DLN: 93493136043560 OMB No 1545-0047 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable The Kansas University Endowment Association □ Address change 48-0547734 ☐ Name change Doing business as KU Endowment ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 928 ☐ Amended return (785) 832-7400 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Lawrence, KS $\,$ 660440928 $\,$ G Gross receipts \$ 560,694,152 Name and address of principal officer H(a) Is this a group return for Dale Seuferling ☐Yes **☑**No subordinates? PO Box 928 H(b) Are all subordinates awrence, KS 660440928 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www kuendowment org L Year of formation 1891 M State of legal domicile KS Summary 1 Briefly describe the organization's mission or most significant activities University support Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 10 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 73 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -7,554,544 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 211,067,028 223,719,260 Ravenua 3,036,507 4,570,475 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 98,808,204 103,783,500 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,720,737 22,382,193 317,632,476 354,455,428 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 190,280,510 172,744,119 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 17,220,927 18,173,441 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 52,088 272,038 b Total fundraising expenses (Part IX, column (D), line 25) ▶12,632,937 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 11,869,031 11,744,203 219,422,556 202,933,801 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 98,209,920 151,521,627 Net Assets or Fund Balances Beginning of Current Year End of Year 2,036,065,980 2,188,644,850 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 110,103,716 117,307,393 22 Net assets or fund balances Subtract line 21 from line 20 . 1,925,962,264 2,071,337,457 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-15 Signature of officer Sign Here James G Clarke Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00366526 Paid self-employed Firm's name Frnst & Young US LLP Firm's EIN ► 34-6565596 Preparer Use Only Firm's address ▶ 190 Carondelet Plaza Ste 1300 Phone no (314) 290-1000 Clayton, MO 63105 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

	990 (2018)					Page 2
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the	organization's mission				
KU E	ndowment partners w	ith donors in providing	philanthropic su	pport to build a greater	University of Kansas	
2	Did the organization	undertake any signific	ant program serv	vices during the year wh	nich were not listed on	
	the prior Form 990 o	or 990-EZ?				. 🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant (changes in how it condu	cts, any program	
	services?					. □Yes ☑No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) ar		ons are required	to report the amount of	argest program services, as f grants and allocations to ot	
4a	(Code) (Expenses \$	49,211,606	ıncludıng grants of \$	49,211,606) (Revenue \$	8,330,871)
	See Additional Data					
4b	(Code) (Expenses \$	40,906,734	including grants of \$	40,906,734) (Revenue \$	0)
	See Additional Data					
4c	(Code) (Expenses \$	39,969,234	including grants of \$	39,969,234) (Revenue \$	0)
4c	(Code See Additional Data) (Expenses \$	39,969,234	including grants of \$	39,969,234) (Revenue \$	0)
4c	•) (Expenses \$) (Expenses \$	39,969,234 42,656,545	including grants of \$ including grants of \$	39,969,234) (Revenue \$ 42,656,545) (Revenue \$	18,745,946)
4c	(Code Facilities support - Con: This fiscal year saw the Laboratories Also, new) (Expenses \$ struction, furnishings and e completion of the new ind privately funded construct	42,656,545 equipment funded b oor practice facility tion and renovation	including grants of \$ y private giving fluctuates from the football program, are projects began during the from the frow the from	42,656,545) (Revenue \$	18,745,946) ne timeline of construction projects the Simons Bioscience Research for the volleyball program More
4c	(Code Facilities support - Con: This fiscal year saw the Laboratories Also, new than two-thirds of the U) (Expenses \$ struction, furnishings and e completion of the new ind privately funded construct	42,656,545 equipment funded b oor practice facility tion and renovation igs and about 85%	including grants of \$ y private giving fluctuates from the football program, are projects began during the from the frow the from	42,656,545) (Revenue \$ rom year to year depending on the nd a renovation and expansion of iscal year, including a new arena	18,745,946) ne timeline of construction projects the Simons Bioscience Research for the volleyball program More
	(Code Facilities support - Con: This fiscal year saw the Laboratories Also, new than two-thirds of the U) (Expenses \$ struction, furnishings and e completion of the new ind privately funded construct Jniversity of Kansas buildir ices (Describe in Sched	42,656,545 equipment funded b oor practice facility tion and renovation igs and about 85%	including grants of \$ y private giving fluctuates fi for the football program, ar projects began during the fi of the land available for can	42,656,545) (Revenue \$ rom year to year depending on the nd a renovation and expansion of iscal year, including a new arena	18,745,946) ne timeline of construction projects the Simons Bioscience Research for the volleyball program More

Par	tiv Checklist of Required Schedules		ı	
			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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	s 3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ht 6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, or X as applicable	ıx,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reporte in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	-		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for an foreign organization? If "Yes," complete Schedule F, Parts II and IV	y 15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	0 16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	V	
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

37

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Part V

				- ugc
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N. Part II	32		No

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Dage 4

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2018)

Nο

Nο

No

33

34

35a

35b

36

37

38

1,202

1a

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Yes

No

No

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

d If "Yes," indicate the number of Forms 8282 filed during the year 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

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

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 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	o" resp	onse to	lines 🗸
Se	ction 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 1:			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

CA , KY , AK , MD , MA , MI , MN , MO , NH , NJ , OH , OK , SC , UT , WA , WV

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

status with respect to such arrangements? . . .

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year 20

State the name, address, and telephone number of the person who possesses the organization's books and records ▶James G Clarke Treasurer 1891 Constant Avenue Lawrence, KS 660473743 (785) 832-7400

Form **990** (2018)

16b

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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

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

- 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)
- organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- compensated employees, and former such persons

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Worganizations any hours director/trustee) from the for related 2/1099-MISC) (W-2/1099organization and Former Office For Individual trustee organizations MISC) related Institutional ighest director below dotted organızatıons emplo line) Ť. comper P Trustee 40.0 (1) Dale W Seuferling 466,754 х 162,392 President 0 1 40 0 (2) D Jerome Davies 274,349 Х 0 91.990 Secretary/EVP Development 0 1 40 C (3) James G Clarke Х 283,161 40,971 Treasurer/SVP Finance 0 1 4 0 (4) John B Dicus 0 Executive Committee-Volunteer 0 (5) David B Dillon 4 0 Х O Chair(Starting Sept '18), Executive Committee Volunteer (6) William R Docking 4 0 Ω Vice Chair(Starting Sept '18), Executive Committee-Volunteer 3.0 (7) A Drue Jennings 0 Executive Committee(Ending Sept '18)-Volunteer 0 4 0 (8) MD Michaelis Ω Χ Executive Committee-Volunteer Λ 4 0 (9) Linda Ellis Sims Χ n O Executive Committee-Volunteer 0 1 4 0 (10) Steve Sloan Х 0 Executive Committee-Volunteer 4.0 (11) Todd L Sutherland Executive Committee - Volunteer n (12) Deanell Reece Tacha 4 0 0 Chair(Ending Sept '18), Executive Committee-0 Volunteer 4 0 (13) Robert D Taylor 0 Executive Committee-Volunteer 0 1

4 0 (14) Kurt D Watson Х 0 Executive Committee-Volunteer 0 1 4 0 (15) Lydia I Beebe Χ Executive Committee(starting Sept '18)-Volunteer 40 0 (16) Rebecca L Blaesing 191,315 34,784 VP Medical Development 0 40 0 (17) Clark Cropp 227,455 86,851 SVP Administration & COO Ω Form **990** (2018) Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and Title	(B) Average hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee) organ						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estim amount comper	iated of other isation the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	7,		rela organiz	ted
(18) James R Mechler Assoc SVP Development	40 0) 				×		199,836	C)	65,432
(19) William S Green	40 0	1				х		182,300	C		75,852
SVP Information Systems & Services (20) Stacy Nuss	40 0	-	\vdash	H	\vdash	 	\vdash	·			
VP Investment & Asst Treasurer			$oxed{oxed}$	Ш	L	X		165,707	C	<u> </u>	48,334
(21) Monte Soukup SVP Property	40 0 0					×		156,358	C)	46,064
					Γ						
1b Sub-Total	art VII , Section	A	 <u></u>		—	▶ [▶]		2,147,235 eived more than \$10	0 000		652,670
of reportable compensation from the			C 1150	<u> </u>		=) *****		elveu more than qu			
3 Did the organization list any former line 1a? If "Yes," complete Schedule.			ee, ke	-	mplo	oyee,	or hı	ghest compensated		Yes	No
For any individual listed on line 1a, is organization and related organization individual	s the sum of repo ns greater than \$	ortable 0 \$150,000	comp	ensa "Yes,	s," co	omplet				4 Yes	No
5 Did any person listed on line 1a recei services rendered to the organization										5	No
Section B. Independent Contract									1100 000 5		
Complete this table for your five high from the organization Report compe	nsation for the c								ı's tax year		
	(A) and business addre	ess							(B) ription of services	Compe	C) Insation
Cambridge Associates LLC								Investment (Consulting		2,234,405
125 High Street Boston, MA 02110 Lathrop and Gage LLP								Legal Service			528,935
2345 Grand Blvd								Legal Selvice	35		320,332
Ste 2800 Kansas City, MO 64108											
Ropes and Gray LLP 800 Boylston St					_			Legal Service	95		380,462
Boston, MA 02199 TPS Leavenworth LP								Construction		+	260,863
One Victory Drive											,
Ste 200 Liberty, MO 64068								Contradium advanta			221.01
Geosource LLC 1605 SW 41st Street								Construction			231,01
Topeka, KS 66609 2 Total number of independent contractor	re (meludina hui		utod /	to th		licted	abou	ve) who received my		of	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ► 15

		(2016)	Davis									Page 9
Part	VIII				onse or note to any	lina in +	hic Bort VIII					🗹
		Check II Schedul	e O contains a	respo	onse of flote to any	(A) revenue	Rel e: fu	(B) lated or xempt inction	bι	(C) irelated usiness evenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaign	ns	1a				re	venue			512 - 514
nts nts		• Membership dues		1b	<u> </u>							
oral Dou		Fundraising events		1c	1,720,457							
s, C An		d Related organization		1d	292,710							
ia Ia		Government grants (co		1e	21,177,645							
im.		All other contributions,	·	TE	1							
tior sr S	'	and similar amounts no above		1f	200,528,448							
Contributions, Gifts, Grants and Other Similar Amounts	٥	Noncash contribution in lines 1a - 1f \$	ons included	13	,150,748							
<u>ة</u> ك	ا ا	h Total. Add lines 1a	·1f	•	•	2	223,719,260					
a.					Business	Code						
Ĕ	2a	Loan Interest				522200	<u> </u>	84,965	·	1,965		
Program Service Revenue	b	Apartment Rentals				531110		25,225		5,225		
<u>د</u>	c	Building Lease				531120		65,000		5,000		
<u>\$</u>	d	Other Real Estate Incom	ie			531390	3	95,285	395	5,285		
Ē	e			_								
ogra	f	All other program se	rvice revenue					0		0		0 0
ځ	g.	Total. Add lines 2a-2	f		4,5	70,475						
	3]	Investment Income (II	ncluding divid	ends, i	interest, and other	1						
		imilar amounts) .			>	<u> </u>	45,341,934	1	1,936,628		-7,575,061	50,980,367
		Income from investme Royalties			ond proceeds		772,168	3				772,168
	۱ و	Coyaldes	(ı) Rea		(II) Personal	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				,,,,,,,,,
	6a	Gross rents	(1) 1100		(ii) reiseila.	1						
						-						
	Ь	Less rental expenses										
	c	Rental income or (loss)		0	0							
	d	Net rental income o	r (loss)			1						
		Hee remainment of	(ı) Securit		(II) Other							
	7a	Gross amount from sales of assets other than inventory	. , ,	15,000		-						
	b	Less cost or other basis and sales expenses	204,3	57,067	1,029,123	-						
	c	Gain or (loss)	57,7	57,933	683,633							
		Net gain or (loss) .			•	<u> </u>	58,441,566	5				58,441,566
Other Revenue	8a	Gross income from fit (not including \$ contributions reported See Part IV, line 18	1,720,457 d on line 1c)		786,284							
Re		Less direct expense		b	852,534]						
Jer		Net income or (loss)		-	rents 🕨		-66,250					-66,250
₹	9a	Gross income from g See Part IV, line 19		es								
				а								
		Less direct expense		b								
		Net income or (loss)		activit	ies >	1						
	IUa	Gross sales of invent returns and allowand		a								
	b	Less cost of goods s	old	b								
	С	Net income or (loss)		ınvent								
	11	Miscellaneous	Revenue		Business Code 110000	1	1,086,04	1				1,086,044
		a Agrıculture			110000		1,000,04					1,000,044
	b	Oil & Gas Extraction			211110	1	20,517	7			20,517	
	c	Other Receipts			900099	'	3,109,278	3	3,109,278			
		-					4=	-	3 m x ==			
		All other revenue . Total. Add lines 11a					17,460,436		17,460,436		0	0
							21,676,27	5				
	12	Total revenue. See	Instructions	• •			354,455,428	3	27,076,817		-7,554,544	111,213,895
												Form 990 (2018)

b Dues

c Equipment & Furnishings

e All other expenses

d Unrelated Business Income Tax

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all concepts the Check if Schedule O contains a response or note to any	-			П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	172,744,119	172,744,119	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,602,736		985,709	617,027
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	132,256			132,256
7 Other salaries and wages	12,817,726		5,409,061	7,408,665
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,381,545		522,612	858,933
9 Other employee benefits	1,316,716		627,889	688,827
10 Payroll taxes	922,462		407,473	514,989
11 Fees for services (non-employees)				
a Management				
b Legal	101,119		63,008	38,111
c Accounting	121,811		121,811	
d Lobbying				
e Professional fundraising services See Part IV, line 17	272,038			272,038
f Investment management fees	6,546,240		6,546,240	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	481,748	0	145,883	335,865
12 Advertising and promotion	510,140		39,782	470,358
13 Office expenses	701,437		223,830	477,607
14 Information technology	153,252		151,302	1,950
15 Royalties	374,257		347,678	26,579
16 Occupancy	123,683		84,441	39,242
17 Travel	775,076		120,673	654,403
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	144,341		78,551	65,790
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,468,903		1,460,839	8,064
23 Insurance	138,514		132,816	5,698
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Loan Commissions	32,215		32,215	

35,795

9,505

26,167

202,933,801

0

172,744,119

15,930

605

0

12,632,937

Form **990** (2018)

19,865

8,900

26,167

17,556,745

0

Page **11**

47.593.924

69.713.469

117.307.393

200.546.986

498.216.358

1,372,574,113

2,071,337,457

2,188,644,850

Form **990** (2018)

Form 990 (2018)

17 18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

F	art A	_					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			19,835,670	1	8,794,009
	2	Savings and temporary cash investments .			32,301,363	2	98,414,978
	3	Pledges and grants receivable, net			106,632,971	3	109,663,870
	4	Accounts receivable, net			24,288,958	4	12,057,364
	5	Loans and other receivables from current and for trustees, key employees, and highest compens. Part II of Schedule L	nployees Complete	0	5	0	
ts	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges		F		9	
	10a	• • •	10a	64,397,016			
	b	Less accumulated depreciation	10 b	16,002,716	48,033,984	10 c	48,394,300
	11	Investments—publicly traded securities .			852,624,918	11	882,413,666
	12	Investments—other securities See Part IV, line	11 .		868,319,165	12	944,342,372
	13	Investments—program-related See Part IV, line	e 11 .		28,199,655	13	28,451,873
	14	Intangible assets	[14		
	15	Other assets See Part IV, line 11	[55,829,296	15	56,112,418	
	16	Total assets Add lines 1 through 15 (must equ	ial line	34)	2.036.065.980	16	2.188.644.850

b Less accumulated depreciation 10b 16,002,716 48,033,984 10c 11 Investments—publicly traded securities 852,624,918 11 12 Investments—other securities See Part IV, line 11 868,319,165 12 13 Investments—program-related See Part IV, line 11 28,199,655 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 55,829,296 15 16 Total assets.Add lines 1 through 15 (must equal line 34) 2,036,065,980 16	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	64,397,016			
12 Investments—other securities See Part IV, line 11 868,319,165 12 13 Investments—program-related See Part IV, line 11	b	Less accumulated depreciation	10 b	16,002,716	48,033,984	10 c	4
13 Investments—program-related See Part IV, line 11	11	Investments—publicly traded securities .	852,624,918	11	88		
14 Intangible assets	12	Investments—other securities See Part IV, line	868,319,165	12	94		
15 Other assets See Part IV, line 11	13	Investments—program-related See Part IV, line	e 11 .		28,199,655	13	2
	14	Intangible assets		[14	
16 Total assets. Add lines 1 through 15 (must equal line 34) 2,036,065,980 16	15	Other assets See Part IV, line 11		[55,829,296	15	5
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,036,065,980	16	2,18

42,764,756

67.338.960

110.103.716

193.542.676

1,258,404,313

1,925,962,264

2,036,065,980

474.015.275

17

18

19 20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

Yes

No

Form 990 (2018)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 48-0547734

Form 990, Part III, Line 4a:

Form 990 (2018)

Name: The Kansas University Endowment Association

Program and other educational support from private donors strengthens academic programs and brings top-flight scholars, thoughtful lecturers and breathtaking performances to KU. It also expands the scope of outreach programs throughout the state and supports valuable acquisitions by KU's libraries and museums

Form 990, Part III, Line 4b: Student Support - Virtually all privately funded scholarships, awards and fellowships provided by KU come from donor contributions to KU Endowment. This year, 76 new endowed scholarship and student support funds were created and about 7,300 students received financial assistance from privately funded scholarships at KU Endowment

Form 990, Part III, Line 4c:

- Faculty support includes over 200 named, endowed positions, including 13 new faculty support funds endowed during this fiscal year. Private funding augments salaries and

- supports awards, professional travel and professional development. This support is invaluable in creating the vibrant teaching and research environment that one expects at an international research university

efile GRAPHIC print - DO NOT PRO				SS	As Filed Data -			DLN: 9	3493136043560
SCI	HED	ULE A	Dubli	ر ر ر	harity Statu	s and Dul	alic Sunn	ort	OMB No 1545-0047
	m 99		Complete if th	e org 2	janization is a sect 1947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	r a section	2018
•		the Treasury	► Go	to <u>w</u>	/ww.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Name	e of th	he organiza	tion wment Association					Employer identific	cation number
					(21)	<u>.</u>		48-0547734	
Pa The o			for Public Charity Starting for Public Charity Starting S					see instructions.	
1			onvention of churches, o		•	- '		(A)(i).	
2		•	scribed in section 170(
3			or a cooperative hospital			,			
4		·	,. 170(b)(1)(A)(iii). E	inter the hospital's					
_		name, city,	and state			· 			·
5	✓		ation operated for the be (iv). (Complete Part II)		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in section 170
6		A federal, s	tate, or local governmen	nt or g	jovernmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7			ation that normally received (b)(1)(A)(vi). (Comp			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in sec	tion :	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organizatio rant college of agriculture						lege or university or a
10		from activit	ation that normally receivation that normally receivations related to its exempt income and unrelated bioses section 509(a)(2).	t funct usines	tions—subject to cer ss taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its s	upport from gross
11		•	ation organized and oper	•		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and oper ly supported organizatio i through 12d that descri	ns de	scribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization on the supporting organization on the support of the supp	perat	ed, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization nt of the supporting orga plete Part IV, Sections	anızat	ion vested in the sar				
c		Type III f	unctionally integrated organization(s) (see instr	. A su	pporting organizatio				ated with, its
d		Type III n	on-functionally integrated The organization You must complete	ated.	. A supporting organ generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orga	1. 1.
e		Check this	box if the organization re or Type III non-function	eceive	ed a written determir	ation from the II		pe I, Type II, Type II	I functionally
f	Enter		of supported organization		regrated supporting	or gamzation			
g	Provi	de the follow	ing information about th	e sup	ported organization(s)			
	(i) N	Name of supp organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T '	1			\perp					
Total		work Poduc	tion Act Notice, see th	e Inc	structions for	Cat No 11285	<u> </u>	Schodulo A (Form C	90 or 990-EZ) 2018

through 10

organization

instructions

supported organization

check this box and stop here . .

12

Gross receipts from related activities, etc (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

12

14

15

75 37 %

78 56 %

▶Ⅵ

(Form 990 or 990-EZ) 2018

	III. If the organization fa						ny under Part
s	Section A. Public Support			, ,	•		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	190,025,615	, ,	119,120,542	. ,	, ,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
ľ	The value of services or facilities furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 3	190,025,615	140,463,369	119,120,542	211,067,028	223,719,260	884,395,814
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						82,742,948
	Public support. Subtract line 5 from line 4					1	801,652,866
	Gection B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	` '	. ,	. ,	` '	` '	. ,
7	Amounts from line 4	190,025,615	140,463,369	119,120,542	211,067,028	223,719,260	884,395,814
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,408,360	26,796,443	25,831,290	43,524,983	53,624,863	179,185,939
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11	Total support. Add lines 7	.			1	, ,	1,063,581,753

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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)

7 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)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
				<u> </u>
	ection 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 tax 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?		103	
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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 supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	2~		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	з		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
				1

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 48-0547734

Name: The Kansas University Endowment Association

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

Instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493136043560

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

• 9	Section 527 organizations Complet			•		
• 5	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta	section 501(h)) Co nder section 501(h	mplete Part II-A Do not c)) Complete Part II-B Do	omplete Part II-B not complete Part II-A	
(Pro	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz	s), then	x) (see separate i	instructions, or 1 orni 930	0-L2, Fait v , line 330	
Nar	me of the organization Kansas University Endowment Association	·			ntification number	
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	48-0547734 a section 527 organ	ization.	
1	<u> </u>	nization's direct and indirect political ca				
2	Political campaign activity expend	litures (see instructions)		•	\$	
3	Volunteer hours for political camp	aign activities (see instructions)				
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise ta	ax incurred by the organization under s	ection 4955	>	\$	
2	•	ax incurred by organization managers i		>	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No	
4a	Was a correction made?				☐ Yes ☐ No	
b	If "Yes," describe in Part IV		= 0.4 (-)			
		nization is exempt under section			-	
1	·	ed by the filing organization for section	•		\$	
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	organizations for se	ection 527 exempt	\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$	
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
1						
2						
3						
4						
5						
6						
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018	

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1.500.000

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

TY 2018 Affiliated Group Schedule

Name: The Kansas University Endowment Association

EIN: 48-0547734

Software ID: 18007697 Software Version: 2018v3.1

Affiliated Group Business Name: The Kansas University Endowment Association

PO Box 928 Address. Either US or Foreign Type:

Lawrence, KS 660440928

EIN: 48-0547734

Electing Organization Checkbox: **✓**

0 Total Grassroots Lobbying:

Total Direct Lobbying: 0

Total Lobbying Expenditures:

Other Exempt Purpose Expenditures: 172,744,119 172,744,119 Total Exempt Purpose Expenditures:

Lobbying Nontaxable Amount: 1,000,000 250,000 **Grassroots Nontaxable Amount:**

Tot Lobbying Grassroot Minus Non

Tx:

Tot Lobby Expend Mns Lobbying Non 0

Share Of Excess Lobbying: U

The KU Endowment Charitable Gift Fund Affiliated Group Business Name:

PO Box 928 Address. Either US or Foreign Type:

Lawrence, KS 660440928

20-0317170 EIN:

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

0 Total Direct Lobbying: Total Lobbying Expenditures: 0

0 Other Exempt Purpose Expenditures:

0 Total Exempt Purpose Expenditures: Lobbying Nontaxable Amount: 0

Grassroots Nontaxable Amount: 0

Tot Lobbying Grassroot Minus Non O Tx:

Tot Lobby Expend Mns Lobbying Non 0 Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name	Loon Kowalta Chawtahla Turat
Affiliated Group Business Name:	Leon Karelitz Charitable Trust
Address. Either US or Foreign Type:	PO Box 928 Lawrence, KS 660440928
EIN:	61-6400249
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Virgil and Pauline Brown Memorial Trust
Address. Either US or Foreign Type:	PO Box 928 Lawrence, KS 660440928
EIN:	46-7074121
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493136043560 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** The Kansas University Endowment Association 48-0547734 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	3111	Organizations Ma	aintaining Colle	ections of	Art, Histo	rical T	reas	ures, o	r Other	Similar As:	sets (cor	ntınued)	
3		g the organization's acq s (check all that apply)	uisition, accession,	and other i	ecords, check	any of	the fo	ollowing t	hat are a	significant us	se of its c	ollection	
а	✓	Public exhibition			d	✓	Loar	or exch	ange prog	ırams			
b	✓	Scholarly research			е		Othe	er					
c	✓	Preservation for future	e generations										
4	Provi Part :	de a description of the XIII	organization's colle	ctions and e	explain how th	ney furt	her th	e organiz	zation's e:	xempt purpos	e in		
5		ng the year, did the org s to be sold to raise fur								nılar	☐ Yes	 N	lo
Pai	t IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	0, Part	: IV,	ıne 9, o	r reporte	ed an amour	nt on For	m 990,	Part
1 a		e organization an agent ded on Form 990, Part I		n or other ir	ntermediary fo	r contr	bution	ns or othe	er assets	not	☐ Yes	☑ N	lo
ь	If "Y€	es," explain the arrange	ement in Part XIII a	and complet	e the followin	g table				An	nount		_
c	Begir	nning balance		·		-			1c				
d	Addıt	ons during the year							1 d				
е	Dıstrı	butions during the year	r						1e				_
f	Endır	ng balance							1f				_
2a		he organization include								•	_		lo
ь		es," explain the arrange									<u>~</u>		
Pa	rt V	Endowment Fund	ds. Complete if t							t IV, line 10 (d)Three year		N E	bl-
1a	Beainn	ning of year balance .		(a)Current 1,203,5		Prior yea L, 1 05,79	-		ears back 05,225,165	 		Four yea) 980,	.592,275
	-	butions			392,560	48,45	-		31,843,857		12,862	•	913,454
С	Net inv	vestment earnings, gair	ns, and losses	65,3	375,126	88,67	5,713	10	04,544,238	-14,8	95,996	-1,	631,054
d	Grants	or scholarships		21,3	311,458	16,45	2,293	1	14,915,652	14,9	03,301	14,	750,171
		expenditures for facilition	es	36,4	168,813	22,93	3,283	2	20,899,975	19,4	03,790	18,	909,114
f	Admın	istrative expenses .	[
g	End of	year balance	[1,633,0	26,168	1,203,53	8,753	1,10	05,797,633	1,005,2	25,165	1,020,	215,390
2 a		de the estimated perce d designated or quasi-e	=	nt year end 22 57 %	balance (line	1g, colu	ımn (a	ı)) held a	S				
b	Perm	anent endowment 🟲	27 33 %										
c	Temp	porarily restricted endov	wment ► 50 1	. %									
3a	Are t	percentages on lines 2a here endowment funds				at are h	neld ar	nd admin	ıstered fo	r the			
	-	nization by									2-7	Yes	No
	• •	nrelated organizations									3a(i 3a(i	-	No No
Ь		elated organizations . es" on 3a(ii), are the rel		listed as re	quired on Sch	 iedule F	۲۶.				3b		140
4		ribe in Part XIII the inte	-		•		-	-					L
Pai	t VI	Land, Buildings, Complete if the or			on Form 99	0 Parl	- T\/	ıne 11a	See Fo	rm 990 Par	t Y lına	10	
	Descr	iption of property	(a) Cost or othe (investment	r basıs	(b) Cost or othe					depreciation		Book valu	ie
1a	Land		:	18,626,572		16,4	94,383					3:	5,120,955
	Buildin					25,5	14,347			13,232,426		17	2,281,921
		nold improvements											
		nent				3,6	88,296	1		2,770,290			918,006

73,418

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

73,418

48,394,300

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization answer	red "Yes" on Form 990,	Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financial derivatives		Cost of end-of-ye	ai market value
(2) Closely-held equity interests			
(A) Hedge Funds	441,331,900	<u>F</u>	
(B) Other LLC's and LLP's	113,340,129	F	
(C) Private Investments	388,308,970	F	
(D) Real Estate, Royalty & Mineral Interests (E)	1,361,373	<u> </u>	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	944,342,372		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line	11c. See Form 990, Pa	rt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered	I	TV 44 C F 000	Post V. Los 45
Part IX Other Assets. Complete if the organization answered (a) Description		IV, line IId See Form 990	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a	nswered 'Yes' on Form	n 990, Part IV, line 11e	▶ or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book	k value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		
Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)			

Part XI

2

b

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

574,966

348,912,165

5,543,263

354,455,428

204,111,938

6,721,400

5,543,263

202.933.801

Schedule D (Form 990) 2018

197,390,538

c d e

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

1.832.316 2e 3 5,543,263

-1,257,350

40 Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu

С					
ırı	ırn.				

2e 3 5,543,263 4c 5 Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

6,721,400

Schedule D (Form 990) 2018			
Part XIII Supplemental Info	mation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 48-0547734

Name: The Kansas University Endowment Association

Supplemental Information

appremental zimenmatien	
Return Reference	Explanation
Schedule D, Part V, Line 1b Contributions	For fiscal year ended June 30, 2019, the organization implemented ASU 2016-14 which result ed in \$355,291,124 of invested funds to be regarded as board designated endowments. The be ginning year value of these funds is included in the current year, column (a), contributions found on Line 1b

Supplemental Information					
Return Reference	Explanation				
Collections of art - description of collections	Over the years, donors have given in-kind gifts of art and library collections, or have es tablished funds for the purpose of purchasing such items for the museums, libraries and te aching facilities of the University of Kansas Such gifts are administered by KU Endowment in accordance with any appropriate donor restrictions that may be placed upon the gift				

_ _ _

upplemental Information				
Return Reference	Explanation			
Schedule D, Part IV, Line 2b Explanation of escrow agreement	KU Endowment holds certain endowment and other funds on behalf of the University and its affiliates or other			

_ _ _

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment funds consist of approximately 3,611 individual fund accounts established to pro vide support for a variety of University programs across generations

S

Supplemental Information	
Return Reference	Explanation
Other revenues in audited	Change in Value of Life Income Gifts - 1247021 Change in Net Interest in KU Endowment Char itable Gift Fund6135 Fundraising Event Direct Expenses (See Part VIII, Line 8B) - 8525 34 Change in Value of Life Insurance Cash Value261104

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Fundraising Event Direct Expenses (See Part VIII, Line 8B) - 852534 Amortization of Pension Adjustments - 5868866

ef	ile GRAPHIC print -	DO NOT F	ROCESS	As Filed Data	-		DLN:	93493136043560
	HEDULE F orm 990)	State	ment of	Activities (Outside the Uni	ited S	states	OMB No 1545-0047
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, ► Attach to Form 990.						l5, or 16.	2018	
	urtment of the Treasury nal Revenue Service	•	Go to www.irs.		nstructions and the latest ii	nformatio	n.	Open to Public Inspection
	ne of the organization Kansas University Endo	wment Assoc	ciation				Employer ident	tification number
P	General Inf Form 990, Pa			s Outside the l	Jnited States. Comple	te if the	organization ar	nswered "Yes" to
1	_	e grantees'	eligibility for t		substantiate the amount stance, and the selection	_		
2	-	Describe in		janization's proce	dures for monitoring the	use of it	ts grants and oth	□ Yes □ No er assistance
3	Activites per Region	(The followin	g Part I, line 3	table can be dupli	cated if additional space is	needed)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data							
	Sub-total Total from continuation Part I	n sheets to		0 0				405,371,000
	: Totals (add lines 3a a			0 0		 		405,371,000

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	_	_
		∐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 3471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (For	m 990) 2018 Page 5						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accommounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accommethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this pany additional information (see instructions).							
Return Reference	Explanation						
Schedule F.							

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: 18007697 Software Version: 2018v3.1

EIN: 48-0547734

40,065,000

Name: The Kansas University Endowment Association

Form 990 Schedule F Part I - Activities Outside The United States									
/- \ D	(I-) Ni	() 11 6	(4) A -tt	(-) T5tt -t (-1)	(6) T-1-1				

(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(t) Total expenditures for region
Central America and the Caribbean	0	0	Investments		365,302,000

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Europe (Including Iceland and 4,000 0 |Fundraising Greenland)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information DLN: 93493136043560 OMB No 1545-0047

Open to Public Inspection

Part I I Inc a b c d 2a Dic or h If "	Form 990-EZ filers Icate whether the organiz Mail solicitations Internet and email solicit Phone solicitations In-person solicitations the organization have a key employees listed in File Yes," list the ten highest	rities. Complete If are not required to sation raised funds the sations	ment with	of the fore of the	oart. ollowing activities Check ✓ Solicitation of non-	48-0547734 rm 990, Part IV, line 1 all that apply government grants ernment grants	ntification number					
1 Inc a	Fundraising Active Form 990-EZ filers icate whether the organizations Internet and email solicitations In-person solicitations the organization have a key employees listed in Feyes," list the ten highest	rities. Complete If are not required to sation raised funds the sations	ment with	of the fore of the	oart. Illowing activities Check Solicitation of non- Solicitation of gove	rm 990, Part IV, line 1 all that apply government grants ernment grants	7.					
1 Inc a	Form 990-EZ filers Icate whether the organiz Mail solicitations Internet and email solicit Phone solicitations In-person solicitations the organization have a key employees listed in File Yes," list the ten highest	are not required to the cation raised funds the cations written or oral agree orm 990, Part VII) or	ment with	of the fore of the	oart. Illowing activities Check Solicitation of non- Solicitation of gove	all that apply government grants ernment grants	7.					
a	Mail solicitations Internet and email solicit Phone solicitations In-person solicitations the organization have a key employees listed in Formation and the solicitation for t	ations written or oral agree orm 990, Part VII) or	ment with rentity in	e f g	Solicitation of non-	government grants						
b	Internet and email solicit Phone solicitations In-person solicitations the organization have a key employees listed in Fig Yes," list the ten highest	written or oral agree orm 990, Part VII) or	entity in	f g	Solicitation of gove	ernment grants						
c	Phone solicitations In-person solicitations the organization have a key employees listed in Formation solutions.	written or oral agree orm 990, Part VII) or	entity in	_	_	_						
d 2a Dictor b If "	In-person solicitations the organization have a key employees listed in Fi Yes," list the ten highest	orm 990, Part VII) or	entity in	_	✓ Special fundraising	events						
2a Did or h If "	the organization have a key employees listed in Fo Yes," list the ten highest	orm 990, Part VII) or	entity in	any indiv								
or h If"	key employees listed in Fo Yes," list the ten highest	orm 990, Part VII) or	entity in	any indiv								
ь ^{If} "	Yes," list the ten highest	paid individuals or er		connectio		· • —	s 🗆 No					
to	be compensated at least :	5,000 by the organi	ntities (fur zation	ndraisers)	pursuant to agreements	under which the fundraise						
	and address of individua entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization					
		E due	Yes	No								
Asso	zebach Glier and ciates Inc N Michigan Ave	Fundraising Consulting and Analysis		No	0	272,028	-272,02					
Chica	ago, IL 60611											
			+									
Total				•	0	272,028	-272,02					

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

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?			Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		nember of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pers	son who prepares the organi	zation's gaming/special events books and re	cords			
	Name •						
	Address ►						
15a	Does the organization have a contract virevenue?	with a third party from whom	n the organization receives gaming		□Yes	□No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		nization > \$ and th	e			
С	If "Yes," enter name and address of the	e third party					
	Name •						
	Address ▶						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$.				
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable dist	ributions from the gaming proceeds to		□Yes	□No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ed to other exempt organizations or spent		35		
Pai			ns required by Part I, line 2b, columns cable. Also provide any additional infor				 5.
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493136043560 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number The Kansas University Endowment Association 48-0547734 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Additional Data

The Kansas University Alumni

Lawrence, KS 66045

Association 1266 Oread Avenue

Software ID: 18007697 Software Version: 2018v3.1 **EIN:** 48-0547734 Name: The Kansas University Endowment Association

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

or government				assistance	other)	
The University of Kansas Strong Hall 1450 Jayhawk Blvd Lawrence, KS 66045	48-6029925	Section 115	162,908,097			Student scholarships and fellowships, student and faculty awards and prizes, faculty and staff

if applicable organization grant cash

48-0291250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-

501(c)(3)

2,520,293

(f) Method of valuation (book, FMV, appraisal,

(q) Description of

non-cash assistance

or assistance

(h) Purpose of grant

program and

and its controlled

salary support, general educational support, and facilities support for the University of Kansas organizations

General support to further the mission of the Alumni Association to inform, engage, and mobilize the KU

community

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 7.315.729 The University of Kansas 48-1202402 Section 115 Salary and facility Hospital Authority support for the 3901 Rainbow Blvd University of Kansas

Health Systems

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

Kansas Citv. KS 66160

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9313	36043	560	
Sch	edule J	Con	npensati	ion Information	ОМ	B No	1545-(0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		➤ Complete if the organ	Compensa ization answ	ited Employees ered "Yes" on Form 990, Part IV, lii	7, line 23. 2018				
	▶ Attach to Form 990.						pen to Public		
	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>гогт1990</u> тог	instructions and the latest information	tion.		ectio		
	ne of the organiza	ation ndowment Association		Er	mployer identificat	ion nu	ımber		
me	Kalisas Ulliversity E	idowinent Association		48	3-0547734				
Pa	rt I Questi	ons Regarding Compensation	n	·					
							Yes	No	
1a				the following to or for a person listed o y relevant information regarding these i					
		or charter travel		Housing allowance or residence for per					
	_	companions		Payments for business use of personal					
		nification and gross-up payments	lacksquare	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e g , maid, chauffeu	ir, cner)				
b		ces in line 1a are checked, did the Il of the expenses described above		ollow a written policy regarding paymen plete Part III to explain	t or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all	- 2	2	Yes		
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line 1a	a'				
3				d to establish the compensation of the					
		EO/Executive Director Check all th d organization to establish comper		not check any boxes for methods CEO/Executive Director, but explain in F	Part III				
	✓ Compensa			Western annula manut annuar					
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	✓	Approval by the board or compensation	n committee				
4		-		ction A, line 1a, with respect to the filing					
4	related organiza		J, Pait VII, Se	ction A, interral a, with respect to the mini	g organization or a				
а	Receive a sever	ance payment or change-of-contro	l payment?			4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					4b	Yes		
c						4c		No	
	If "Yes" to any o	f lines 4a-c, list the persons and p	rovide the app	licable amounts for each item in Part II	I				
	Only E01(a)(2), 501(c)(4), and 501(c)(29) or	ranizations	must complete lines E-0					
5			_	the organization pay or accrue any					
		ontingent on the revenues of							
а	The organization	۱۶				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did i	the organization pay or accrue any					
a	The organization					6a		No	
Ь	Any related orga					6b		No_	
_	•	6a or 6b, describe in Part III	V Inno 4 1 1 1						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 67 If "Yes,"		the organization provide any nonfixed rt III		7	Yes		
8	subject to the in			red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," desc	rıbe				
	ın Part III					8		No	
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow t	the rebuttable	presumption procedure described in Re	gulations section	9			
For E		ction Act Notice, see the Instru	ections for Fo	Cat No. 500	53T Schedule 1		990)	2018	

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

instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9	90, Part VII		_			
Note. The sum of column)(ı)-(ııı) for each listed ind	dividual must equal the to	otal amount of Form 990,	0, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual				
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other compensation reportable compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 Dale W Seuferling	(i)	466,754	0	0	148,150	14,242	629,146	0	
President	(ii)	0	0	0	0	0	0	0	
2 D Jerome Davies	(i)	264,349	10,000	0	78,051	13,939	366,339	0	
Secretary/EVP Development	(ii)	0	0	0	0	0	0	0	
3 James G Clarke	(i)	283,161	0	0	40,177	794	324,132	0	
Treasurer/SVP Finance	(ii)	0	0	0	0	0	0	0	
4 Rebecca L Blaesing	(i)	191,315	0	0	34,199	585	226,099	0	
VP Medical Development	(ii)	0	0	0	0	0	0	0	
5 Clark Cropp	(i)	227,455	0	0	75,718	11,133	314,306	0	
SVP Administration & COO	(ii)	0	0	0	0	0	0	0	
6 James R Mechler	(i)	199,836	0	0	51,396	14,036	265,268	0	
Assoc SVP Development	(ii)	0	0	0	0	0	0	0	
7 William S Green	(i)	177,300	5,000	0	64,917	10,935	258,152	0	
SVP Information Systems & Services	(ii)	0	0	0	0	0	0	0	
8 Stacy Nuss	(i)	165,707	0	0	47,817	517	214,041	0	
VP Investment & Asst Treasurer	(ii)	0	0	0	0	0	0	0	
9 Monte Soukup	(i)	156,358	0	0	35,438	10,626	202,422	0	
SVP Property	(ii)	0	0	0	0	0	0	0	
							Schedule	J (Form 990) 2018	

Schedule J (Form 990) 2018	Page 3				
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
companions	Regarding travel for companions, KU Endowment's written guidelines are as follows, "for spouse expenses to be reimbursable, the expense must be required by your supervisor and it is expected that the event in which your spouse is included will include spouses of guests, and both requirements should be stated on the reimbursement request." In keeping with this policy, travel expenses are reimbursed, and not treated as compensation, for a spouse to accompany an officer to				

assist in a volunteer capacity with donor development at several events, which also required attendance by the officer

Return Reference	Explanation
	Country club dues were paid on behalf of two officers and one highly compensated employee to promote fundraising efforts. These amounts are treated as compensation to these employees

Return Reference	Explanation
Supplemental nonqualified retirement plan 4	The Nonqualified Retirement Plan for Employees of the Kansas University Endowment Association (the "Nonqualified Plan') is a supplemental nonqualified retirement plan described in Internal Revenue Code section 457(f) that provides benefits in excess of the limits imposed by Internal Revenue Code sections 401(a)(17) and 415 under The Kansas University Endowment Association's qualified retirement plan. A participant's Nonqualified Plan benefit vests on the earlier of the participant's attainment of age 65 or termination of employment without cause, and the benefit is paid in a lump sum within 60 days following the participant's termination of employment. During the year, three executive officers participated in the Nonqualified Plan and had benefits in the amounts of \$117,260 for Dale Seuferling, \$822 for James G. Clarke, and \$7,985 for D. Jerome Davies. However, none of the participants became vested and no benefits were paid during the year.

Return Reference	Explanation
payments	One officer and one "highest compensated employee" received a bonus payment that resulted from KU Endowment's annual review of all employee's compensation. The bonus was for exemplary service during the year. The bonus payments were approved by the executive staff compensation committee, and that, when combined with each employees' regular compensation, is within the benchmark range of comparable salaries for each position within KU Endowment's market peers.

Additional Data

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Software ID: 18007697 Software Version: 2018v3.1

compensation

10,000

5,000

466,754

264,349

283,161

191,315

227,455

199,836

177,300

165,707

156,358

EIN: 48-0547734

compensation

Name: The Kansas University Endowment Association								
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title	Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	(i) Base Compensation	(ii) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on	

148,150

78,051

40,177

34,199

75,718

51,396

64,917

47,817

35,438

14,242

13,939

794

585

11,133

14,036

10,935

517

10,626

prior Form 990

629,146

366,339

324,132

226,099

314,306

265,268

258,152

214,041

202,422

Form	990,	Schedule :
(A)	Name	and Title

Secretary/EVP Development (II)

Dale W Seuferling

D Jerome Davies

James G Clarke

Treasurer/SVP Finance

VP Medical Development

SVP Administration & COO

Assoc SVP Development

VP Investment & Asst

SVP Information Systems & (II)

Rebecca L Blaesing

Clark Cropp

James R Mechler

William S Green

Services Stacy Nuss

Treasurer Monte Soukup

SVP Property

President

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or form 990-EZ, part V, line 38a or 48b. Attach to Form 990 or Form 990-EZ, part V, line 38a or 48b. Attach to Form 990 or Form 990-EZ, part V, line 38a or 48b. Attach to Form 990 or Form 990-EZ, part V, line 38a or 48b. Attach to Form 990 or Form 990-EZ, part V, line 38a or 48b. Attach to Form 990 or Form 990-EZ, part V, line 25a or 25b, or Form 990-EZ, part V, line 40b.	efile GRAPHI	C print - D	O NOT PROCI	SS	As Fi	led Data -					DL	N: 93	4931	360	43560
Part II Loans to and/or From Interested Persons. Complete fire organization of form 990-E2. Part V, line 25. part V, line 25	Schedule L (Form 990 or 990)-EZ) ► Co	mplete if the o	rganiza	tion a	nswered "Yes	on Form 9	90, Part IV, li	nes 2	25a, 2	25b, 26				
Department of the Troison Internal Revenue vertice Name of the organization The Kansas University Endowment Association Employer identification number 48-0547734 48-0547734 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organization 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 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization 2 Enter the amount of tax incurred by 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	▶ Attach to Form 990 or Form 990-EZ.						20) 1	8						
Employer identification number Reverse Representation Representation Reverse Representation Represe	•	I .	PG) to <u>wn</u>	/W.115.	<u>gov/Formi990</u>	TOT THE TALE	st illiorniatioi	1.			(
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(2) gonginizations 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 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization (c) Description of transaction (d) Correction (e) Description of transaction (e) Description of Descr	Name of the org	janization	t Association						Er	nplo	yer ide	ntifica			
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization 2 Enter the amount of tax incurred by 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 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 reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose of loan or from the organization? To From (d) Displace (d) In default? Approved by board or committee? Yes No Yes	The Kalisas Ulliver	sity Endowinein	L ASSOCIATION						48	3-054	7734				
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correctives (e) Purpose of assistance (d) Correctives (d) Correctives (e) Purpose of assistance (d) Correctives (e) Purpose of assistance (d) Correctives (d) Correctives (e) Purpose of assistance												ne 40h			
2 Enter the amount of tax incurred by 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													(d) Cor	rected?
4958 .						C	organization			tr	ansactı	on	Y	es	No
4958 .									-						
4958 .															
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4958 .									_						
4958 .															
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 1) Type of assistance (figure 2) Type of assistance (f	Part II Lo Cor rep (a) Name of	ans to and mplete if the orted an amo	/or From Int organization ans ount on Form 990 nship (c) Purpo	ereste wered "), Part >	ed Per Yes" or (, line 5) Loan t organ	rsons. In Form 990-EZ, In Form	Part V, line 3 (e)Original principal	38a, or Form 99	(g) defa) In nult?	line 26 (I Appro boai	o, or if h) ved by rd or nittee?	(i) Wrı	tten nent?
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					То	From			Yes	No	Yes	No	Yes		No
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance															
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance															
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance															
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 interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance	Total	<u>'</u>	'			•	\$								
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance															
interested person and the		•						_	of acci	stano	<u>.</u>	(a) Pu	rnose	of acc	ietance
	(a) name of interested person		interested pe	interested person and		(c) Amount (or assistance	(и) туре с	JI 0551	assistance (e		(e) ru	i pose (JI 455	istance
								1							
					1										

	between interested person and the organization	transaction		organiz	of zation's nues?
				Yes	No
(1) Kelly Watson Muther	Daughter of Kurt D Watson, member of Executive Committee for the Organization	, i	Employee compensation		No
					$\overline{}$

Part V **Supplemental Information**

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136043560 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The Kansas University Endowment Association 48-0547734 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 285 11,251,081 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . Х 701,000 Market value 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (Χ 1,198,667 Market value Virtual Currency) 26 Other ▶ (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation The organization is reporting the number of donors Schedule M, Part I Column (b) Schedule M (Form 990) (2018)

efile GRAPH	DLN	: 93493136043560					
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	ation to Form 990 or 990-EZ on for responses to specific questions on provide any additional information. Form 990 or 990-EZ. OMB No 1545- 2018					
	ন্ধাহরাতা sity Endowment Association e O, Supplemental Information	48-0547734	tification number				
Return Reference	Explanation						
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 42,656,545 including grants of \$ 42,656,545)(Revenue \$ 18,745,946) F support - Construction, furnishings and equipment funded by private giving fluctuates year to year depending on the timeline of construction projects. This fiscal year saw to completion of the new indoor practice facility for the football program, and a renovation and expansion of the Simons Bioscience Research Laboratories. Also, new privately construction and renovation projects began during the fiscal year, including a new arror the volleyball program. More than two-thirds of the University of Kansas buildings about 85% of the land available for campus expansion were made possible by private	from he on funded ena f and					

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 18 IRS Tax	KU Endowment was granted an exemption from federal income tax in 1934, and received additional confirmations of this exemption over the years, and most recently on October 18, 2010 A copy of the latter is available on the organization's website under the tab, "resource
Exemption Determination	s," "financials and forms," "IRS determination letter "
Letter	

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The bylaws of the organization provides the business and affairs of the organization shall be managed under the direction of the executive committee of the trustees. The executive committee shall have the same authority, responsibility and powers as a board of directors. The bylaws allow for the executive committee to consist of the chair of the trustees, im mediate past chair of the trustees, and not less than six nor more than thirteen additiona. I members to be elected by the trustees. The committee will also have the following ex-off icio, non-voting members, the chancellor of the University of Kansas, and the president, secretary, and treasurer of the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	David Dillon and Robert Taylor - Business relationship, M D Michaelis, Deanell Reece Tach a, Robert Taylor, and Kurt Watson - Business relationship

Return Reference	Explanation	
Form 990, Part VI, Line 7a Members or stockholders electing members of governing	The bylaws of the organization provide for a board of trustees to be comprised of 50 to 75 members, none of which receive compensation for their position as trustee. The board of trustees are reserved a limited number of powers which include 1) election or removal or to fill vacancies in the executive committee, and 2) election of the chair of the executive committee. The other powers provided to the members of the board of trustees are outlined in the explanation to question 7b below	

Return

Reference	
Form 990,	The limited powers of the members of the board of trustees of the organization also includ
Part VI, Line	e 1) election or removal or to fill vacancies of the members of the board of trustees, 2
7b Decisions) change in the number of members of the board of trustees, 3) amendment of the articles
requiring	of incorporation, and 4)liquidation or dissolution of KU Endowment, or disposition of a
approval by	III or substantially all of the assets of KII Endowment, or any merger of KII Endowment int

Explanation

approval by approval by members or stockholders as any other powers other than those indicated above. A full list of the members of the board of trustee is any other powers other than those indicated above. A full list of the members of the board of trustee.

rd of trustees can be found on the organization's website www kuendowment org

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 is prepared internally by the Assistant Controller. An internal review of the ret urn is completed by appropriate KU Endowment personnel. An external tax preparer then completes a review of the return. A draft copy of Form 990 is provided to the audit committee to review and recommend revisions. Any such recommendations are provided in a timely manner to incorporate them in the return before transmittal to the IRS. The audit committee reviews the 990 on behalf of the governing body (the executive committee) and recommends approval of the 990 by the executive committee. The final version of the 990 is placed on the trustee intranet for the executive committee to review prior to filing. After transmittal of the final return to the IRS, a copy of the return is placed on the organization's public website.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	An annual conflict of interest disclosure is requested from all current members of the boa rd of trustees, officers and employees. To monitor and enforce compliance with the conflic to finterest policy, the following procedures have been established. 1 Duty to disclose In connection with any actual or possible conflicts of interest, an interested person must disclose the existence and nature of his or her financial interests to the directors and members of committees with board delegated powers considering the proposed transaction or arrangement. 2 Determining whether a conflict of interest exists. After disclosure of the financial interest, the interested person shall leave the portion of the trustee, executive e committee or committee meeting during which the financial interest is discussed and vote diupon by the remaining trustees, executive committee members or committee members, as the case may be, which other trustees or members shall decide if a conflict of interest exist is 3. Procedures for addressing the conflict of interest (A). The trustees, executive committee or committee, as the case may be, shall comply with all applicable laws and KU Endowm entipolicies in considering a transaction or arrangement between KU Endowment in which it has been determined that a conflict of interest exists (B). After exercising all due diligence that may be deemed appropriate under the circumstances by the disinterested trustees, executive committee members or committee members, as the case may be, the executive committee or committee by a majority vote of the disinterested members whether to enter into the transaction or arrangement taking into account whether the transaction or a rrangement is in KU Endowment's best interest and for its own benefit and whether the transaction or a rrangement is in KU Endowment's best interest and for its own benefit and whether the transaction or the basis for such belief and afford thous of the conflict of interest, it shall inform the trustee of the basis for such belief and affor

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Compensation of officers and such other persons as designated by the executive committees hall be determined by the compensation committee and be confirmed by the executive committee. The executive committee may adjust compensation determined by the compensation committee. The executive committee is unterested of KU Endowment would be served thereby. A compensation committee of not less than five nor more than eight trustees shall be appointed annually by the chair of the executive committee. The chair of the executive committee is shall designate one compensation committee member as chair. A majority in number of the committee shall constitute a quorum. The compensation committee must consist of individual is who (I) do not have a conflict of interest with respect to compensation arrangements or transactions, (II) have obtained and relied upon appropriate data as to comparability prio in to making any determination, and (III) adequately document the basis for committee decis ions concurrently with making determinations. The committee is directed to act in a manner that will avoid the intermediate sanctions provisions of the internal revenue code. Its divides shall be the review, study and recommendation of reasonable and necessary compensation for officers and employees of KU Endowment and any and all such additional functions as may from time to time be designated by the executive committee.

990 Schedule O, Supplemental Information

	Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	15b Process to establish compensation of other	The organization uses the same process described above in 15a for other officers or key employees of the organization

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	KU Endowment's financial statements are available on the organization's website under the tab "resources," "financials and forms," "2019 audit report " Also, a copy of the organiza tion's currently filed form 990 is available in the same location on the organization's we bsite Schedule O of the form 990 provides a description of the organization's conflict of interest policy and certain other aspects of its governing documents, such as trustee elections and voting powers

Return Explanation
Reference

Form 990,	IT IS POSSIBLE THAT A PORTION OF THE AMOUNTS REPORTED FOR CONTRACTED SERVICES MAY INCLUDE
Part VII,	EXPENSE REIMBURSEMENT, IN ADDITION TO AMOUNTS PAID FOR SERVICES HOWEVER, THE AMOUNTS ARE
Section B,	NOT DISTINGUISHABLE
Line 1	

Return Reference	Explanation
Form 990, Part VIII, Line 11d University Real Estate	Kansas Athletics received \$17,460,436 of proceeds from a revolving line-of-credit that wer e deposited at the organization for construction of an athletics facility. This amount was recorded as "other receipts" and was associated with its program service of "Facilities S upport" for the University of Kansas. Upon receipt of these funds, various contractors were paid for construction of the facility.

Return Explanation

Revenue

Form 990,
Part VIII, Line
11d Other
Miscellaneous

University Real Estate - Total Revenue 17460436, Related or Exempt Function Revenue 1746
0436, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or
514,

Return Reference	Explanation	
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Amortization of Pension Adjustments5868866, Change in Net Interest in KU Endowment Cha ritable Gift Fund6135, Change in Value of Life Income Gifts - 1247021, Change in Value of Life Insurance261104,	

efile GRAPHIC print - DO NOT PROCESS As File

As Filed Data -

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

48-0547734

Department of the Treasury
Internal Revenue Service
Name of the organization
The Kansas University Endowment Association

SCHEDULE R

(Form 990)

► Attach to Form 990.
 ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) CWAPTS LLC Rental Real Estate KS 270,700 3,249,131 The Kansas University Endowment PO Box 928 Association Lawrence, KS 660440928 45-3170274 (2) RGAPTS LLC Rental Real Estate 232,601 1,369,159 KS The Kansas University Endowment PO Box 928 Lawrence, KS 660440928 46-1289542 (3) RCP LLC KS 185,321 2,735,962 The Kansas University Endowment Rental Real Estate PO Box 928 Association Lawrence, KS 660440928 32-0392147 (4) FOBN LLC Rental Real Estate KS 0 The Kansas University Endowment PO Box 928 Lawrence, KS 660440928 26-2224126 (5) STADPKG LLC Rental Real Estate KS 10,162 604,866 The Kansas University Endowment PO Box 928 Association Lawrence, KS 660440928 81-3579421 (6) KUGC LLC KS Rental Real Estate 0 The Kansas University Endowment PO Box 928 Association Lawrence, KS 660440928 82-3028127 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)The KU Endowment Charitable Gift Fund Support for KU Endowment KS 501(c)(3) Type I The Kansas University Yes and 501(c)(3)'s named in PO Box 928 Endowment Association governing document Lawrence, KS 660440928 20-0317170 (2)Leon Karelitz Charitable Trust Support for KU Endowment KS 501(c)(3) Type I The Kansas University Yes PO Box 928 pursuant to governing Endowment Association document Lawrence, KS 660440928 61-6400249 Support for KU Endowment (3) Virgil and Pauline Brown Memorial Trust KS 501(c)(3) Type I The Kansas University Yes PO Box 928 pursuant to governing **Endowment Association** document Lawrence, KS 660440928 46-7074121 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

48-6126736

PO Box 831 Dallas, TX 752831041 48-6203686

PO Box 700

(5)Mary Sellars Fund

c/o Bank of America

Junction City, KS 66441 48-1247473

(6)Lorraine M Love Charitable Remainder Unitrust

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

one or more related organizations	streated as a partnership d	uring the tax	∢year.												
(a) Name, address, and EIN of related organization		(b) (c) Primary Legal domicile (state or foreign country)		entity	ect Predominant olling income(related,		(f) Share of otal income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownershi	tage
	'	1	1	1	314)				Yes	No		Yes	No		
				<u> </u>	<u> </u>										
<u> </u>					<u> </u>								\vdash		
Part IV Identification of Related Organ because it had one or more relate						ar.			" on Fo	orm 99	90, Part IV,	line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	domi	egal nicile or foreign	((e Type of (C corp, or tru	f entity S S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Perce owne	ntage	(13	(I) ection 51 .3) contro entity? Yes	12(b) rolled
(1)Charitable Remainder Trusts (44)	Split interest trusts providing support to KU Endowment	KS	S	NA	-	Trust									No
(2)Charitable Remainder Trusts (4)	Split Interest Trusts providing support to KU Endowment	МС	5	NA	-	Trust									No
(3)Charitable Remainder Trusts (3)	Split interest trusts providing support to KU Endowment	TX	<i>(</i>	NA		Trust									No
(4)Agnes Lauretta McClair Testamentary Trust c/o Bank of America PO Box 831 Dallas, TX 752831041	Sec 4947(A)(1) nonexempt charitable trust supporting KU Endowment	KS	5	NA	-	Trust		83,132		869,48	87 100 %)		N	No

NΑ

NA

Trust

Trust

KS

KS

Sec 4947(A)(1)

Sec 4947(A)(1)

nonexempt charitable trust

supporting KU Endowment

nonexempt charitable trust

supporting KU Endowment

Schedule R (Form 990) 2018

100 %

100 %

No

No

27,875

5,426

298,218

106,290

Schedule R (Form 990) 2018				Р	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Fo	orm 990, Part	: IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	zations listed in l	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
f b Gıft, grant, or capital contribution to related organization(s)				1b	No
c Gift, grant, or capital contribution from related organization(s)				1c Yes	
f d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inclu	udıng covered re	lationships and tran	saction thresholds		
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involve	d

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



Additional Data

Lawrence, KS 660440928

Lawrence, KS 660440928

81-3579421 (5) KUGC LLC PO Box 928

82-3028127

Software ID:	18007697				
Software Version:	2018v3.1				
EIN:	48-0547734				
Name:	The Kansas University	/ Endowment Associa	ation		
Form 990, Schedule R, Part I - Identification of Disregarded En	tițies				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CWAPTS LLC PO Box 928 Lawrence, KS 660440928 45-3170274	Rental Real Estate	KS	270,700		The Kansas University Endowment Association
(1) RGAPTS LLC PO Box 928 Lawrence, KS 660440928 46-1289542	Rental Real Estate	KS	232,601		The Kansas University Endowment Association
(2) RCP LLC PO Box 928 Lawrence, KS 660440928 32-0392147	Rental Real Estate	KS	185,321		The Kansas University Endowment Association
(3) FOBN LLC PO Box 928 Lawrence, KS 660440928 26-2224126	Rental Real Estate	KS	0		The Kansas University Endowment Association
(4) STADPKG LLC PO Box 928	Rental Real Estate	KS	10,162		The Kansas University Endowment Association

KS

0 The Kansas University Endowment Association

Rental Real Estate