS FROM KSURF AS NEAR AS SCHOOL. POSSIBLE TO THE BEGINNING OF APPLICABLE SCHOOL TERM AND THE FUNDS ARE DEPOSITED INTO A RESTRICTED FEES ACCOUNT. THE FUNDS USED FOR SCHOLARSHIPS ARE TRACKED IN A SEPARATE GL ACCOUNT FOR THE RESERVE AND THIS IS WHERE THE DETAIL OF USE OF THE FUNDS IS TRACKED.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Mormation about Schedul

KANSAS STATE UNIVERSITY RESEARCH

FOUNDATION

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

48-6106237

Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit		of grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organia		c Governments. C	omplete if the orga	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY 105 ANDERSON HALL MANHATTAN, KS 66502	48-0771751		10,000.	0			GRANTS WERE ISSUED TO ASSIST IN RESEARCH AT KANSAS STATE UNIVERSITY
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line 1	ganizations listed in the table	e line 1 table				A A

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

532101 10-28-15

Schedule I (Form 990) (2015)

Page 2

48-6106237

Grants and Other Assistance to Domestrc Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. FOUNDATION Schedule I (Form 990) (2015) Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE THE FUNDS USED FOR SCHOLARSHIPS THE K-STATE GRADUATE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information SEPARATE GL ACCOUNT FOR THE RESERVE AND THIS IS WHERE THE GRADUATE SCHOOL REQUESTS THE FUNDS FROM KSURF AS NEAR AS THE BEGINNING OF APPLICABLE SCHOOL TERM AND THE FUNDS ARE (d) Amount of non-cash assistance THE AWARDS ARE DETERMINED AND CANDIDATES SELECTED BY (c) Amount of cash grant (b) Number of recipients DEPOSITED INTO A RESTRICTED FEES ACCOUNT. THE FUNDS IS TRACKED. (a) Type of grant or assistance DETAIL OF USE OF IN A LINE P D ARE TRACKED POSSIBLE PART I, SCHOOL.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. KANSAS STATE UNIVERSITY RESEARCH

OMB No 1545-0047

Open to Public Inspection

Employer identification number

48-6106237

FOUNDATION Part I Questions Regarding Compensation

	Check the consequent hardes) of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequence of the cons		Yes	No
та	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.			ļ
	First-class or charter travel Housing allowance or residence for personal use			ļ
	Travel for companions Payments for business use of personal residence			ł
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			į
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			ĺ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			l
	establish compensation of the CEO/Executive Director, but explain in Part III			l
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			l
	Form 990 of other organizations Approval by the board or compensation committee			l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of			l
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	1		_ _
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

48-6106237

Page 2

Schedule J (Form 990) 2015 FOUNDATION

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

						- 1		
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) APRIL C MASON	9	0	0.	0.		0.	0	0
	E	169,63	0	0.	0.	0.	169,630.	
	Ξ							
	(ii)							
	Θ							
	(ii)							
	(i)					ļ		
	€ :							
	Ξ:							
	▣							
	€ :							
	€ €							
	3							
	9							
	ε							:
	: 🗉							
	Ξ							
	(ii)							
	Θ							
	(ii)							
	Ξ							
	(ii)				2.			
	Ξ							
	(1)							
	Ξ							
	(ii)							
	Ξ							
	(1)							
	Ξ							
	(ii)							
C***C**				1			Schedu	Schedule J (Form 990) 2015

KANSAS STATE UNIVERSITY RESEARCH FOUNDATION

Schedule J (Form 990) 2015

Page 3

48-6106237

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 Part III Supplemental Information

SCHEDULE L

Transactions With Interested Persons

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

FOUNDATION 48-6106237 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).		
raiti Lacess Deficit Fransactions (section sort(c)(s), section sort(c)(4), and sort(c)(23) diganizations only).		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.		
1 (b) Relationship between disqualified (d) (Correc	cted?
(a) Name of disqualified person person and organization (c) Description of transaction Ye		No
	-	
	+	
	\dashv	
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under		
section 4958 • \$		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\) \[\bigs \]		
Part II Loans to and/or From Interested Persons.		
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization	n	
reported an amount on Form 990, Part X, line 5, 6, or 22		
(a) Name of (b) Relationship (c) Purpose (d) Loan to or interested person with organization of loan (d) Loan to or from the principal amount (f) Balance due (g) In (h) Approved by board or principal amount (d) East (e) Original (f) Balance due (g) In (h) Approved by board or committee?	(i) We agreer	ritten ment?
organization?		Γ-
To From Yes No Yes No	Yes	No
		<u> </u>
Total \$ \$		
Part III Grants or Assistance Benefiting Interested Persons.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpo	ose of	f
interested person and assistance assistance assista		
the organization	_	

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

Schedule L (Form 990 or 990-EZ) 2015

KANSAS STATE UNIVERSITY RESEARCH Schedule L (Form 990 or 990 EZ) 2015 FOUNDATION 48-6106237 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No KSU-IC ONE MEMBER IN COMMO 111,838 ROYALTIES X KANSAS WHEAT ALLIANCE KSURF EXECUTIVE COM 404,372.ROYALTY REV X Part V | Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: KSU-IC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ONE MEMBER IN COMMON ON BOTH KSURF AND KSU-IC BOARDS (C) AMOUNT OF TRANSACTION \$ 111,838. (D) DESCRIPTION OF TRANSACTION: ROYALTIES, RENT AND MANAGEMENT (E) SHARING OF ORGANIZATION REVENUES? = YES (A) NAME OF PERSON: KANSAS WHEAT ALLIANCE (B) RELATIONSHIP BETWEEN INTERESTED_PERSON AND ORGANIZATION: KSURF EXECUTIVE COMMITTEE MEMBER IS ALSO KWA BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 404,372. (D) DESCRIPTION OF TRANSACTION: ROYALTY REVENUE IS RECEIVED AS A RESULT OF BEING A LICENSEE, SOME OF WHICH REIMBURSES PREVIOUS LEGAL EXPENSES. (E) SHARING OF ORGANIZATION REVENUES? = YES

Schedule L (Form 990 or 990-EZ) 2015

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.

OMB No 1545-0047 Open to Public Inspection

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

Name of the organization KANSAS STATE UNIVERSITY RESEARCH FOUNDATION FORM 990, PART VI, SECTION A, LINE 6: THE NONPROFIT HAS MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: THE OTHER BOARD MEMBERS ELECT NEW BOARD MEMBERS FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 WILL BE EMAILED TO EACH BOARD MEMBER PRIOR TO FILING AND THE EXECUTIVE COMMITTEE WILL INDICATE APPROVAL AT THEIR NEXT MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE ANNUAL DECLARATION AND DISCLOSURE STATEMENT IS COMPLETED EACH YEAR AND IS THEN REVIEWED TO SEE IF THEY ARE BEING MANAGED. THIS IS PART OF THE KANSAS STATE UNIVERSITY POLICY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE KANSAS STATE UNIVERSITY WEBSITE. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS SELECTS THE INDEPENDENT AUDITOR. NO CHANGE FROM PRIOR YEARS.			
FORM 990, PART			
THE NONPROFIT	HAS MEMBERS		
FORM 990, PART	VI, SECTION A, LINE 7A:		
THE OTHER BOAR	D MEMBERS ELECT NEW BOARD MEMBERS		
FORM 990, PART	VI, SECTION B, LINE 11:		
A DRAFT OF THE	990 WILL BE EMAILED TO EACH BOARD	D MEMBER P	RIOR TO FILING AND
THE EXECUTIVE	COMMITTEE WILL INDICATE APPROVAL A	AT THEIR N	EXT MEETING.
FORM 990, PART	VI, SECTION B, LINE 12C:		
THE ANNUAL DEC	LARATION AND DISCLOSURE STATEMENT	IS COMPLE	TED EACH YEAR AND
IS THEN REVIEW	ED TO SEE IF THEY ARE BEING MANAG	ED. THIS	IS PART OF THE
KANSAS STATE U	NIVERSITY POLICY.		
	<u> </u>		
FORM 990, PART	VI, SECTION C, LINE 19:		
GOVERNING DOCU	MENTS ARE AVAILABLE ON THE ORGANI	ZATION WEE	SITE. THE
CONFLICT OF IN	TEREST POLICY IS AVAILABLE ON THE	KANSAS SI	ATE UNIVERSITY
WEBSITE. THE	FINANCIAL STATEMENTS ARE AVAILABL	E UPON REQ	QUEST.
		,	
FORM 990, PART	XII, LINE 2C:		
THE BOARD OF D	IRECTORS SELECTS THE INDEPENDENT	AUDITOR.	NO CHANGE FROM
PRIOR YEARS.	_		

2015.05000 KANSAS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection 2015

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 KANSAS STATE UNIVERSITY RESEARCH FOUNDATION Name of the organization

Part

Employer identification number 48-6106237

Direct controlling entity 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 $\boldsymbol{\varepsilon}$ End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

PartII

(g) Section 512(b)(13) controlled entity? ŝ × × Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) KANSAS CANSAS DEVELOPMENT RESULTING IN MARKETING INTELLECTUAL Primary activity PROPERTY, ECONOMIC HIGHER EDUCATION 9 66502 KANSAS STATE UNIVERSITY INSTITUTE FOR COMMERCIALIZATION - 48-1150841, 2005 RESEARCH PARK CIRCLE, MANHATTAN, KS - 48-0771751 Name, address, and EIN of related organization KANSAS STATE UNIVERSITY MANHATTAN, KS 66506 110 ANDERSON HALL

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

SEE PART VII FOR CONTINUATIONS

532161 09-08-15 LHA

FOUNDATION

Schedule R (Form 990) 2015

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. Part III

Page 2

48-6106237

	Φ ~	1			ı			ı			i		
3	General or Percentage managing ownership												
9	neral or anaging artner?	S No				_		1			1		
	<u>ଞ୍ଜୁ</u> _×୍ଲ	35) Ye			+			 1			+		
(E)	Code V-UBI General or Pe amount in box managing o	K-1 (Form 106											
	tionate ons?	Š	-					İ					
E	Disproportionate allocations?	Yes						1					
(6)	Share of end-of-year						•			•			
Ð	Share of total income												
(e)	(related, unrelated,	sections 512-514)											
(p)	Direct controlling entity												
(0)	Legal domicile (state or	foreign country)							<u></u>				
(q)	Primary activity					į							
(a)	Name, address, and EIN of related organization												

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 Part IV

(a)	9	9	()	(e)	E	(B)	E	(E)	ç
Name, address, and EIN of related organization	Primary activity	ž 5.	Direct controlling Type of entity Signatury (C corp., S.corp.)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	13) 7
		country)		or trust)		doodlo		Yes	No
NACELLE THERAPEUTICS - 48-1239040	COMMERCIALLY DEVELOP								
2005 RESEARCH PARK CIRCLE	HUMAN THERAPEUTIC						_		;
	PRODUCTS AND	KS		C CORP			52,698		×
	ı								
	·								
					-				
	I								
									İ
							_		

SEE PART VII FOR CONTINUATIONS

532162 09-08-15

FOUNDATION Schedule R (Form 990) 2015 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Page 3

48-6106237

Schedule R (Form 990) 2015 ŝ × × × × × × × × Yes × × × × Ę 두 5 5 19 1 + a ₽ ဍ <u>4</u> 두 ¥ 우 13 Method of determining amount involved ¥ F ÷ = 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 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? 828 144,228 3,216 25,000 82,793 568,200 (c) Amount involved (b)
Transaction type (a-s) l Performance of services or membership or fundraising solicitations for related organization(s) Д × Σ ĸ Z 召 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, iiI, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) STATE UNIVERSITY STATE UNIVERSITY Sale of assets to related organization(s) Dividends from related organization(s) (1) KANSAS (6) KANSAS (2) KSU-IC (3) KSU-IC (4) KSU-IC (5) KSU-IC

48-6106237 Page 4

ç

Schedule R (Form 990) 2015 FOUNDATION

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

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

(d) (d) (d)	(4)	3		(0)	€	(5)	3	9	=	(K)
Name, address, and EIN of entity	Primary activity	micile foreign	t income related,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate affocations?	Dispropor- Code V-UBI General or Percentage borial amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
				-					_	
							-			
				•			_			
							-		1	
								_		
				-						
		-		., .						
	-									
							_			
				_			-			
								·		
							+		-	
			_							
						j				!
		i						Schedule	R (For	Schedule R (Form 990) 2015

Schedule R (Fòrm 990) 2015 FOUNDATION	48-6106237 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
NAME OF RELATED ORGANIZATION:	
KANSAS STATE UNIVERSITY INSTITUTE FOR COMMERCIALIZATION	
PRIMARY ACTIVITY: MARKETING INTELLECTUAL PROPERTY, ECONOMIC	DEVELOPMENT
RESULTING IN NEW JOBS	
	
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS	CORP OR TRUST:
WARE OF DELAMED ODGINERATION	
NAME OF RELATED ORGANIZATION:	
NACELLE MUEDADELIMICO	
NACELLE THERAPEUTICS	
PRIMARY ACTIVITY: COMMERCIALLY DEVELOP HUMAN THERAPEUTIC PRO	DIICTS AND
FRIMARI ACTIVITI. COMMERCIADDI DEVELOF HOMAN IMERAFEOTIC FRO	DOCID AND
TECHNOLOGIES FROM KSU.	
IDEMODOGIED INOM NOO!	
	<u></u>
	
	