** PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Activities & Governance

Revenue

Expenses

5

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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.

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 and ending JUN 30 D Employer identification number Check if applicable: C Name of organization MINNESOTA STATE UNIVERSITY, MANKATO Address change FOUNDATION, INC. Name change 41-6033423 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 224 ALUMNI FOUNDATION CENTER 507-389-5595 26,986,972. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MANKATO, MN 56001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALLAN BOHLKE Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MNSU.EDU/GIVING/FOUNDATION H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1959 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT MINNESOTA STATE UNIVERSITY, MANKATO, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 34 Total number of volunteers (estimate if necessary) 6 119 109. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 106,298. 7h **Prior Year Current Year** 7,895,358, 7,600,826. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 1,376,027 270,289. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,763 9,266. 11 9 285 148 7 880 381. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,935,059 3,282,070. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 777,689. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 810,950, 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,785,052. 2,162,151. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,531,061. 6,221,910. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,754,087. 1,658,471. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 77,015,205 86,434,052. Total assets (Part X, line 16) 1,032,099 1,157,651. 21 Total liabilities (Part X, line 26) 75,983,106. 85,276,401. Net assets or fund balances. Subtract line 21 from line 20 ... 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 11/Ĭ1/2023 Allan Bolilke Signature of officer77 Date Sign ALLAN BOHLKE, BOARD CHAIR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature HEIDI TATRO HEIDI TATRO 11/09/23 P01591796 Paid

No

Yes

41-0746749

Phone no.612-376-4500

Firm's EIN

CLIFTONLARSONALLEN LLP

MINNEAPOLIS, MN 55402

May the IRS discuss this return with the preparer shown above? See instructions

220 S 6TH STREET, SUITE 300

Preparer

Use Only

Firm's name

Firm's address

MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC. 41-6033423 <u> Page</u> **2** Form 990 (2022) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC. IS DEDICATED TO SECURING PRIVATE GIFTS AND GRANTS TO BENEFIT MINNESOTA STATE UNIVERSITY, MANKATO. EACH YEAR, THOUSANDS OF GENEROUS BENEFACTORS MAKE GIFTS TO HELP STUDENTS, FACULTY AND PROGRAMS AT THIS UNIVERSITY. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,456,715. including grants of \$ 2,456,715.) (Revenue \$ 0.)) (Expenses \$ _____ THE ORGANIZATION PROVIDES STUDENT AID OPPORTUNITIES FOR STUDENTS TO RECEIVE ACADEMIC SCHOLARSHIPS, ATHLETIC TALENT GRANTS, AND OTHER AWARDS AND SCHOLARSHIPS. 825,355. including grants of \$ 825,355.) (Revenue \$ 4h) (Expenses \$ THE ORGANIZATION PROVIDES SUPPORT TO VARIOUS ACADEMIC AND ATHLETIC PROGRAMS, CLUBS, AND CONFERENCES OF THE UNIVERSITY, SUPPORT FOR UNIVERSITY ATHLETIC PROGRAMS - \$569,423. SUPPORT FOR UNIVERSITY MUSIC PROGRAMS - \$9.995. SUPPORT FOR THEATRE & DANCE PROGRAMS - \$11.002. SUPPORT FOR UNIVERSITY AUXILIARY PROGRAMS - \$174,615. SUPPORT FOR EQUIPMENT AND FACILITIES FOR VARIOUS ATHLETICS AND ACADEMIC PROGRAMS -\$60,320. 1,616,824. including grants of \$ 0 . _) (Revenue \$ _ THE ORGANIZATION PROVIDES SUPPORT FOR THE DEVELOPMENT OF STUDENTS AND STAFF THROUGH CONFERENCES CONVENTIONS WORKSHOPS, MEETINGS, SPEAKERS, AND OTHER PROFESSIONAL DEVELOPMENT ACTIVITIES. THE ORGANIZATION PROVIDES SUPPORT FOR STAFF AND STUDENT SALARIES, SUPPLIES, EQUIPMENT RENTAL, PRINTING, POSTAGE, AND OTHER EXPENSES USED TO ASSIST DAILY EDUCATIONAL OPERATIONS AND ACTIVITIES. Other program services (Describe on Schedule O.)) (Revenue \$ including grants of \$ 4,898,894. Total program service expenses Form 990 (2022)

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Form 990 (2022) FOUNDATION, INC. 41-6033423 Page **3**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u>x</u>
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?	_		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b		1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00 -	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domestic government on Fartix, column (-), interest feet, complete ochequie I, Parts Fand II	41		

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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	Х	
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	Х	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	256		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50		36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? <u>7a</u>	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6060			

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

	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
	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	befor	e filing the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict c	f interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	d records			
	SUSAN JAEGER - (507)389-5595					
	224 ALUMNI FOUNDATION CENTER, MANKATO, MN 56001					

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

week (list any hours for related organizations below line) (1) HAROLD K STANLEY week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organization organization with end organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC) week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) week week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)	(A) Name and title	(B) Average hours per	(do	not c	((Pos	C) ition	l than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
X		week (list any hours for related organizations below	offi	cer an	id a d	irecto	r/trus	tee)	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/	other compensation from the organization and related organizations
Carrello		40.00	-							_	
DOARD CHAIR	•			_	Х				202,038.	0.	39,188.
Carrel C		2.00	ł		l						
DOADD VICE-CHAIR			Х		Х		_		0.	0.	0.
Teasurer		0.60			l						
TREASURER		2.50	Х		Х				0.	0.	0.
SECRETARY		0.60									
X			Х	_	Х				0.	0.	0.
Columbia		0.30	ł		l						
DIRECTOR			Х	_	Х				0.	0.	0.
Columbia		0.30									
DIRECTOR			Х	_					0.	0.	0.
(8) MONA ASKALANI		0.30									
DIRECTOR			Х						0.	0.	0.
O	, , , , , , , , , , , , , , , , , , , ,	0.30	-							_	_
DIRECTOR			Х	_					0.	0.	0.
DIRECTOR		0.30	-							_	_
DIRECTOR			Х						0.	0.	0.
DIRECTOR THRU 05/23		0.30	-								
DIRECTOR THRU 05/23			Х						0.	0.	0.
CRAIG GOMEZ DIRECTOR X DIRECTOR DIRECTOR DIRECTOR X DIRECTOR DIRECTOR		0.30									
DIRECTOR			Х						0.	0.	0.
(13) BARBARA HUBBARD 0.40 DIRECTOR X (14) TIMOTHY HUEBSCH 0.30 DIRECTOR X (15) ROD JOHNSON 0.50 DIRECTOR X (16) BARB KAUS 0.30 DIRECTOR X 0.30 0.0 0.0 0.0		0.30	-								
DIRECTOR X 0. 0. (14) TIMOTHY HUEBSCH 0.30 0. 0. DIRECTOR X 0. 0. (15) ROD JOHNSON 0.50 0. 0. DIRECTOR X 0. 0. (16) BARB KAUS 0.30 0. 0. DIRECTOR X 0. 0.			Х						0.	0.	0.
(14) TIMOTHY HUEBSCH 0.30 DIRECTOR X (15) ROD JOHNSON 0.50 DIRECTOR X (16) BARB KAUS 0.30 DIRECTOR X 0.30 0.00 0.00 0.00		0.40	-								
DIRECTOR X 0. 0. (15) ROD JOHNSON 0.50 0. 0. DIRECTOR X 0. 0. (16) BARB KAUS 0.30 0. 0. DIRECTOR X 0. 0.			Х						0.	0.	0.
(15) ROD JOHNSON 0.50 DIRECTOR X 0. 0. (16) BARB KAUS 0.30 0. 0. 0. DIRECTOR X 0. 0. 0.		0.30	1								
DIRECTOR X 0. 0. (16) BARB KAUS 0.30 X 0. 0. 0.			Х						0.	0.	0.
(16) BARB KAUS DIRECTOR 0.30 X 0. 0.		0.50	-								
DIRECTOR X 0. 0.			Х						0.	0.	0.
		0.30	-								
(17) CHRISTINE LANTINEN 0.30			Х						0.	0.	0.
		0.30	1								
DIRECTOR X 0. 0.	DIRECTOR		Х						0.	0.	0. Form 990 (2022)

Form 990 (2022) FOUNDATION, I	INC.		•						41-603342	3 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) KRIS LINDAHL	0.30									
DIRECTOR		Х						0.	0.	0.
(19) SUSAN MICHALETZ	0.30									
DIRECTOR		Х						0.	0.	0.
(20) DANIEL MUNDAHL	0.30									
DIRECTOR		Х						0.	0.	0.
(21) MICHELLE SCHOOFF	0.30									
DIRECTOR		Х						0.	0.	0.
(22) STUART SNEER	0.30									
DIRECTOR THRU 05/23		Х						0.	0.	0.
(23) CHAD TISCHER	0.40									
DIRECTOR		Х						0.	0.	0.
(24) RON VETTER	0.30									
DIRECTOR		Х						0.	0.	0.
(25) KIRSTEN VOSS	0.30									
DIRECTOR		Х						0.	0.	0.
(26) BILL WILTGEN	0.40									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								202,038.	0.	39,188.
c Total from continuation sheets to Part VI	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								202,038.	0.	39,188.
2 Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable	
compensation from the organization										1

			res	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5	Х	

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or	within the organization's tax year.	_
(A)	(B)	(C)
Name and business address NONE	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	

FOUNDATION, INC. 41-6033423

Page 9 Form 990 (2022) Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenuè excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 7,600,826. 1f 684,510 g Noncash contributions included in lines 1a-1f 7,600,826. h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 968,436. 119,109 849,327. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 6,371. 6,371. 5 Royalties (i) Real (ii) Personal 42,574 6 a Gross rents 91,830. 6b **b** Less: rental expenses ... -49,256. c Rental income or (loss) -49,256, -49,256. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 18,316,614. assets other than inventory b Less: cost or other basis 7b | 19,014,761. Other Revenue and sales expenses -698,147. c Gain or (loss) -698,147. -698,147. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 52,151 52,151. b d All other revenue

12 232009 12-13-22

Form 990 (2022)

160,446.

52,151

7,880,381.

e Total. Add lines 11a-11d

Total revenue. See instructions

0.

119,109.

Form 990 (2022) FOUNDATION, INC. 41-6033423 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 3,263,710 3,263,710. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 18,360 18,360. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 573,214. 456,637. 116,577. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 45,329 36,110. 9,219. 118,081 94,066. 24,015. Other employee benefits 9 41,065. 32,713. 8,352. 10 Payroll taxes Fees for services (nonemployees): Management а 3,789 3,789 Legal 33,814. 33,814. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 315,379. 315,379 Other. (If line 11g amount exceeds 10% of line 25, 244,776 168,919 75 857 column (A), amount, list line 11g expenses on Sch O.) 14,382 13,507 875. Advertising and promotion 12 857,905. 592,103. 265,802 13 Office expenses 223,422 6,660. 96,821 119,941. Information technology 14 Royalties 15 2,495 4,094 1,599 16 Occupancy 86,579. 107,015 4,545 15,891. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 164,887. 114,588. 50,299 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 9,177. 9,177 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) BAD DEBT EXPENSE 131,824. 131,824. OTHER EXPENSES 26,642 927 25,715 MEMBERSHIPS 22,805. 11,520. 11,285. С TAXES PAID 2,240. 2,240 е All other expenses 6,221,910 896,322 426,694. Total functional expenses. Add lines 1 through 24e 4.898.894 25 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 (2022) FOUNDATION, INC. 41-6033423 Page **11**

Form 990 (2022)
Part X Balance Sheet

Par	tΧ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,719.	1	261,644.
	2	Savings and temporary cash investments			530,403.	2	505,331.
	3	Pledges and grants receivable, net	3,120,384.	3	4,441,017.		
	4	Accounts receivable, net			7 1 7 1 1 - 2	4	
	5	Loans and other receivables from any current		_			
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	•	,		6	
,,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9				29,750.	9	43,963.
		Land, buildings, and equipment: cost or other			, -		, -
	104	basis. Complete Part VI of Schedule D		1,503,547.			
	b			1	1,503,547.	10c	1,503,547.
	11	Investments - publicly traded securities			70,395,113.	11	78,395,911.
	12	Investments - other securities. See Part IV, line			186,619.	12	204,519.
	13	Investments - program-related. See Part IV, lin	, -	13	, -		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,044,670.	15	1,078,120.
	16	Total assets. Add lines 1 through 15 (must ed	77,015,205.	16	86,434,052.		
	17	Accounts payable and accrued expenses	139,757.	17	265,780.		
	18	Grants payable	,	18	,		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet		21			
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ig		controlled entity or family member of any of the				22	
Ę	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate			558,413.	24	558,413.
	25	Other liabilities (including federal income tax,)			·		·
		parties, and other liabilities not included on lin					
		of Schedule D		·	333,929.	25	333,458.
	26	Total liabilities. Add lines 17 through 25			1,032,099.	26	1,157,651.
		Organizations that follow FASB ASC 958, c	heck her	e X			
ès		and complete lines 27, 28, 32, and 33.		_			
auc	27				3,250,786.	27	3,475,066.
Bali	28	Net assets with donor restrictions			72,732,320.	28	81,801,335.
5		Organizations that do not follow FASB ASC					
T.		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			75,983,106.	32	85,276,401.
_	33	Total liabilities and net assets/fund balances			77,015,205.	33	86,434,052.

MINNESOTA STATE UNIVERSITY, MANKATO

Form	1990 (2022) FOUNDATION, INC.	41-6033423	1	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			381.
2	Total expenses (must equal Part IX, column (A), line 25)	2			910.
3	Revenue less expenses. Subtract line 2 from line 1	3			471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,	983,	106.
5	Net unrealized gains (losses) on investments	5	7,	583,	002.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		51,	822.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	85,	276,	401.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	and the complete value on Cabadada Caradada complete any standada to trade and such south		21-		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Nan	ne of t	the organization MINNES	SOTA STATE UNIVE	RSITY, MANKATO				Employer	identification number
			ATION, INC.						41-6033423
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	dation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	nurches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated f	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	-					e general i	oublic described in
		section 170(b)(1)(A)(vi). (0	•		ŭ				
8		A community trust describ		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or			-	ed in coniu	ınction with a	land-grant	college
		or university or a non-land-	-			-		-	-
		university:		,		, ,	,	ŭ	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	ip fees, and	d gross receipts from
		activities related to its exer							
		income and unrelated busi		•					-
		See section 509(a)(2). (Co		,		•	, 0		,
11		An organization organized	•	vely to test for public sa	fetv. See	section 50	09(a)(4).		
12		An organization organized	•	*	•			rry out the	purposes of one or
		more publicly supported or	•	•	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting org	* *					-	giving
		the supported organizati	•		•	_			
		organization. You must			, ,				
b		Type II. A supporting org			ion with its	s supporte	ed organization	n(s), by hav	ring
		control or management of	•				-	• • •	-
		organization(s). You mus			•				
С		Type III functionally inte			in connect	tion with, a	and functionall	ly integrate	ed with,
		its supported organization	-					, 5	,
d		☐ Type III non-functionall		•	•	•	•	ted organiz	zation(s)
		that is not functionally in						-	
		requirement (see instruct	-		•		-		
е		Check this box if the org	•	•	•			I. Type III	
_		functionally integrated, o					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ., -,	
f	Ente	er the number of supported		,9					
g		vide the following informatio	•						•
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				,					
Tota	al						1		

Schedule A (Form 990) 2022

FOUNDATION, INC.

41-6033423

Page 2

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

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

4 Total. Add lines 1 through 3	,940. ,842.
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 1, 617, 053. 1, 446, 246. 247, 826. 779, 790. 898, 272. 4, 98 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	,842.
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	,842.
Include any "unusual grants.")	,842.
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 7 through 3	
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge turnished by a governmental unit or publicly supports 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) 6 Public support. Subtract line 5 from line 4. 8 Quality of the support of fiscal year beginning in the suppor	
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	,094.
organization, check this how and stop here	
organization, oncon this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 88.3	: %
15 Public support percentage from 2021 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	. 🔲
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	. 🔲

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 FOUNDATION, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus- iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
***					+		
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and					+		
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9 Amounts from line 6	(4) 2010	(3) 2010	(0) 2020	(4) 2021	(0) 2022	(1) 10141	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,	
check this box and stop here							
Section C. Computation of Pub	ic Support Pe	rcentage					
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))		15	%	
16 Public support percentage from 202					16	%	
Section D. Computation of Inve	stment Incom	e Percentage					
17 Investment income percentage for 2	:022 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%	
18 Investment income percentage from	2021 Schedule A.	, Part III, line 17			18	%	
19a 33 1/3% support tests - 2022. If th						7 is not	
more than 33 1/3%, check this box a	and stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation		
b 33 1/3% support tests - 2021. If th							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
_		
7		
8		
0		
9a		
9b		
9c		
40		
10a		
10b		
lule A (Forn	2000	2022

FOUNDATION, INC. 41-6033423 Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations No Yes 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? 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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 3 supported organizations plaved in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes 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 on line 2a, above, 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За 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.

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Schedule A (Form 990) 2022 FOUNDATION, INC. 41-6033423 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 FOUNDATION, INC. 41-6033423 Page 7

	dule A (Form 990) 2022 FOUNDATION, INC.	(a)(2) Comparation of Owner	ui-ations		41-6033423 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ued) T	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		ا ۾ ا	
	organizations, in excess of income from activity	as of supported eventions		3	
3_4	Administrative expenses paid to accomplish exempt purpose	es or supported organizations	5	4	_
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	avida datalla in Dort VII)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait VI)		6	_
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in Part VI). See instructions.	to organization to responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
<u>b</u>	From 2018				
c	From 2019				
<u>d</u>	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
_ <u>i</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
3	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule A (Form 990) 2022 FOUNDATION, INC.	41-6033423	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2018 AMOUNT: \$ 16,575.		
2019 AMOUNT: \$ 25,383.		
2020 AMOUNT: \$ 27,182.		
2021 AMOUNT: \$ 45,578.		
2022 AMOUNT: \$ 52,151.		

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

2022

Employer identification number

MINN	ESOTA STATE UNIVERSITY, MANKATO	
FOUNI	DATION, INC.	41-6033423
Organization type (check one	s):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
Ε	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
Γ	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
property) from any or	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) and contributor, during the	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to d 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ne year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fine 1. Complete Parts I and II.	d that received from any one
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scious purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ernstead of the contributor name and address), II, and III.	entific,
year, contributions exis checked, enter her purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious elete any of the parts unless the General Rule applies to this organization because it retc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line 2,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, equirements of Schedule B (Form 990).	• •

Schedule B (Form 990) (2022) Page 2

	9-
Name of organization	Employer identification number
MINNESOTA STATE UNIVERSITY, MANKATO	
FOUNDATION, INC.	41-6033423

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 231,076. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	\$ 300,250. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 200,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Name, and Elf T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	nume, audi 000, and En TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022) Page **3**

Name of organization
MINNESOTA STATE UNIVERSITY, MANKATO
FOUNDATION, INC.

Employer identification number

41-6033423

Partii	Noticasti Property (see instructions). Use duplicate copies of Part	ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	USDC CRYPTOCURRENCY		
1		_	
		\$\$	02/15/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	

Schedule B (Form 990) (2022)

Employer identification number Name of organization MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC. 41-6033423 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

MINNESOTA STATE UNIVERSITY, MANKATO

Employer identification number

41-6033423

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund		polete if the
	organization answered "Yes" on Form 990, Part IV, line		0011	ipioto ii tiro
		(a) Donor advised funds	(b) Funds and oth	ner accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		sed funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			_ 100 110
Ū	for charitable purposes and not for the benefit of the donor or	· ·	•	
	• •			Yes No
Pai				10310
1	Purpose(s) of conservation easements held by the organization		, raiciv, mio r.	
•	Preservation of land for public use (for example, recreating the control of land for public use)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	of a historically important	land area
	Protection of natural habitat	· —	of a certified historic struc	
	Preservation of open space	i reservation	or a certifica riistorie strat	Staro
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easen	nent on the last
2	day of the tax year.	led conservation contribution in the form		e End of the Tax Year
а				o zna or ano rax roar
b	Number of conservation easements on a certified historic stru	ucture included in (a)		
ا			20	
d	Number of conservation easements included in (c) acquired a		2d	
2	historic structure listed in the National Register	agged avtinguished as terminated by th		tov
3		eased, extiliguished, of terrilliated by the	e organization during the	tax
4	year Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		-	
3	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ	etan and voluntees neare develor to membering, inspecting,	rialiting of violations, and officioning con	ioor variori cacomonico dai	ing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during t	he vear
•	, who are or expenses mounted in mornioring, inspecting, mand	ining of violations, and officioning conserv	ation casements during t	no year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(i)	
•		o canory and requirements or economy.		Yes No
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footn	•		
	organization's accounting for conservation easements.	·		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Assets	S.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 95	8, 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 fur	therance of public service	э,
	provide the following amounts relating to these items:		•	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB A		- ··	
а	Revenue included on Form 990, Part VIII, line 1	_	\$	
	Assets included in Form 990, Part X			

232051 09-01-22

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 FOUNDATION ,					41-603		Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simi	lar Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" or	n Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	include	d	_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:		_				
							Amount		
С	Beginning balance				10	:			
d	Additions during the year				10	d			
	Distributions during the year					•			
f	Ending balance				<u>1</u>	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liabi	ility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization and							
		(a) Current year	(b) Prior year	(c) Two years back	· ·	ee years back	· ,		
1a	Beginning of year balance	62,165,685.	71,964,099.	52,881,135.		,908,049.	· ·	869,6	
b	Contributions	1,872,134.	2,456,768.	4,726,354.	1	,597,124.	· ·	617,7	
	Net investment earnings, gains, and losses	7,532,260.	-9,513,960.	16,980,853.		165,079.	· ·	814,9	
d	Grants or scholarships	2,097,751.	1,933,180.	1,914,243.	1	,660,685 .	1,	740,8	48.
е	Other expenditures for facilities								
	and programs				4	,385,421.		847,1	
f	Administrative expenses	872,325.	808,042.	710,000.		743,011.		806,3	
g	End of year balance	68,600,003.	62,165,685.	71,964,099.	52	,881,135.	57,	908,0	49.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	1.4800	_%						
b	Permanent endowment 96.6700	%							
С	Term endowment1.8500								
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he		Г	v T	NI -
	organization by:							Yes	No_
	(i) Unrelated organizations						3a(i)	\dashv	X
-	(ii) Related organizations	Atama Bata I					3a(ii)	\dashv	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
ı aı	Complete if the organization answered		Part IV line 11e S	ee Form 900 Da≠ V	line 10				
				- i	-		(4) 5		
	Description of property	(a) Cost or of basis (investm		1 ' '	Accumul epreciati	I	(d) Book	value	
	Land			(other) de	-preciali	OII	1	502 5	
	Land		7,547.				Τ,:	503,5	4/.
	Buildings			-					—
	Leasehold improvements								
	Equipment								
	Other		V h (D) // 1	0- \			1	503,5	47
uutal	. Aug illes la tillough le. (COIIMN (A) MUST A	oual Form 990 Part)	v. colurna (B). line 10	JG.1			±,	,5	•

Schedule D (Form 990) 2022

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

MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION. INC. 41-6033423 <u> Page</u> **3** Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | Part VIII | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (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.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes GIFT ANNUITIES PAYABLE 333,458 (3)(4)<u>(5)</u> (6)(7)(8)

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 the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

333,458.

(9)

PART X, LINE 2:

MEETING THE WISHES OF DONORS.

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule D (Form 990) 2022 FOUNDATION, INC.	41-6033423	Page 5
Part XIII Supplemental Information (continued)		
MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC. (THE FOUNDATION) IS		
ORGANIZED AS A MINNESOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY		
THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES		
UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION		
DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION		
DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO		
BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). MAVERICK PHILANTHROPIC		
PROPERTIES, LLC AND LIME VALLEY WETLANDS, LLC MAINTAIN EXEMPT STATUS UNDER		
THE FOUNDATION'S EXEMPTION SINCE THE FOUNDATION IS THE SOLE MEMBER OF BOTH		
ENTITIES. THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF		
ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION,		
THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM		
BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSE.		
THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX		
POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,		
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE		
CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE		
ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND		
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE		
INCURRED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN CARRYING VALUE OF THE SPLIT INTEREST AGREEMENT 51,822.		
TAXES PAID INCLUDED IN REVENUE -2,240.		
AUDIT FEES NETTED WITH INVESTMENT REVENUE -3,413.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D 46,169.		

Schedule D (Form 990) 2022

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule D (Form 990) 2022 FOUNDATION, INC.		41-6033423	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	-91,830.		
RENIAL EAFENSES	-91,030.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	91,830.		
	, :		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
TAXES PAID INCLUDED IN REVENUE	2.240.		
AUDIT FEES NETTED WITH INVESTMENT REVENUE	3,413.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	5,653.		
	,		_
			_

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

MINNESOTA STATE UNIVERS	SITY, MANKATO)				
FOUNDATION, INC.					41-6033423	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
United States.			•			
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to	1	e specific type	investments
		in the region	recipients located in the region)	or service	(s) in the region	in the region
CENTRAL AMERICA AND				L		
THE CARIBBEAN	0	0	INVESTMENTS	N/A		2,037,059.
EAST ASIA AND THE						
PACIFIC	0	0	CONTRIBUTIONS RECEIVED	N/A		0.
Incli ic			CONTRIBUTIONS RECEIVED	117 / 11		
						1
3 a Subtotal	0	0				2,037,059.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				
and 3h)	0	0				2 037 059.

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 FOUNDATION, INC. 41-6033423 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

FOUNDATION, INC.

41-6033423

Page 3

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

"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)

MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC. 41-6033423 Schedule F (Form 990) 2022 Page 4 Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X Yes Corporation (see Instructions for Form 926) 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 Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 X Yes Certain Foreign Corporations (see Instructions for Form 5471) 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 X Yes Fund (see Instructions for Form 8621) 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 X Yes Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

Schedule F (Form 990) 2022

Yes

X No

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule F (Form 990) 2022 FOUNDATION, INC.	41-6033423	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	iting method: amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
PART I, LINE 3:		
EXPENDITURES AND INVESTMENTS IN COLUMN F ARE REPORTED UNDER THE ACCRUAL		
BASIS OF ACCOUNTING.		
<u> </u>		

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MINNESOTA STATE FOUNDATION, IN	•	MANKATO					Employer identification number 41-6033423
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's properties. Part II Grants and Other Assistance to It recipient that received more than \$	tance? cedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	States. Complete if the org			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MINNESOTA STATE UNIVERSITY 236 WIGLEY ADMINISTRATION CENTER MANKATO, MN 56001	41-1687554	STATE OF MN	1,037,030.	0.	N/A	N/A	ASSISTING THE UNIVERSITY WITH PROGRAM RELATED COSTS AND PROMOTING THE UNIVERSITY, INCLUDING
MINNESOTA STATE UNIVERSITY 236 WIGLEY ADMINISTRATION CENTER MANKATO, MN 56001	41-1687554	STATE OF MN	2,226,680.	0.	N/A	N/A	TO ASSIST THE UNIVERSITY IN AWARDING STUDENT SCHOLARSHIPS
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 FOUNDATION, INC. 41-6033423

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0.N/A ENTREPRENEURSHIP & INNOVATION AWARDS 18,000 N/A PSYCHOLOGY DEPT DAN HOULIHAN RESEARCH AWARD 300 0.N/A N/A E-SPORTS SUMMER CAMP TOURNAMENT 60. 0.N/A N/A Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE FOUNDATION WORKS CLOSELY WITH MINNESOTA STATE UNIVERSITY MANKATO WITH THE PAYMENT OF ALL GRANTS. THE FOUNDATION PROVIDES OVERSIGHT OF THE USE OF THE FUNDS ENSURING THAT ALL EXPENDITURES ARE IN ACCORDANCE WITH THE DONOR'S INTENT. RECIPIENTS OF SCHOLARSHIPS MUST BE ENROLLED IN THE UNIVERSITY AS WELL AS MEET THE CRITERIA SPECIFIED BY THE DONOR AND/OR THE ACADEMIC DEPARTMENT

CHOOSING THE SCHOLARSHIP RECIPIENTS.

Page 2

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule I (Form 990) FOUNDATION, INC.	41-6033423	Page 2
Schedule I (Form 990) FOUNDATION, INC. Part IV Supplemental Information		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA STATE UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTING THE UNIVERSITY WITH		
PROGRAM RELATED COSTS AND PROMOTING THE UNIVERSITY, INCLUDING ATHLETIC		
· · · · · · · · · · · · · · · · · · ·		
TALENT GRANTS.		

232291

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.

Employer identification number 41-6033423

Pa	art I Questions Regarding Compensation	·		
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to	o or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information	regarding these items.		
	First-class or charter travel Housing a	Illowance or residence for personal use		
	Travel for companions Payments	for business use of personal residence		
	Tax indemnification and gross-up payments Health or	social club dues or initiation fees		
	Discretionary spending account Personal s	services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written p	policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," con	nplete Part III to explain1b		
2	Did the organization require substantiation prior to reimbursing or allowing expe	nses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items	checked on line 1a?2		
3	Indicate which, if any, of the following the organization used to establish the con	npensation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for method	ods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written er	nployment contract		
	Independent compensation consultant Compens	ation survey or study		
	Form 990 of other organizations Approval	by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, v	vith respect to the filing		
	organization or a related organization:			
а	a Receive a severance payment or change-of-control payment?	4a		Х
b	p Participate in or receive payment from a supplemental nonqualified retirement p	an? 4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement	ent? 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	e lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensation		
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		Х
b	Any related organization?	<u>5b</u>		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensation		
	contingent on the net earnings of:			
а	The organization?	6a_		X
b	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , , ,			
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
8	, , , , , , , , , , , , , , , , , , , ,			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Ye	es," describe in Part III 8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption pro	ocedure described in		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 FOUNDATION, INC. 41-6033423 Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HAROLD K STANLEY	(i)	202,038.	0.	0.	14,996.	24,192.	241,226.	0.
EXECUTIVE DIRECTOR, MSUMF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

DocuSign Envelope ID: D35DA666-0050-4360-BB52-B3BA91DEA1C6 MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC. 41-6033423 Schedule J (Form 990) 2022 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. FORM 990, SCHEDULE J, PART II THE FOUNDATION'S EXECUTIVE DIRECTOR, HAROLD STANLEY, IS COMPENSATED BY AN UNRELATED ORGANIZATION, MINNESOTA STATE UNIVERSITY, MANKATO FOR SERVICES PROVIDED TO THE FILING ORGANIZATION.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

MINNESOTA STATE UNIVERSITY, MANKATO

Open to Public Inspection

Employer identification number

		FOUNDATION, INC.						41-603	33423	3	
Par	rt I Ty	pes of Property									
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Metho oncash c	(d) d of dete ontributi		_	s
1	Art - Works	s of art									
2	Art - Histor	ical treasures									
3	Art - Fracti	onal interests									
4	Books and	publications	Х		395,	VALUE	ED BY DO	ONOR			
5	Clothing a	nd household goods									
6	Cars and c	other vehicles									
7	Boats and	planes									
8	Intellectua	l property									
9	Securities	- Publicly traded	Х	1,988	394,426.	FAIR	MARKET	VALUE			
10	Securities	- Closely held stock									
11	Securities	- Partnership, LLC, or									
	trust intere	ests									
12	Securities	- Miscellaneous									
13	Qualified o	onservation contribution -									
	Historic str	ructures									
14	Qualified o	onservation contribution - Other									
15	Real estate	e - Residential									
16	Real estate	e - Commercial									
17	Real estate	e - Other									
18	Collectible	s									
19	Food inver	ntory	Х	72	110,440.	VALUE	ED BY DO	ONOR			
20	Drugs and	medical supplies									
21	Taxidermy										
22	Historical a	artifacts									
23	Scientific s	specimens									
24	Archeologi	cal artifacts									
25	Other (EQUIPMENT)	Х	96	,	+					
26	Other (EVENT HOSTING)	Х	1,012			ED BY DO				
27	Other (SUPPLIES)	Х	70	8,531.	VALUE	ED BY DO	ONOR			
28	Other ()									
29	Number of	Forms 8283 received by the organi	zation durino	g the tax year for co	ontributions						
	for which t	he organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29					0	
										Yes	No
30a	•	year, did the organization receive b	•		·	•	:hat it				
		for at least 3 years from the date of									
		rposes for the entire holding period	?						30a		X
b	•	escribe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								31	Х	
32a		organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash						
	contributio								32a		X
		escribe in Part II.									
33		nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,					
	describe in				_						
LHA	For Pap	erwork Reduction Act Notice, see	the instruc	tions for Form 990	J.		Sche	dule M	Form	า 990)	2022

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule iv	// (Form 990) 2022 FOUNDATION, INC. 41-6033423	Page 2
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 complet this part for any additional information.	on ete
SCHEDULE	M, PART I, COLUMN (B):	
NUMBER O	F ITEMS DONATED WAS USED IN PART I COLUMN (B).	

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service MINNESOTA STATE UNIVERSITY, MANKATO Name of the organization **Employer identification number** FOUNDATION, INC. 41-6033423 PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION'S MISSION IS TO ENHANCE THE UNIVERSITY'S ABILITY TO ACHIEVE ITS MISSION BY ENCOURAGING AND STEWARDING SUSTAINED PHILANTHROPIC SUPPORT FROM ALUMNI AND FRIENDS. THE FOUNDATION OPERATES WITH RESPONSIBLE STEWARDSHIP, INTEGRITY, TRANSPARENCY AND TRUST PROVIDES LEADERSHIP, ADVOCACY AND SUPPORT OF THE UNIVERSITY'S STRATEGIC PRIORITIES, PROVIDES SUPPORT FOR EDUCATIONAL ACCESS AND FOR ENRICHING EXPERIENCES FOR STUDENTS, AND PROVIDES LEADERSHIP IN PROMOTING AND ENGAGING DONOR PASSION, FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR, VICE CHAIR TREASURER. EXECUTIVE DIRECTOR OF THE FOUNDATION. PRESIDENT OF THE UNIVERSITY AND THE VP OF FINANCE & ADMINISTRATION OF THE UNIVERSITY. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE RIGHTS AND POWERS OF EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE RIGHT OR THE BOARD POWER TO DO ANY OF THE FOLLOWING: (A) TAKE ANY ACTION WHICH IS MATERIALLY INCONSISTENT WITH AN ESTABLISHED POLICIES OF THE FOUNDATION, (B) TAKE ANY ACTION WHICH ESTABLISHES A NEW POLICY AND, (C) TAKE ANY ACTION WHICH IS WITHHELD FORM THE EXECUTIVE COMMITTEE BY RESOLUTION OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS INITIALLY REVIEWED BY THE FOUNDATION DIRECTOR OF FINANCE. THEN THE VP OF UNIVERSITY ADVANCEMENT AND THE CFO OF THE

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

NEXT STEP IS THE AUDIT COMMITTEE FOR THEIR REVIEW AND

Schedule O (Form 990) 2022

UNIVERSITY.

Schedule O (Form 990) 2022	Page 2
Name of the organization MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	Employer identification number 41-6033423
APPROVAL. IT IS THEN SUBMITTED TO THE FULL BOARD FOR THEIR REVIEW AND	
FINAL APPROVAL.	
TIME MIROVIE.	
FORM 990 DARM WI CECTION D. IINE 12C.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCLOSURES OF POSSIBLE CONFLICTS ARE REVIEWED ANNUALLY BY THE AUDIT	
COMMITTEE. IF FOLLOW-UP IS REQUIRED, THE COMMITTEE ASSIGNS A MEMBER OR	
STAFF TO HANDLE OR MONITOR AS NECESSARY, DIRECTORS OR OFFICERS WHO HAVE	
DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST SHALL REFRAIN	
FROM CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE	
BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION, PERSONS	
WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION, NOR BE PRESENT AT	
THE TIME OF THE VOTE. ANY PROPOSED TRANSACTION IN WHICH A CONFLICT OF	
INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED BY A MAJORITY	
OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF	
THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL	
OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND CAN BE E-MAILED OR	
MAILED.	
FORM 990, PART VII:	
THE INDIVIDUALS NOTED AS MANAGERS IN THE ATTACHED FORM 990, PART VII	
ALSO SERVE ON THE BOARD OF GOVERNORS, THE GOVERNING BODY OF MAVERICK	
PHILANTHROPIC PROPERTIES, LLC.	
TODY 000 DADE TV	

Name of the organization MINNESOTA STATE UNIVERSITY, MANKATO	Employer identification number
FOUNDATION, INC.	41-6033423
	•
A RELATED ORGANIZATION EMPLOYS INDIVIDUALS THAT WORK FOR THE	
FOUNDATION, SOME OF THESE EXPENSES ARE CHARGED BACK TO THE FOUNDATION.	
THERE ARE ALSO EMPLOYEES OF THE RELATED ORGANIZATION THAT HAVE ALL OR	
PART OF THEIR SALARIES CHARGED BACK TO THE FOUNDATION UNDER A DONOR	
RESTRICTED AGREEMENT. THE COMPENSATION IN PART VII, SECTION A,	
REPRESENTS THE AMOUNTS PAID BY THE RELATED ORGANIZATION.	
MINIBERIO IN IMPONIO INID DI IN REMIED ONOMIZZION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CARRYING VALUE OF SPLIT INTEREST AGREEMENTS 51,822.	
CHANGE IN CARRYING VALUE OF SPLIT INTEREST AGREEMENTS 51,822.	
EODW 000 DADW WIT LINE OG	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS	
NOT GUINGED TROY THE PROOF WELL	
NOT CHANGED FROM THE PRIOR YEAR.	

MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection **Employer identification number** 41-6033423

OMB No. 1545-0047

(a)	(b)	(b) (c) (d)					(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	ne End-of-year assets		Direct controlling entity		
MAVERICK PHILANTHROPIC PROPERTIES, LLC -						MINNESOTA S'	TATE	
41-6033423, 224 ALUMNI FOUNDATION CENTER,	CREATED TO HOLD PROPERTY					UNIVERSITY,	MANKAT	.O
MANKATO, MN 56001	FOR FOUNDATION	MINNESOTA		0. 1,50	3,547.	FOUNDATION		
LIME VALLEY WETLANDS, LLC - 41-6033423						MINNESOTA S'	TATE	
224 ALUMNI FOUNDATION CENTER	CREATED TO HOLD WETLAND					UNIVERSITY,	MANKAT	o.
MANKATO, MN 56001	PROPERTY FOR FOUNDATION	MINNESOTA		0.	0.	FOUNDATION		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more	related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Total income End-of-year assets Direct control entity MINNESOTA STATE UNIVERSITY, MANK O. 1,503,547. FOUNDATION MINNESOTA STATE UNIVERSITY, MANK O. 0. FOUNDATION O. FOUNDATION 90, Part IV, line 34, because it had one or more related tax-exempt (d) (e) (f) Characteristy Section Status (if section section status (if section section status (if section section status (if section sectio	cont	rolled			
				501(c)(3))			Yes	No
								_

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUNI

FOUNDATION, INC.

41-6033423

Page 2

		0 11 77 11 11	"\ " E 000	D . D D		
	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	e or more related
	organizations treated as a partnership during the tax year.					
	g					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partn	Percentag ownership
		country)		000000000000000000000000000000000000000			res	NO	Transfer to the second	163	10

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

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

Schedule R (Form 990) 2022 FOUNDATION, INC.

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

41-6033423 Page 3

Not	ote: 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 rel	ated organizations listed in	n Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
b	b Gift, grant, or capital contribution to related organization(s)				1b				
С	c Gift, grant, or capital contribution from related organization(s)				1c				
	d Loans or loan guarantees to or for related organization(s)				1d				
	e Loans or loan guarantees by related organization(s)				1e				
f	f Dividends from related organization(s)				1f				
	g Sale of assets to related organization(s)				1g				
	h Purchase of assets from related organization(s)				1h				
i	i Exchange of assets with related organization(s)				_1i				
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k				
-1	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
					10				
р	p Reimbursement paid to related organization(s) for expenses				1p				
	q Reimbursement paid by related organization(s) for expenses				1q				
r	r Other transfer of cash or property to related organization(s)				1r				
	s Other transfer of cash or property from related organization(s)				1s				
	(a) (I Name of related organization Trans	b) action e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
1)									
2)									
2)									
3)									
3)									
۸۱									
")									
5)									
5)									
6)									
6)	163 09-14-22			Schedule	B (Eor:	n 0001	2022		
J∠ 16	103 09-14-22			Schedule	ı (ron	11 990)	2022		

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule R (Form 990) 2022 FOUNDATION, INC. 41-6033423

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 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Page 4

MINNESOTA STATE UNIVERSITY, MANKATO

Schedule F	R (Form 990) 2022	FOUNDATION,	INC.	41-6033423	Page 5
Part VII	R (Form 990) 2022 Supplemental Info	rmation			
	Dravida additional inform	nation for roomana	es to questions on Schedule R. See instructions.		
	Provide additional infor	nation for respons	es to questions on schedule R. See instructions.		
					•

232165 09-14-22 Schedule R (Form 990) 2022

Form 990-T			exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023		2022
Depart Interna	ment of the Treasury Il Revenue Service	[Go to www.irs.gov/Form990T for instructions and the latest information. On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	-	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (DEmp	loyer identification number
B Ex	empt under section	Print	FOUNDATION, INC.		41-6033423
] 501(c)(3)] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 224 ALUMNI FOUNDATION CENTER		up exemption number instructions)
] 408A		City or town, state or province, country, and ZIP or foreign postal code MANKATO, MN 56001	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H (Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1 (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? didentifying number of the parent corporation.		Yes X No
	he books are in car		SUSAN JAEGER Telephone number	(507)	389-5595
Pai	rt I Total Unr	elate	d Business Taxable Income		_
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	119,109.
2	Reserved			2	
3	Add lines 1 and 2			3	119,109.
4	Charitable contrib	utions (see instructions for limitation rules) STMT 1 STMT 2	4	11,811.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	107,298.
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	j	7	107,298.
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A ded	duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	106,298.
Pai	rt II Tax Com	putati	on		T
1	•		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	22,323.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins			3	
4	Other tax amounts				
5	Alternative minimu				
6	-		cility income. See instructions		00.222
7			n 6 to line 1 or 2, whichever applies	7	22,323.
LHA	For Paperwork F	Reduct	on Act Notice, see instructions.		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 22,323. 2 Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). 22,323. section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 4,640 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 7 Total payments. Add lines 6a through 6g 7 4 640 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 17,689. 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2023 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover \$ \$ Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain in </u>Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IBS discuss this return with 11/11/2023 Here BOARD CHAIR the preparer shown below (see Date instructions)? X Yes PTIN if Print/Type preparer's name Preparer's signature Date Check self- employed **Paid** HEIDI TATRO HEIDI TATRO 11/09/23 P01591796 **Preparer** CLIFTONLARSONALLEN LLP 41-0746749 Firm's name Firm's EIN Use Only 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Firm's address 612-376-4500 Form **990-T** (2022) 223711 01-16-23

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MINNESOTA STATE UNIVERSITY, MANKATO FOUN

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
MINNESOTA STATE UNIVERSITY, MANKATO CHARITABLE CONTRIBUTIONS -	N/A	3,263,710.
PRIVATE EQUITY CORE FUND (QP) VI, LP CHARITABLE CONTRIBUTIONS - WM	N/A	18.
ALTERNATIVES KKR GLOBAL INFRASTRUCTURE		91.
CHARITABLE CONTRIBUTIONS - FEG PRIVATE OPPORTUNITIES FUND V, L.P.	N/A	5.
CHARITABLE CONTRIBUTIONS - FEG PRIVATE OPPORTUNITIES FUND VI, LP	N/A	3.
TOTAL TO FORM 990-T, PART I, LI	NE 4	3,263,827.

MINNESOTA STATE UNIVERSITY, MANKATO FOUN

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS S QUALIFIED CONTRIBUTIONS S			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021	UNUSED CONTRIBUTIONS 1,442,923 2,911,129		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO	ONTRIBUTIONS	4,354,052 3,263,827	
TOTAL CONTRIBUTIONS AVAIL TAXABLE INCOME LIMITATION		7,617,879 11,811	•
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION		7,606,068 0 7,606,068	
ALLOWABLE CONTRIBUTIONS I	<u>-</u>	,,000,000	11,811
TOTAL CONTRIBUTION DEDUCT	TION		11,811

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A N	lame of the organization MINNESOTA STATE UNIVERSITY, MANKA FOUNDATION, INC.		B Employer identification number 41-6033423			
<u>с</u> .	Unrelated business activity code (see instructions) 901101			D Sequence:	1 of 1	
E [Describe the unrelated trade or business QUALIFYING PARTNER	RSHIP I	NTERESTS			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a	133,652.		133,652.	
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 3	5	-14,620.		-14,620.	
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 4	12	77.		77.	
13	Total. Combine lines 3 through 12	13	119,109.		119,109.	
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			ns must be	
1	Compensation of officers, directors, and trustees (Part X)			I		
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses			6		
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return			8b		
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs			11		
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)				1	
15			45 for Double Book		0.	
16	Unrelated business income before net operating loss deduction. Startenes (O)				110 100	
4-	column (C)			<u>16</u>	119,109.	
17	Deduction for net operating loss. See instructions			I	119,109.	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 10	o			•	
LHA	For Paperwork Reduction Act Notice, see instructions.			Sched	ule A (Form 990-T) 2022	

	ule A (Form 990-T) 2022					Page 2
Part		od of inventory valuati		Т.Т		
1	Inventory at beginning of year					
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2		8		
9	Do the rules of section 263A (with respect to property p				Yes	No
Part	` ` ` ` ` `	-	-			
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instru	ictions.		
	A					
	В 💹					
	c <u> </u>					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, columns)	e instructions)				0.
'		ity, state, ZIP codej. C	neck ii a dual-use. See	instructions.		
	A B					
	c –					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
_	property					
3	Deductions directly connected with or allocable					
•	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
4	Amount of average acquisition debt on or allocable					
7	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
3	financed property (attach statement)					
6	Divide line 4 by line 5	%	%	%		%
7		70	70	70		
8	Gross income reportable. Multiply line 2 by line 6 L Total gross income (add line 7, columns A through D).	Enter here and an Dar	t Lline 7 column (A)			0.
9	i otal gross income (add line 1, columns A timough D).	Linter nere and on Par	i, iiio i, colullili (A) .	·····		
•						
•	Allocable deductions Multiply line 3c by line 6	I	1	l l		
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thro	ough D. Enter here and	I on Part I line 7 colum			0.

Schedule A (Form 990-T) 2022 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 5. Part of column 4 6. Deductions directly that is included in the identification organization income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the payments made connected with income (loss) controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) Totals 0. Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4

Schedule A (Form 990-T) 2022

5

6

5

6

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

4. Enter here and on Part II, line 12

	ule A (Form 990-T) 2022					Page
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	g two or more period	icals on a cons	olidated basis.		
	A 🔲					
	В					
	c 🗌					
	D					
	amounts for each periodical listed above in the	a a reason and in a sale una	<u> </u>			
Enter	amounts for each periodical listed above in the					
_		A	\	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line 11, columi	n (A)			0
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line 11, columi	n (B)			0
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	l l				
_						
5	Readership costs				+	
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	reater of the line 8a, c	olumns total or	zero here and	on	
	Part II, line 13					0
Part	X Compensation of Officers, Dir	ectors, and Trus		structions)		
			(,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	1. Name		Z. Title		to business	unrelated business
/4\						uniciated business
(1) (2)				+	%	
(2)				+	%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					0
Part	XI Supplemental Information (se	e instructions)				

MINNESOTA STATE UNIVERSITY, MANKATO FOUN

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
PRIVATE EQUITY CORE FUND (QP) VI, LP - ORDINARY BUSINESS INCOME (LOSS)	9,728
PRIVATE EQUITY CORE FUND (QP) VI, LP - NET RENTAL REAL ESTATE INCOME	9
PRIVATE EQUITY CORE FUND (QP) VI, LP - OTHER NET RENTAL	-412
INCOME (LOSS)	
PRIVATE EQUITY CORE FUND (QP) VI, LP - INTEREST INCOME	1,579
PRIVATE EQUITY CORE FUND (QP) VI, LP - DIVIDEND INCOME	138
PRIVATE EQUITY CORE FUND (QP) VI, LP - ROYALTIES	427
PRIVATE EQUITY CORE FUND (QP) VI, LP - OTHER PORTFOLIO	
INCOME (LOSS)	1
PRIVATE EQUITY CORE FUND (QP) VI, LP - OTHER INCOME (LOSS) WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - ORDINARY	-5,995
BUSINESS INCOME (LOSS)	-12,427
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - OTHER NET	
RENTAL INCOME (LOSS)	10,309
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - INTEREST	
INCOME	145
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - DIVIDEND	
INCOME	1
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - OTHER	-
PORTFOLIO INCOME (LOSS)	-11
	-11
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTURE - OTHER INCOME	F.4.0
(LOSS)	-540
FEG PRIVATE OPPORTUNITIES FUND V, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-22,045
FEG PRIVATE OPPORTUNITIES FUND V, L.P NET RENTAL REAL	
ESTATE INCOME	-152
FEG PRIVATE OPPORTUNITIES FUND V, L.P INTEREST INCOME	1,608
FEG PRIVATE OPPORTUNITIES FUND V, L.P OTHER INCOME	
(LOSS)	-2,746
FEG PRIVATE OPPORTUNITIES FUND VI, LP - ORDINARY BUSINESS	
INCOME (LOSS)	5,739
FEG PRIVATE OPPORTUNITIES FUND VI, LP - INTEREST INCOME	15
FEG PRIVATE OPPORTUNITIES FUND VI, LP - DIVIDEND INCOME	15
FEG PRIVATE OPPORTUNITIES FUND VI, LP - OTHER INCOME	
(LOSS)	-6
MOMAL THOUGHD ON GOHEDING A DARM TO THE F	44.500
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-14,620
FORM 990-T (A) OTHER INCOME	STATEMENT 4
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - PRIVATE EQUITY CORE FUND (QP) VI, LP	77
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
TOTAL TO SCHEDULE A, PART I, LINE 12	77

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Na					Empl	oyer identification number
	MINNESOTA STATE UNIVERSITY,	MANKATO				5000400
_	FOUNDATION, INC.					-6033423
	the corporation dispose of any investmer Yes," attach Form 8949 and see its instruc					Yes X No
	Part I Short-Term Capital Gai					
Sec	instructions for how to figure the amounts					(h) Gain or (loss)
	nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
_	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on					
_	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					1 142
_	Form(s) 8949 with Box C checked	fuero Ferro COFO line OC en O	7			1,143.
	Short-term capital gain from installment sales				<u>4</u> 5	
	Short-term capital gain or (loss) from like-kind Unused capital loss carryover (attach computa				6	(
	Net short-term capital gain or (loss). Combine	,	h		7	1,143.
	Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held More Tha	n One Year		1,220.
	instructions for how to figure the amounts nter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
to e	instructions for how to figure the amounts				949,	
to e This rou	instructions for how to figure the amounts inter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This rou	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This rou 8a	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This rou 8a	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This rou 8a 8b	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This rou 8a 8b	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
8b 9	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10 11	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8b 9 10 11 12	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 88 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8a 8b 9 10 11 12 13	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to go or loss from Form(s) 85 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8a 8b 9 10 11 12 13 14	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine	(d) Proceeds (sales price) from Form 6252, line 26 or 3 dexchanges from Form 8824 lines 8a through 14 in colum	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 88 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8a 8b 9 10 11 12 13 14 15	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions	(d) Proceeds (sales price) from Form 6252, line 26 or 3 dexchanges from Form 8824 lines 8a through 14 in colum	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 88 Part II, line 2, column	11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.
8b 9 10 11 12 13 14 15 F	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Orart III Summary of Parts I and Enter excess of net short-term capital gain (line)	(d) Proceeds (sales price) from Form 6252, line 26 or 3'd exchanges from Form 8824 lines 8a through 14 in colum	(e) Cost (or other basis) 7 Il loss (line 15)	(g) Adjustments to gr or loss from Form(s) 85 Part II, line 2, column	11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.
8a 8b 9 10 11 12 13 14 15 F 16 17	instructions for how to figure the amounts inter on the lines below. In the figure the amounts of the lines below. In the lines to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine of the long-term capital gain (lines the long-term capital gain (lines the long-term capital gain). Enter excess of net long-term capital gain. Enter excess of net long-term capital gain.	(d) Proceeds (sales price) from Form 6252, line 26 or 3'd exchanges from Form 8824 lines 8a through 14 in column 111 e 7) over net long-term capital capital gain (line 15) over net	(e) Cost (or other basis) 7 Il loss (line 15) Short-term capital loss (line 15)	(g) Adjustments to ge or loss from Form(s) 85 Part II, line 2, column	11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096. 132,509.
8a 8b 9 10 11 12 13 14 15 F 16 17	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Orart III Summary of Parts I and Enter excess of net short-term capital gain (line)	from Form 6252, line 26 or 3 dexchanges from Form 8824 lines 8a through 14 in column 111 e 7) over net long-term capital capital gain (line 15) over net 1120, page 1, line 8, or the ap	(e) Cost (or other basis) 7 Il loss (line 15) Short-term capital loss (line 15)	(g) Adjustments to ge or loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2022

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or

Name(s) shown on return

MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC.

taxpayer identification no. 41-6033423

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	box to check.		•	, , , , ,		·	bstitute 'S by your
Part I Short-Term. Transact transactions, see page 2. Note: You may aggregate al	I short-term transac	tions reported on I	Form(s) 1099-B show	ring basis was reporte	d to the IRS	and for which no ad	
codes are required. Enter the You must check Box A, B, or C below. (If you have more short-term transactions than wil	Check only one bo	X. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions re							
(B) Short-term transactions rep	ported on Form(s) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-I	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PRIVATE EQUITY CORE FUND							
(QP) VI, LP							1,143.
	 			+			
	1						
O Tatala Additionary		 		1			
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A about in chapter).	tal here and incluove is checked),	ide on your line 2 (if Box B					1 143

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2022)

Form 8949 (2022)				Attachn	nent Sequen	ce No. 12A	Page 2
Name(s) shown on return. Name and MINNESOTA STATE UNIVE			o. not required if	shown on page 1			ity number or ntification no.
FOUNDATION, INC.	,					41-6	033423
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 109 box to check.	99-B. Either will s	show whether you	ır basis (usually you	r cost) was re	our broker. A su eported to the IF	bstitute S by your
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructions	s). For short-term to	ransactions,
Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. (totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	to report these trans	actions on For ete a separate Fo	m 8949 (see instru orm 8949, page 2, for e	ctions).
If you have more long-term transactions than will					•		
(D) Long-term transactions rep	orted on Form(s) 1099-B showing	g basis wasn't re	•	Note abov	e)	
(F) Long-term transactions not				Τ	Adiustment	if any to gain ar	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you in column (g column (f).	if any, to gain or enter an amount y), enter a code in See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
PRIVATE EQUITY CORE FUND							F0 400
(QP) VI, LP							79,408.
WM ALTERNATIVES KKR GLOBAL INFRASTRUCTUR							5.
INFRASTRUCTUR							5.
				1			
				+	 		
				1			
2 Totals Add the emounts in column	nns (d) (s) (a) =	nd (h) (auhtraat					
2 Totals. Add the amounts in colur							
negative amounts). Enter each to Schedule D, line 8b (if Box D about		•					
above is checked), or line 10 (if E	**	•					79,413.
above is checked), or line id (ii t	ADDVE IS CI	ioonouj	I	1			,

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

	me(s) shown on return		Ide	ntifying number
Min	nnesota State University, Mankato			
FOU	UNDATION, INC.			41-6033423
1a	a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20		1a	
b	b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of	f		
	MACRS assets		1b	
С	c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MA	CRS		
D	assets		1c	- F OH
Pa	Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntal Than Casualty or Theft-Most Property Held More Than 1 Year (see instruction	-	sions	s From Other
_		· · · · · · · · · · · · · · · · · · ·	u	
2		(f) Cost or o basis, plus	;	(g) Gain or (loss) Subtract (f) from the
SE	of property (mo., day, yr.) (mo., day, yr.) price allowable since acquisition	improvements expense of s		sum of (d) and (e)
_				
_				
3	Gain, if any, from Form 4684, line 39		3	
4			4	
5			5	
6			6	
7			7	53,096.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Scho	edule K,		
	line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.			
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the an			
	from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year sec			
	1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gai the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	n on		
			_	
8	1 ,		8	
9	Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a line 9.	I		
	capital gain on the Schedule D filed with your return. See instructions	ong-term	9	53,096.
=			9	33,030.
Pa	Part II Ordinary Gains and Losses (see instructions)			
10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			
11	Loss, if any, from line 7		11	()
12	Pain, if any, from line 7 or amount from line 8, if applicable		12	
13	Gain, if any, from line 31		13	
14			14	
15	,		15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824		16	
17			17	
18		kip lines		
	a and b below. For individual returns, complete lines a and b below.			
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here.	- 1		
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property on Schedule A (Form 1040), line 16. (Do not include any loss on property on Schedule A (Form 1040), line 16.		40	
1-	as an employee.) Identify as from "Form 4797, line 18a." See instructions		18a	
O	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedul	I	18b	
	(Form 1040), Part I, line 4		ION	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 1245,	, 1250, 1252	, 125	o4, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u></u> C								
<u>D</u>								
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumns	A through D through li	ne 29b before (going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ugh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,		·				31	
32	Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line	6	•				32	
Pa	rt IV Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b)(2) V	Vhen Busine	ess l	Jse Drops to	50%	or Less
	(See Histractions)					(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	n prior vears	ſ	33			
34	D		in prior yours		34			
35	Recapture amount. Subtract line 34 from line 33. Se			T T	35			
	,							4707

MINNESOTA STATE UNIVERSITY, MANKATO FOUN

FORM 4797	PRO	PERTY HELI	MORE THAN	N ONE YEAR	ST.	ATEMENT 5
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PRIVATE EQUITY CORE FUND (QP) VI, LP WM ALTERNATIVES						53,798.
KKR GLOBAL INFRASTRUCTUR FEG PRIVATE						-867.
OPPORTUNITIES FUND V, L.P. FEG PRIVATE OPPORTUNITIES						163.
FUND VI, LP						2.
TOTAL TO 4797, PA	ART I, LINE	2				53,096.

SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

Na		30 to WWW.113.gov/1 011111120			Empl	oyer identification number
	MINNESOTA STATE UNIVERSITY, FOUNDATION, INC.	MANKATO			41-	-6033423
Dic	the corporation dispose of any investmer	nt(s) in a qualified opportun	nity fund during the tax y	ear?		Yes X No
	Yes," attach Form 8949 and see its instruc					
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to e This	instructions for how to figure the amounts neer on the lines below. In form may be easier to complete if you not off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
_	Totals for all transactions reported on					
_	Form(s) 8949 with Box B checked					
	Totals for all transactions reported on					
J	Form(s) 8949 with Box C checked					1,143.
	Short-term capital gain from installment sales	from Form 6252 line 26 or 3	<u> </u>	-	4	-,
	Short-term capital gain or (loss) from like-kind				5	
	Unused capital loss carryover (attach computa				6	1
	Net short-term capital gain or (loss). Combine	,	 ı h		7	1,143.
	Not short torm capital gain of (1033). Combine	Jillios la tillough o ill column				
H	Part II Long-Term Capital Gain	ns and Losses - Ass	ets Held More Tha	n One Year		
Sec	instructions for how to figure the amounts				nin	(h) Gain or (loss)
See to e	instructions for how to figure the amounts on the lines below.	ns and Losses - Ass (d) Proceeds	ets Held More Tha (e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
See to e	instructions for how to figure the amounts	(d)	(e)	(g) Adjustments to ga	949,	
See to e This	instructions for how to figure the amounts on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
See to e	instructions for how to figure the amounts enter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
See to e This rou 8a	instructions for how to figure the amounts enter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
See to e This rou 8a	instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
Secto control states and states a	instructions for how to figure the amounts of the lines below. It is form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
Secto control states and states a	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the result with column (g)
Secto e This rou 8a 8b	instructions for how to figure the amounts on the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
Sector of This rou 8a 8b 9 10	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	949, (g)	Subtract column (e) from column (d) and combine the result with column (g)
Se 6 to 6 This rou 8a 8b 9 10 11 12	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8a 8b 9 10 11 12 13	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	(d) Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
Sector 6 This rou 8a 8b 9 10 11 12 13 14	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions	(d) Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.
See to e This rou 8a 8b 9 10 11 12 13 14 15	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine	(d) Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 79,413.
8a 8b 9 10 11 12 13 14 15 F	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	(d) Proceeds (sales price) from Form 6252, line 26 or 3: d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.
8a 8b 9 10 11 12 13 14 15 F	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Orart III Summary of Parts I and	(d) Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824 elines 8a through 14 in colum I II	(e) Cost (or other basis) 7	(g) Adjustments to gror loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.
Se ce to e ce This rou 8a 8b 9 10 11 12 13 14 15 F 16 17	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and Enter excess of net short-term capital gain (lir Net capital gain. Enter excess of net long-term	(d) Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824 lines 8a through 14 in colum 11 line 7) over net long-term capital capital gain (line 15) over net	(e) Cost (or other basis) 7 n h al loss (line 15) t short-term capital loss (lin	(g) Adjustments to gror loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	79,413. 53,096. 1,143. 132,509.
Se ce to e ce This rou 8a 8b 9 10 11 12 13 14 15 F 16 17	instructions for how to figure the amounts of the lines below. In form may be easier to complete if you not off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Orart III Summary of Parts I and	from Form 6252, line 26 or 3:d exchanges from Form 8824 lines 8a through 14 in colum III 10 (7) over net long-term capital capital gain (line 15) over net 1120, page 1, line 8, or the ap	(e) Cost (or other basis) 7 n h al loss (line 15) t short-term capital loss (lin	(g) Adjustments to gror loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 79,413. 53,096.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

LHA

Form **8949**

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2007

Attachment 12A

Attachment Sequence No. **12**

Name(s) shown on return

MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC.

Social security number or taxpayer identification no.

41-6033423

statement will have the same information by		99-B. Either will s	show whether you	r basis (usually you	r cost) was	s reported to the IF	RS by your
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ger	nerally short-term (see	instruction	s) For long-term	
transactions, see page 2.							
Note: You may aggregate al codes are required. Enter the	e totals directly on S	Schedule D, line 1a	ı; you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo I fit on this page for on	e or more of the boxes	oox applies for your short s, complete as many forn	t-term transactions, comp ns with the same box che	lete a separat cked as you n	te Form 8949, page 1, for need.	each applicable box.
(A) Short-term transactions re	oorted on Form(s	s) 1099-B showin	g basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rep	oorted on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS		•	
X (C) Short-term transactions no	•	•	•				
1 (a)	(b)	(c)	(d)	(0)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	(e) Cost or other	loss. If v	oú enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Subtract column (e)
(Example: 100 SH: X12 CO.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and). See instructions.	from column (d) &
		(ivio., day, yi.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
PRIVATE EQUITY CORE FUND							
(QP) VI, LP							1,143.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Form 8949 (2022)

Form 8949 (2022)				Attachn	nent Sequenc	e No. 12A	Page 2
Name(s) shown on return. Name and MINNESOTA STATE UNIVE			o. not required if	shown on page 1			ity number or ntification no.
FOUNDATION, INC.	•					41-60	33423
Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	ow, see whether yation as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem er basis (usually you	ent(s) from yo r cost) was re _l	ur broker. A sui ported to the IF	bstitute 'S by your
Part II Long-Term. Transaction see page 1.	ons involving capita	ıl assets you held r	nore than 1 year are	generally long-term (s	ee instructions)	. For short-term to	ransactions,
Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı; yoù aren't required	I to report these trans	actions on Form	8949 (see instru	ctions).
You must check Box D, E, or F below. C f you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long-	-term transactions, compl	ete a separate Fori	m 8949, page 2, for 6	each applicable box.
(D) Long-term transactions rep)	
(E) Long-term transactions rep (F) Long-term transactions not	()	•	5	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other		nter an amount , enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Saics price)	basis. See the Note below and	column (f). Se	e instructions.	Subtract column (e) from column (d) &
		(IVIO., day, yr.)		see Column (e) in the instructions	Code(s)	(g) Amount of	combine the result with column (g)
PRIVATE EQUITY CORE FUND						adjustment	(9)
(QP) VI, LP							79,408.
WM ALTERNATIVES KKR GLOBAL							
INFRASTRUCTUR							5.
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D about the series of the	• •	•					70 /12
above is checked), or line 10 (if E	sox F above is ch	пескеа)		1			79,413.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990

^{990-т} 202

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information

ne MINNESOTA STATE UNIVERSITY, MANKATO

FOUNDATION, INC.

Employer identification number
41-6033423

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

F	Part I Required Annual Payment					
1	Total tax (see instructions)				1	22,323.
	D	00)				
	a Personal holding company tax (Schedule PH (Form 1120), line			2a		1
L	b Look-back interest included on line 1 under section 460(b)(2) contracts or section 167(g) for depreciation under the income			2b		1
	contracts of Section 167(g) for depreciation under the income	1016	Jasi memou	20		1
,	c Credit for federal tax paid on fuels (see instructions)			2c		1
	d Total. Add lines 2a through 2c				2d	1
	Subtract line 2d from line 1. If the result is less than \$500, do					
	does not owe the penalty				3	22,323.
4	Enter the tax shown on the corporation's 2021 income tax retu	ırn. S	See instructions. Caution	: If the tax is zero		1
	or the tax year was for less than 12 months, skip this line and	ente	the amount from line 3 o	on line 5	4	4,614.
						1
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip line 4,		1
	enter the amount from line 3				5	4,614.
ľ	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty. See instructions.	w tha	at apply. If any boxes are	checked, the corporation	must file Form 2220	
_			and a			
6	The corporation is using the adjusted seasonal installr					
7 8	The corporation is using the annualized income install The corporation is a "large corporation" figuring its firs			n the prior year's tay		
	Part III Figuring the Underpayment	SLIEU	uneu mstamment baseu o	ii tile piloi yeai 5 tax.		
_			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the		(α)	(0)	(0)	(u)
٠	15th day of the 4th (Form 990-PF filers: Use 5th month),					1
	6th, 9th, and 12th months of the corporation's tax year	9	10/15/22	12/15/22	03/15/23	06/15/23
10						
	above is checked, enter the amounts from Sch A, line 38. If					1
	the box on line 8 (but not 6 or 7) is checked, see instructions					1
	for the amounts to enter. If none of these boxes are checked,					1
	enter 25% (0.25) of line 5 above in each column	10	1,154.	1,153.	1,154.	1,153.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					1
	See instructions	11		1,160.	2,320.	
	Complete lines 12 through 18 of one column					1
	before going to the next column.					
		12				19.
	Add lines 11 and 12	13		1,160.	2,320.	19.
	Add amounts on lines 16 and 17 of the preceding column	14	0	1,154.	1,147.	10
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	6.	1,173.	19.
16	If the amount on line 15 is zero, subtract line 13 from line			0		
	14. Otherwise, enter -0-	16		0.	0.	
1/	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next	47	1,154.	1,147.		1,134.
10	column. Otherwise, go to line 18	17	1,134.	±,±±/.		1,134.
10	from line 15. Then go to line 12 of the next column	18			19.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

FORM 990-T

MINNESOTA STATE UNIVERSITY, MANKATO

Form 2220 (2022) FOUNDATION, INC. 41-6033423 Page 2

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
0	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED WORKSHEE	T	
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
0	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
2	Underpayment on line 17 x Number of days on line 31 x % 365	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
4	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
6	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
Ω	Density Add columns (a) through (d) of line 27 Enter the to	tal b	are and on Form 1100 Ii	na 2/1: or the comparable		
J	Penalty. Add columns (a) through (d) of line 37. Enter the to	iai III	rie aliu vii rullii 1 120, 11	ne 34, or the comparable		I

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

(B)	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
1,154.	1,154.	31	.000164384		
-1,160.	-6.				
1,153.	1,147.	1	.000164384		
-1,160.	-13.				
0.	-13.	74	.000191781		
1,154.	1,141.				
-1,160.	-19.				
1,153.	1,134.	1	.000191781		
-1,160.	-26.				
0.	-26.	46	.000219178		
	-1,160. 1,153. -1,160. 0. 1,154. -1,160. 1,153. -1,160.	Amount Balance Due -0- 1,154. 1,154. -1,1606. 1,153. 1,147. -1,16013. 013. 1,154. 1,141. -1,16019. 1,153. 1,134. -1,16026.	Amount Balance Due Balance Due -0- 1,154. 1,154. 31 -1,1606. 1,153. 1,147. 1 -1,16013. 74 1,154. 1,141. -1,16019. 1,153. 1,134. 1 -1,16026.	Amount Balance Due Balance Due Penalty Rate -0- 1,154. 1,154. 31 .000164384 -1,1606. 1,153. 1,147. 1 .000164384 -1,16013. 74 .000191781 1,154. 1,1411,16019. 1,153. 1,134. 1 .000191781 -1,16026.	

^{*} Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22 Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number Minnesota State University, Mankato FOUNDATION, INC. 41-6033423 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (a) Description (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since sum of (d) and (e) SEE STATEMENT 6 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 53 096. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 53,096. Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Page 2

Pa	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)										
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)			
_A											
<u>B</u>											
<u></u> C											
<u>D</u>											
	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	3	Property	С	Property D			
20	Gross sales price (Note: See line 1a before completing.)	20									
21	Cost or other basis plus expense of sale	21									
22	Depreciation (or depletion) allowed or allowable \dots	22									
23	Adjusted basis. Subtract line 22 from line 21	23									
<u>24</u>	Total gain. Subtract line 23 from line 20	24									
25	If section 1245 property:										
а	Depreciation allowed or allowable from line 22	25a									
b	Enter the smaller of line 24 or 25a	25b									
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.										
а	Additional depreciation after 1975. See instructions	26a									
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b									
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c									
d	Additional depreciation after 1969 and before 1976	26d									
е	Enter the smaller of line 26c or 26d	26e									
f	Section 291 amount (corporations only)	26f									
	Add lines 26b, 26e, and 26f	26g									
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.										
	Soil, water, and land clearing expenses	27a									
	Line 27a multiplied by applicable percentage	27b									
	Enter the smaller of line 24 or 27b	27c									
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a									
	Enter the smaller of line 24 or 28a	28b									
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a									
b	Enter the smaller of line 24 or 29a. See instructions	29b									
Su	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before g	oing t	to line 30.					
30	Total gains for all properties. Add property columns	A throu	ugh D, line 24				30				
31 32	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from				the p	oortion	31				
-	from other than casualty or theft on Form 4797, line			, = = = , =	م د.		32				
Pa	Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b)(2)	When Busine	ss L	Jse Drops to		or Less			
						(a) Section 179	1	(b) Section 280F(b)(2)			
33	Section 179 expense deduction or depreciation allo	wable i	n prior years	Г	33						
34	Decree and decree delice. On a least continue			Г	34						
35	Recapture amount. Subtract line 34 from line 33. Se				35						
2180	12 12-12-22							Form 4797 (2022			

MINNESOTA STATE UNIVERSITY, MANKATO FOUN

FORM 4797	PRO	PERTY HELI	MORE THAN	N ONE YEAR	ST.	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PRIVATE EQUITY CORE FUND (QP) VI, LP WM ALTERNATIVES						53,798.
KKR GLOBAL INFRASTRUCTUR FEG PRIVATE						-867.
OPPORTUNITIES FUND V, L.P. FEG PRIVATE OPPORTUNITIES						163.
FUND VI, LP						2.
TOTAL TO 4797, PA	ART I, LINE	2				53,096.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2022, and ending DEC 31

2022

MINIMESONA STATE UNIVERSITY, MARKATO FORDINATION, INC. Filer's address (if you aren't filing this form with your tax return) A Calegory of the rise Congress of Fars in the instructions and drew applicable bookest. B *segrina your 2	Name of person filing this return				Filer	Filer's identification number				
Cited address (if you aren't filling this form with your tex return) 1 2 2 3 X 4 3 2 2 3 X 4 3 2 2 3 X 4 3 2 2 3 X 4 3 2 2 3 X 4 3 2 2 3 X 4 3 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 3 X 4 3 2 2 2 2 2 2 2 2 2	MINNESOTA STATE UNIVERSITY, N	MANKATO			4	1-603342	3			
C Filer's share of liabilities: Konrecourse \$ Qualified nomerourse financing \$ Qualified nomerourse	FOUNDATION, INC.									
C Filer's share of liabilities. Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ If there is a member of a consolidated group but not the parent, enter the following information about the parent. Name Address E. Check if any excepted specified foreign financial assets are reported on this form. See instructions [1] Name (2) Address E. Check if any excepted specified foreign financial assets are reported on this form. See instructions [1] Information about certain other partners (see instructions) [1] Name (3) Address (4) Address (5) Address (6) Address (6) Address (7) Address (8) Address (8) Address (9) Address (1) Name (1) Name (1) Name (1) Name (2) Address (3) Address (4) Address (4) Address (4) Address (5) Address (6) Address (7) Address (8) Address (9) Address (1) Address (1) Address (1) Address (1) Address (2) Reference ID number FOREIGN 3 Country under whose laws or grantzed EVARAN ESLANDS E	Filer's address (if you aren't filing this form with	n your tax return)	A Category of	f filer (see Categories	of Filers in th	e instructions	and check ap	plicable box(es)):		
C Filer's share of liabilities; Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ If the is a member of a consolidated group but not the parent, enter the following information about the parent. Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Finformation about certain other partners; (see instructions) (1) Name (1) Name (1) Name (1) Name (1) Name (1) Name (1) Name (1) Name and authress of foreign partnership PRIVATE BQUITYY CORB FUND (QP) VII (OPPSIORB), L. P. 2(a) EIN (if any) PRIVATE BQUITYY CORB FUND (QP) VII (OPPSIORB), L. P. 2(b) Reference ID number FOREIGN 3 Country under whose laws organized EXTYMAN ISLANDS EXTYMAN ISLANDS A Date of Open Address, and identification number of agent (if any) in the United States 3 Name and address of foreign partnership a partnership is tax year: 1 Name, address, and identification number of agent (if any) in the United States 3 Name and address of foreign partnership sagent in country of organization, if any 4 Date of Open Address, and identification number of agent (if any) in the United States 3 Name and address of foreign partnership as ection 257AP. See instructions If Yes, enter the total amount of the disallowed deductions If Yes, enter the total amount of the disallowed deductions (If Is yes) 4 Date of Open Address, and identification of 2(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? A Partnership, and the foreign partnership as ection 727(c) partnership, as defined in Regulations section 1.503(d)-1(b)(4)(0)? If No, 'skip question 10 Is organized unit of Regulations section 1.503(d)-1(b)(4)(0)? If No, 'skip question 10 Is organized unit where foreign partnership, that's a separate unit base the partnership is obtained to the foreign partnership is section 1.1503(d)-1(b)(4)(0)? If yor opan of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(0)? If No, 'skip question 10 Is organized unit where foreign partnership, that's			1	2] 3	X	4			
Name Address EN			B Filer's tax y beginning	ear JUL 1	, 20	22 , and endi	ing JUN	30 , 2023		
Address EIN Address EIN Address EIN Address EIN	C Filer's share of liabilities: Nonrecourse \$	Qualified nonreco	ourse financin	ng \$		Other	\$			
E Check if any excepted specified foreign financial assets are reported on this form. See instructions	D If filer is a member of a consolidated group b	but not the parent, enter the following inf	formation abo	ut the parent:						
E Check if any excepted specified foreign financial assets are reported on this form. See instructions (4) Check applicable boxies	Name				EIN					
Information about cortain other partners (see instructions) (2) Address (3) Identification number (3) Identification number (3) Identification number (3) Identification number (4) Category 1 Category 2 Constructive connection Category 1 Category 2 Constructive connection Category 2 Constructive connection Category 3 Category 4 Category 4 Category 5 Category 6 Category 6 Category 7 Category 8 Catego	Address									
(3) Identification number (2) Address (3) Identification number (4) Id	E Check if any excepted specified foreign finance	ncial assets are reported on this form. Se	e instructions							
C1 Name and address of foreign partnership PRIVATE ROUTH CORE PUND (QP) VII C0FPSENDEN, L.P. SO SOUTH LASALLE STREET C1 OF Finding partnership PRIVATE ROUTH CORE PUND (QP) VII C0FPSENDEN, L.P. SO SOUTH LASALLE STREET C1 OF FINDING STREET C1	F Information about certain other partners (see	e instructions)								
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PRIVATE EQUITY CORE FUND (QP) VII (OFFSHORE), L.P. 50 SOUTH LASALLE STREET CHICAGO, IL 60603 4 Date of a country under whose laws organized partial place of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of principal business of activity code number of principal business of activity code number of principal business of principal business of a country of principal business of activity code number of principal business of principal busine	(1) Name	(2) Address		(3) Identification	Tiurriber	Category 1	Category 2	Constructive owner		
PRIVATE EQUITY CORE FUND (QP) VII (OFFSHORE), L.P. 50 SOUTH LASALLE STREET CHICAGO, IL 60603 4 Date of a country under whose laws organized partial place of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of activity code number of a country of principal business of principal business of activity code number of principal business of activity code number of principal business of principal business of a country of principal business of activity code number of principal business of principal busine						1				
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SOUTH LASALLE STREET STREE		'II				2011 701				
A Date of A organization of Principal place of Arganization of the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States Service Center where Form 1065 is filed: 2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065	•					1 ' '		ımber		
Oste of Oste										
A Date of organization 5 Principal place 6 activity code number 7 activity 8 activity 9 activity	CHICAGO, IL 60603					1 1		ise iaws organized		
10 / 01 / 2016 523900 INVESTMENTS DSD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file; Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: 3 Name and address of foreign partnership's agent in country of organization, if any 4 Name and address of person(s) with custody of the books and records of the foreign partnership allowed under section 267A? See instructions Yes No If Yes,' enter the total amount of the disallowed deductions Yes No Yes Yes No Were any special allocations made by the foreign partnership? Yes Yes No Enter the number of Forms 8558, information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If No,' skip question 10b Yes No If Yes,' does the separate unit or combined separate unit or search or the tax year was less than \$1 million. Yes No	. Date of Principal place	- Principal business	Principal bus	iness	L Fund		Evch	ange rate		
H. Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042	- I		activity		8a curre	ency	8b (see	nstructions)		
1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file:		020000	IVESTMENTS	•	บรบ			1.000000		
5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	1 Name, address, and identification number of	f agent (if any) in the United States	Service Ce	rm 1042 nter where Form 1	Form 88	304 <u> </u>				
allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Ves No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	3 Name and address of foreign partnership's a	agent in country of organization, if any	4 partnership,	adress of person(s) wi	th custody of ch books and	r the books and d records, if dif	records of tr ferent	le foreign		
If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	5 During the tax year, did the foreign partner	ership pay or accrue any interest or royalt	ty for which th	ne deduction is no	t					
6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? 7 Were any special allocations made by the foreign partnership? 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Dif "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	allowed under section 267A? See instruction	ions					Yes	☐ No		
7 Were any special allocations made by the foreign partnership?							\$ <u></u>	<u></u>		
8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(5)(ii)? 1. The yeartnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.			1.721(c)-1(b)((14)?				=•		
(FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(5)(ii)?							Yes	No		
9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(5)(ii)?			-	-						
10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.										
separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Ves No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.						PARTNERS	SHIP			
1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.										
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.										
section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.							Yes	∟ No		
Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.		ed separate unit have a dual consolidated	l loss, as defir	ned in Regulations						
1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	. , , , , , , , , , , , , , , , , , , ,						∟ Yes	∟ No		
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	·	• ')						
If "Yes," don't complete Schedules L, M-1, and M-2.			am (04 m-100 -	\			<u> </u>			
	·	·	an ֆi million.				∟ Yes	∟∟ No		
			ntiono	J				Earm 9965 (2020)		

210651 11-10-22

Form 8865 (2	2022)	MINNESOTA STATE UNIVERSI	TY, MA	ANKATO FOUN			4	1-603342	3	Page 2
12 a Is th	ne filer of	this Form 8865 claiming a foreign-de	rived inta	ingible income (FDII) deduc	tion (under sec	tion 250) wit	h			
resp	ect to an	y transaction with the foreign partners	ship? If "	Yes," complete lines 12b, 12	c, and 12d. See	e instructions		Ye	s L	No
		ount of gross receipts derived from all								
inclu	uded in it	s computation of foreign-derived dedu	ıction eli	gible income (FDDEI)						
		ount of gross receipts derived from all			• .	•				
		ount of gross receipts derived from all								
		on of FDDEI nber of foreign partners subject to sec		(a)(9) as a result of transfer						
		rip or of receiving a distribution from t		() ()	3					
		luring the tax year were any transfers								
		of Regulations section 1.707-8?						Ye	s 「	No
									-	
Sign Here Only		enalties of perjury, I declare that I have exami								
if You're Filing This Form	Correct, a	and complete. Declaration of preparer (other t	nan gener	ai partner or ilmited liability comp	any member) is ba	ised on all inion	nation of which p	reparer has any	knowieage	
Separately and Not With Your	l _									
Tax Return.		ignature of general partner or limited liability of							Date	
Paid	Print/Typ	e preparer's name	Prepa	rer's signature		Date	Check	if PTIN		
Preparer							self-emplo	oyed		
Use	Firm's r						Firm's EIN			
Only	Firm's a	address					Phone no.			
Schedule	Δ	Constructive Ownership of	f Parti	nershin Interest Ch	eck the hox	es that an	nly to the fi	er If you c	heck	
Ochcadic		box b , enter the name, add		•		•		-		
		interest you constructively		• •	inoationna	(ii ai	.y, or allo po	10011(0) WII	000	
		a X Owns a direct interest		ь Г	Owns a c	onstructive in	nterest			
		wind a direct interest				Onoti dotivo ii	1101001		Check i	
		Name		Address			Identification nur	nber (if any)	foreign person	
									<u> </u>	<u> </u>
Schedule	A-1	Certain Partners of Foreig	ın Part	nership (see instruct	tions)	•				•
		Name		Address			Identification	on number (if any	٨	Check if foreign
		Name		Address			identification	in number (ii an)		person
Schedule	e A-2	Foreign Partners of Section	on 721	(c) Partnership (see	instructions U.S. taxp			1 -		
Name of fore partner	ign	Address		organization	identification	number	Check if related t U.S. transferor	Capital	entage inte	
				(if any)	(if any	')		Сарна	_	Profits
								1	%	%
Doos the port	taarahin k	any other foreign person as a dir	at nartn						%	<u>%</u>
Schedule		nave any other foreign person as a direct Affiliation Schedule. List a			meetic) in w	hich the f	oroian partr	Yes		No
Scriedule	H-3	a direct interest or indirectly			nnesuc) III W	mich the I	oreigir partr	ici si iih owi	15	
							EIN	Total	ordinary	Check i foreign
		Name		Address			(if any)		ne or loss	foreign partner- ship
										5,,,,,

Form **8865** (2022)

SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Internal Revenue Serv						TOT THE UCTIONS	and the id	itest iiiiOiii	,		L		
Name of transfero			UNIVERSI	TY, MANKA	OTA				Filer's identifying		ber		
N	FOUNDATIO								41-6033423				
Name of foreign p	•	VATE EQU' FSHORE)		RE FUND (Q)P)	VII		EIN (if any)	Refe FORE		e ID num r	ber (s	ee instr)
1a Is the partn	ership a section 7	21(c) partne	rship (as d	efined in Regu	ılation	s section 1.721(c)-	I(b)(14))? S	See instructio	ns	[Yes	Х	No
b If "Yes," was	s the gain deferral	method app	lied to avoi	d the recognit	ion of	gain upon the conti	ibution of p	roperty?		C	Yes		No
2 Was any in	tangible property t	ransferred c	onsidered o	or anticipated t	to be,	at the time of the tr	ansfer or at	any					
time therea	fter, a platform co	ntribution as	s defined in	Regulations s	ection	n 1.482-7(c)(1)?				[Yes		No
Part I Tr	ansfers Reportab	le Under Se	ction 6038l	В									
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer		(d) Cost or other basis		e) ry period	(f) Section 704(c) allocation method			(g) ecogni: transfe	
Cash	12/31/22			107,000.									
Stock, notes													
receivable and payable,													
and other													
securities													
Inventory													
inventory													
Tangible													
property used in trade													
or business													
										_			
Intangible property										_			
described in													
section 197(f)(9)													
Intangible													
property, other than intangible													
property													
described in section 197(f)(9)													
30011011 107 (1)(0)													
Other													
property													
Totals				107,000.									
3 Enter the tr	ansferor's percent	age interest	in the partr	nership: (a) Be	fore t	he transfer	.9030	%	(b) After the tr	ansfe	er	.90	30 %
Supplemental Info	ormation Required	d To Be Rep	orted (see	instructions):									
Part II Di	spositions Report	ahla IIndar	Section 60	38B									
(a)	(b)	labic olidei	(c)	(d)		(e)		(f)	(g)	Т		(1-)	
Type of property	Date of original transfer		Date of sposition	Manner of disposition		Gain recognized by partnership	rec	oreciation capture cognized artnership	Gain allocated to partner		recaptu	(h) reciation re alloc partner	ated
Part III Is	any transfer repor	ted on this	schedule su	ıbject to gain r	ecogr	nition under section	904(f)(3) o	r section 904	(f)(5)(F)?		Yes	[2	K No

210661 04-01-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury

Information furnished for the foreign partnership's tax year

2023

Attachment Sequence No. 865 JUL 1 beginning , 2022, and ending JUN 30 Internal Revenue Service Name of person filing this return Filer's identification number MINNESOTA STATE UNIVERSITY, MANKATO 41-6033423 FOUNDATION, INC. Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 X Filer's tax vea R JUL 1 2022 JUN 30 2023 , and ending beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (3) Identification number (1) Name (2) Address Category 2 2(a) EIN (if any) **G1** Name and address of foreign partnership STRATEGIC VALUE CAPITAL SOLUTIONS FEEDER 86-3738395 FUND II, L.P 2(b) Reference ID number 100 WEST PUTNAM AVENUE GREENWICH, CT 06830 3 Country under whose laws organized CAYMAN ISLANDS 7 Principal business activity 4 Date of organization 6 Principal business activity code number 5 Principal place of business Functional currency Exchange rate (see instructions) 8a 8h 02/28/2023 523900 INVESTMENTS USD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 1065 Form 8804 Service Center where Form 1065 is filed: A Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? X No Yes Were any special allocations made by the foreign partnership? Nο Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **9** How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. No If "Yes," don't complete Schedules L, M-1, and M-2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2022)

Form 8865 (2	2022)	MINNESOTA STATE UNIVERSI	TY, MA	ANKATO FOUN			4	1-603342	3	Page 2
12 a Is th	ne filer of	this Form 8865 claiming a foreign-de	rived inta	ingible income (FDII) deduc	tion (under sec	tion 250) wit	h			
resp	ect to an	y transaction with the foreign partners	ship? If "	Yes," complete lines 12b, 12	c, and 12d. See	e instructions		Ye	s L	No
		ount of gross receipts derived from all								
inclu	uded in it	s computation of foreign-derived dedu	ıction eli	gible income (FDDEI)						
		ount of gross receipts derived from all			• .	•				
		ount of gross receipts derived from all								
		on of FDDEI nber of foreign partners subject to sec		(a)(9) as a result of transfer						
		rip or of receiving a distribution from t		() ()	3					
		luring the tax year were any transfers								
		of Regulations section 1.707-8?						Ye	s 「	No
									-	
Sign Here Only		enalties of perjury, I declare that I have exami								
if You're Filing This Form	Correct, a	and complete. Declaration of preparer (other t	nan gener	ai partner or ilmited liability comp	any member) is ba	ised on all inion	nation of which p	reparer has any	knowieage	
Separately and Not With Your	l _									
Tax Return.		ignature of general partner or limited liability of							Date	
Paid	Print/Typ	e preparer's name	Prepa	rer's signature		Date	Check	if PTIN		
Preparer							self-emplo	oyed		
Use	Firm's r						Firm's EIN			
Only	Firm's a	address					Phone no.			
Schedule	Δ	Constructive Ownership of	f Parti	nershin Interest Ch	eck the hox	es that an	nly to the fi	er If you c	heck	
Ochcadic		box b , enter the name, add		•		•		-		
		interest you constructively		• •	inoationna	(ii ai	.y, or allo po	10011(0) WII	000	
		a X Owns a direct interest		ь Г	Owns a c	onstructive in	nterest			
		wind a direct interest			0\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Onoti dotivo ii	1101001		Check i	
		Name		Address			Identification nur	nber (if any)	foreign person	
									1	<u> </u>
Schedule	A-1	Certain Partners of Foreig	ın Part	nership (see instruct	tions)	•				•
		Name		Address			Identification	on number (if any	٨	Check if foreign
		Name		Address			identification	in number (ii an)		person
Schedule	e A-2	Foreign Partners of Section	on 721	(c) Partnership (see	instructions U.S. taxp			1 -		
Name of fore partner	ign	Address		organization	identification	number	Check if related t U.S. transferor	Capital	entage inte	
				(if any)	(if any	')		Сарна	_	Profits
								1	%	%
Doos the port	taarahin k	any other foreign person as a dir	at nartn						%	<u>%</u>
Schedule		nave any other foreign person as a direct Affiliation Schedule. List a			meetic) in w	hich the f	oroian partr	Yes		No
Scriedule	H-3	a direct interest or indirectly			nnesuc) III W	mich the I	oreigir partr	ici si iih owi	15	
							EIN	Total	ordinary	Check i foreign
		Name		Address			(if any)		ne or loss	foreign partner- ship
										5,,,,,

Form **8865** (2022)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Name of transfero	r MINNESOTA	STATE U	JNIVERSI	TY, MANKA	TO				Filer's identi	fying nur	nber	
	FOUNDATIO	N, INC.							41-603	3423		
Name of foreign pa	artnership str	ATEGIC V	/ALUE CA	PITAL SOL	UTIC	ONS FEEDER		EIN (if any)		Referen	ce ID num	ber (see instr)
	FUN	DII, L	. P					86-37383	395			
1a Is the partn	ership a section 72	21(c) partne	rship (as d	efined in Regu	lation	s section 1.721(c)-1	(b)(14))? S	See instruction	ıs	[Yes	X No
	-			-		gain upon the contri				[Yes	No
						at the time of the tra				_		
					ection	1.482-7(c)(1)?					Yes	No
Part I Tr	ansfers Reportabl	e Under Se	ction 6038E	B								
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer		(d) Cost or other basis		e) ry period	(f) Section 704 allocation me			(g) ecognized transfer
Cash	03/20/23			100,000.								
Stock, notes												
receivable and payable,												
and other												
securities												
Inventory												
Inventory												
Tangible												
property												
used in trade or business												
Intangible property												
described in												
section 197(f)(9)												
Intangible												
property, other												
than intangible property												
described in section 197(f)(9)												
Section 197(I)(9)												
Other												
property												
Totals				100,000.								
3 Enter the tr	ansferor's percenta	age interest	in the partr	nership: (a) Be	fore tl	he transfer	.0000	%	(b) After	the trans	fer	.1200 %
Supplemental Info	ormation Required	I To Be Rep	orted (see	instructions):								
Part II Di	spositions Report	able Under	Section 60	38B			_					
(a) Type of property	(b) Date of original transfer		(c) Date of position	(d) Manner of disposition		(e) Gain recognized by partnership	re rec	(f) preciation ecapture cognized artnership	(g) Gain alloca to partn		recaptu	(h) reciation re allocated partner
							1					
Part III Is	any transfer repor	ted on this s	schedule su	ıbject to gain r	ecogr	nition under section 9	904(f)(3) oı	r section 904(f)(5)(F) ?	🕨	Yes	X No

210661 04-01-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 10-2021

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2022, and ending DEC 31

2022

Name of person filing this return				Filer	's identificat	tion numbe	r		
MINNESOTA STATE UNIVERSITY,	MANKATO			4	41-6033423				
FOUNDATION, INC.									
Filer's address (if you aren't filing this form with	h your tax return)	A Category of	f filer (see Categories	of Filers in th	e instructions	and check app	olicable box(es)):		
		1	2	3	X	4			
		B Filer's tax y beginning	ear JUL 1	, 20	22 , and end	ing JUN	30 , 2023		
C Filer's share of liabilities: Nonrecourse \$	Qualified nonre	ecourse financir	ng \$		Other	\$			
D If filer is a member of a consolidated group	but not the parent, enter the following	information abo	out the parent;						
Name				EIN					
Address									
E Check if any excepted specified foreign finar	ncial assets are reported on this form.	See instructions	·						
F Information about certain other partners (se	ee instructions)				_				
(4) Norma	(O) Address		(O) I d 115 11		(4)	Check applica	able box(es)		
(1) Name	(2) Address		(3) Identification	number	Category 1	Category 2	Constructive owner		
G1 Name and address of foreign partnership					2(a) EIN	(if any)			
RCP SOF IV FEEDER, LP					98	8-160531	1		
					2(b) Refe	rence ID nu	ımber		
353 N CLARK STREET, SUITE 3500									
CHICAGO, IL 60654					3 Country	under who	se laws organized		
					CAYMAN :				
4 Date of organization 5 Principal place of business	6 Principal business activity code number	7 Principal bus activity	iness	8a Func	tional ency	8b Excha	ange rate nstructions)		
05/27/2021		INVESTMENTS	3			·			
H Provide the following information for the for	reign partnership's tax year:								
1 Name, address, and identification number o	y agont (if any) in the officer officer	Service Ce	e foreign partners rm 1042 nter where Form	Form 88	304 <u> </u>] Form 100			
3 Name and address of foreign partnership's a	agent in country of organization, if any	Name and ad partnership,	ddress of person(s) w and the location of su	th custody of ch books and	f the books and d records, if dif	I records of th ferent	e foreign		
5 During the tax year, did the foreign partne	ershin nay or accrue any interest or roy		ne deduction is no						
allowed under section 267A? See instruct						Yes	No		
If "Yes," enter the total amount of the disa						\$ \$			
6 Is the partnership a section 721(c) partne						Yes	X No		
7 Were any special allocations made by the	formations are also consistent.					Yes	☐ No		
8 Enter the number of Forms 8858, Informa									
(FDEs) and Foreign Branches (FBs), attacl		_	-						
9 How is this partnership classified under the					PARTNER	SHIP			
10 a Does the filer have an interest in the foreign	-								
separate unit under Regulations section 1	1.1503(d)-1(b)(4) or part of a combined	d separate unit ι	ınder Regulations	section		Yes	No		
1.1503(d)-1(b)(4)(ii)? If "No," skip question b If "Yes," does the separate unit or combine	od caparata upit baya a dual capaciidat	tad loop on defin	and in Dogulations			163	NO		
	·	•	•			□ vaa	□ Na		
						Yes	∟∟ No		
11 Does this partnership meet both of the following the partnership total receipts for the	- ·								
 The partnership's total receipts for the The value of the partnership's total ass 		than ¢1 million	}			Yes	□ Na		
If "Yes," don't complete Schedules L, M-1,		uiaii φ i IIIIIII0II.				Yes	L No		
LHA For Privacy Act and Paperwork Reduct)				Form 8865 (2022)		

Form 8865 ((2022)	MINNESOTA STATE UNIVERSI	TY, MA	NKATO FOUN			41	-6033423		Page 2
12 a ls 1	the filer c	of this Form 8865 claiming a foreign-de	rived inta	ingible income (FDII) deduc	ction (under sec	ction 250) wit	h			
res	spect to a	ny transaction with the foreign partners	ship? If "	Yes," complete lines 12b, 1	2c, and 12d. Se	e instructions	1	Yes		No
	•	nount of gross receipts derived from al								
		its computation of foreign-derived dedu		::	• .	•				
1110	naaca iii	no computation of foreign derived deal	.0	gibio incomo (i DDLi)						
c Ent	ter the ar	nount of gross receipts derived from al	sales of	intangible property to the t	oreign nartner	shin that the f	ler			
					• .	•				
		nount of gross receipts derived from al		nrovided to the foreign pa						
		(EDDE)								
	•			(a)(9) as a result of transfe						
		imber of foreign partners subject to sec		. , . ,						
		ship or of receiving a distribution from t								
	-	during the tax year were any transfers			-					7 N.
red	quiremen	ts of Regulations section 1.707-8?						Yes		_ No
Sign Here Only	v Under	penalties of perjury, I declare that I have examin	ned this re	turn including accompanying sc	hedules and state	ments and to th	e best of my knowled	dge and belief	it is true	
if You're Filing	· I	, and complete. Declaration of preparer (other					-	-		
This Form Separately and	d							1		
Not With Your										
Tax Return.		Signature of general partner or limited liability of type preparer's name		nember rer's signature		Date		l PTIN	Date	
Paid		pe preparer s name	Пора	ci 3 signature		Date	Check self-employed] if		
Prepare								u		
Use	Firm's						Firm's EIN			
Only	Firm's	address					Phone no.			
<u> </u>										
Schedul	ie A	Constructive Ownership		•		•		•		
		box b , enter the name, add		• •	itification nu	ımber (ıt ar	y) of the pers	on(s) who	se	
		interest you constructively	own. S	ee instructions.						
		a X Owns a direct interest		b	Owns a	constructive i	nterest			
		Name		Address			Identification number	er (if any)	Check if foreign	Check if direct
								()	person	partner
Schedul	le A-1	Certain Partners of Foreig	ın Part	nership (see instruc	tions)					
		Name		Address			Identification r	number (if any)		Check if foreign
		Hame		/ tda1000			- Identinoation i	idilibol (il dily)		person
Schedul	le A-2	Foreign Partners of Section	on 721	(c) Partnership (see	instruction	s)				
Name of for		Address		Country of organization	U.S. tax		Check if related to	Percer	tage intere	st
partner	r	Addicas		(if any)	(if an		U.S. transferor	Capital	P	rofits
									%	%
									%	%
Does the pa	rtnership	have any other foreign person as a dire	ect partn	er?	•			Yes		No
Schedul		Affiliation Schedule. List			omestic) in v	which the f	oreign partnei		s	
		a direct interest or indirectly	•		,			•		
						T	EIN	Total	rdinary	Check i
		Name		Address			(if any)		or loss	foreign partner- ship
										Sub
										+

Form **8865** (2022)

SCHEDULE 0 (Form 8865)

(Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Internal Revenue Service		► Go	to www.ir	rs.gov/Form8	3865 for instruction	ns and the la	atest inform	nation.				
Name of transferor	MINNESOTA	STATE U	JNIVERSI	TY, MANKA	го			Filer's identi	fying numl	ber		
	FOUNDATION	N, INC.						41-603				
Name of foreign partr	nership RCP	SOF IV	FEEDER,	LP			EIN (if any) 98-1605	311	Reference	e ID numt	er (see in	str)
•	•		- •	-	ations section 1.721(con of gain upon the co		See instruction	ns		Yes Yes	X No	_
	-			-	o be, at the time of the					103	110	
					ection 1.482-7(c)(1)?					Yes	No	
	sfers Reportable									_		_
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer	(d) Cost or other basis		ry period	(f) Section 704 allocation me		Gain re	(g) cognized ransfer	
Cash 12	/31/22			290,000.								
Stock, notes receivable												_
and payable, —												—
and other securities									-			
Securities									+			—
												_
Inventory												_
												_
Tangible												_
property												
used in trade or business												
									\longrightarrow			_
Intangible property												
described in —												
section 197(f)(9)												_
Intangible												—
property, other than intangible												—
property												_
described in section 197(f)(9)												_
												_
Other												
property												
									\longrightarrow			
Totals			to the	290,000.		0000	0/	// \ • •	Ab a 1 T			0/
3 Enter the trans Supplemental Inform	sferor's percenta				ore the transfer	.0000	%	(b) After	the transfe	ır :	1.0000	%
Supplemental inform	iation nequireu	TO DE NEP	oiteu (see	msu ucuons).								
												—
												—
												_
Part II Dispo	ositions Reporta	ble Under	Section 60	38B								_
(a)	(b)		(c)	(d) Manner of	(e)	Dei	(f) preciation	(g)	-4		(h)	
Type of property	Date of original		ate of position	disposition	Gain recognized by	re	ecapture cognized	Gain alloca to partn			eciation e allocated	
	transfer	_			partnership	by p	partnership			to p	artner	
	1											
	+								+			
	+											—
Part III Is any	v transfer renort	ed on this s	schedule su	L Ibject to gain re	cognition under section	on 904(f)(3) o	r section 904	(f)(5)(F)?		Yes	X	lo
10 011	,			,001 10 guiii 10	J andor 500th	55 .(1)(5) 0	. 500511 00 1	\·/\~/\./.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 10-2021

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	t I U.S. Transferor Information (see instructions)				
Name	e of transferor		ldentifying ı	numbe	(see instructions)
Min	nnesota State University, Mankato				
Fou	undation, Inc.		41-6033	423	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		🔲 Y	es	X No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by				
	five or fewer domestic corporations?		Y	es	No
b	Did the transferor remain in existence after the transfer?		. LY	es	No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder	Ident	tifying nun	nber	
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation If not, list the name and employer identification number (EIN) of the parent corporation.	າ?	Y	es	No No
	Name of parent corporation	EIN of pa	arent corp	oratio	n
d	Have basis adjustments under section 367(a)(4) been made?		Y	es	□ No
	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	r section	367),		
	complete questions 3a through 3d.				
	List the name and EIN of the transferor's partnership.				
	Name of partnership	EIN	of partners	ship	
FEG	S SELECT, LLC 82-35	76124			
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		XY	es	No
	Is the partner disposing of its entire interest in the partnership?			es	X No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established		. Ш.	-	140
-	convition market?		□ v	es	X No
Par					
4	Name of transferee (foreign corporation)	5a Id	entifying r	numbe	r, if any
RED	WHEEL EMERGING MARKETS EQUITYFUND LTD.				
6	Address (including country)	5b Re	eference ID	numb	per
	OX 309				
GRAN	D CAYMAN, KY1-1104 CAYMAN ISLANDS	FORE	IGN		
7 CJ	Country code of country of incorporation or organization				
8	Foreign law characterization (see instructions)				
9	Is the transferee foreign corporation a controlled foreign corporation?		. Y	es	X No
	04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.				ev. 11-2018)

			NIVERSITY, MANKATO FO			41-603	3423	Page 2
_		Regarding Tran	sfer of Property (see i	nstructi	ons)			
Sec	Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	Gain reco	gnized on
Cash	า	12/31/2022	1 1 7		349,179.			
10 Sec	Was cash the only pro	ainder of Part III and o	go to Part IV. n intangible property s				Yes	□ No
	Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) parket value on e of transfer	(d) Cost or other basis	Gain reco	gnized on
	k and irities							
nve	ntory							
not	er property listed under her category)							
•	perty with -in loss							
Tota	le							
b c d	Were any assets of a foreign corporation? If "Yes," go to line 12th Was the transferor a concluding a branch the stransferor of the stransfere of the transferee foreign corplif "Yes," continue to lienter the transferred I Did the transferor transfer skip Section Concluding Corporation of the stransferor transfer skip Section Concluding Corporations of the stransferor transferor tra	foreign branch (included) domestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domporation? ne 12d. If "No," skip I oss amount included asfer property describ c and questions 14a t	hrough 15.	all of the %-owned line 13. reholder v	assets of a foreign foreign corporation with respect to the	ed to a branch	Yes Yes Yes Yes Yes	No No No No No
Sec	ction C - Intangible	Property Subje	ct to Section 367(d)		ı	T	_	
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		Income in	(f) nclusion for transfer
n se	perty described ec. 367(d)(4)							
Tota	Is				<u> </u>		orm 000 /5	11 0010\
						F	orm 926 (Re	ev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?		□ No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		N
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
a	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
45	Regulations section 1.367(d)-1(c)(3)(ii) \$ \$ \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
15		□ Vaa	□ Na
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sun	plemental Part III Information Required To Be Reported (see instructions)		
<u> </u>	promontaria del manaria madana del 20 montaciono,		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before1.881_ % (b) After2.086_ %		
17	Type of nonrecognition transaction (see instructions) > IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	_	
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
		Yes	X No
20 a	If "Yes," complete lines 20b and 20c.	1es	140
L		▶\$	
b	5 7 7 7	• • <u> </u>	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		V
	covered by section 367(e)(1)? See instructions	Yes	X No

(Rev. November 2018)

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attachment

Part I U.S. Transferor Information (see instructions)	oution. Sequence No. 120
Name of transferor	Identifying number (see instructions)
Minnesota State University, Mankato	(accompany)
Foundation, Inc.	41-6033423
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	,
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpo	ration? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
Name of parent corporation	Envior parent corporation
d House books adjustments under costion 267/o/// book mode?	Yes No
d Have basis adjustments under section 367(a)(4) been made?	Tes No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as such that was the actual transferor (but is not treated as the actual transferor (but is not transfer	under section 367).
complete questions 3a through 3d.	,
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
Name of partnership	Life of partilership
	2-3576124
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established 	Yes X No
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
CASDIN PARTNERS OFFSHORE, LTD.	
6 Address (including country)	5b Reference ID number
CAYMAN CORP CENTRE, 27 HOSPITAL ROAD	
GEORGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS	FOREIGN
7 Country code of country of incorporation or organization	
CJ S Enraign law characterization (see instructions)	
8 Foreign law characterization (see instructions) EXEMPTED COMPANY	
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
224531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)

		NIVERSITY, MANKATO FO		41-603	3423 Page 2
	Regarding Trans	sfer of Property (see in	nstructions)		
Section A - Cash Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2022	property	195,192.	Dasis	transiei
10 Was cash the only pro	ainder of Part III and g				X Yes No
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	1141.10.01	p.0p0.0y		540.0	11 (11 (10 (10 (10 (10 (10 (10 (10 (10 (
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
 Totals					
 Were any assets of a foreign corporation? If "Yes," go to line 12b Was the transferor a dincluding a branch that if "Yes," continue to line Immediately after the transferee foreign corporation. Immediately after the transferred line Immediately after the transferred line 	foreign branch (includ common to com		all of the assets of a foreign %-owned foreign corporation line 13.	rred to a [Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pric		(f) Income inclusion for year of transfer
Property described n sec. 367(d)(4) Totals					
					Form 026 (Pov. 11 2019)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?		∐ No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		□ Na
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
a	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
45	Regulations section 1.367(d)-1(c)(3)(ii) \$\bigs\\$ \text{Substitution}\$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
15		Yes	No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	L Yes	NO
Sup	plemental Part III Information Required To Be Reported (see instructions)		
<u> </u>	promonent art in information moduli of 20 modulo (000 modulo no)		
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before1.230 % (b) After1.587 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
		Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the	▶ Ψ	
U		Yes	No
21		Tes	NO
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	X No
	covered by section 367(e)(1)? See instructions	res	LA INO

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	t I U.S. Transferor Information (see instructions)				
Name	of transferor	- 1	Identifying number (see instruction		
Mir	nesota State University, Mankato				
For	indation, Inc.		41-6033423		
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		. Yes	X No	
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by				
	five or fewer domestic corporations?		Yes	☐ No	
b	Did the transferor remain in existence after the transfer?		Yes	☐ No	
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder	Ident	ifying number		
	Controlling Shareholder	Ident			
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	n?	. L Yes	∟ No	
	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation	EIN of pa	arent corporatio	on	
	Have basis adjustments under section 367(a)(4) been made?		Yes	No	
u	riave basis adjustifients drider section 507 (a)(4) been made?		1es	NO	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	r section	367)		
3	complete questions 3a through 3d.	Section	307),		
a	List the name and EIN of the transferor's partnership.				
	Elot the flame and Elit of the transferor o partitioning.				
	Name of partnership	EIN o	of partnership		
FEG	SELECT, LLC 82-35	76124			
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		X Yes	No	
	Is the partner disposing of its entire interest in the partnership?			X No	
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established				
	securities market?		Yes	X No	
Par					
4	Name of transferee (foreign corporation)	5a Ide	entifying numbe	er, if any	
DAV	IDSON KEMPNER INTERNATIONAL (BVI) LTD.				
6	Address (including country)	5b Re	ference ID numb	per	
C/O	VISTRA CORPORATE SERVICES CENTRE WICKHAMS CAY II				
ROAD	TOWN, TORTOLLA D8 VG110 BRITISH VIRGIN ISLANDS	FORE	IGN		
7	Country code of country of incorporation or organization				
VI					
8	Foreign law characterization (see instructions)				
BVI	BUSINESS COMPANY				
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No	
224531	04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (R	lev. 11-2018)	

		NIVERSITY, MANKATO FO		41-603	3423 Page 2
	Regarding Trans	sfer of Property (see in	nstructions)		
Section A - Cash					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2022		207,385.		
10 Was cash the only pro	ainder of Part III and g	o to Part IV.			Yes No
		n intangible property s			(a)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
nventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					
foreign corporation? If "Yes," go to line 12th b Was the transferor a continue to lift "Yes," contin	domestic corporation t at is a foreign disregar ne 12c. If "No," skip lii transfer, was the dom poration? ne 12d. If "No," skip li oss amount included i	hat transferred substantially rded entity) to a specified 10 nes 12c and 12d, and go to estic corporation a U.S. sharme 12d, and go to line 13. in gross income as required ad in section 367(d)(4)?	all of the assets of a fore %-owned foreign corpora line 13. reholder with respect to t	eign branch ution?	Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subject	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pon date of tran	I	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)					
					_
Totals					Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	L No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260 % (b) After320 %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) \(\bullet \text{IRC SECTION } 351 \) Indicate whether any transfer reported in Part III is subject to any of the following.	Vac	X No.
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260 % (b) After320 % Type of nonrecognition transaction (see instructions) \(\bullet IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) \[\bullet IRC \text{ SECTION } 351 \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) \(\bigstar{\text{IRC SECTION 351}} \) Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260% (b) After320% Type of nonrecognition transaction (see instructions) \[\bigstar \text{IRC SECTION 351} \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before260_ % (b) After320_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes	X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attachment

Part I I S Transferer Information (and instructions)	ister or distribution.		Sequence	1NO. 120
Part I U.S. Transferor Information (see instructions)		T		
Name of transferor		Identifyir	ig numbe	r (see instructions)
Minnesota State University, Mankato				
Foundation, Inc.		41-60	33423	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign	n corporation?		Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under sec	ction 368(c)) by			
five or fewer domestic corporations?			Yes	No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).				
- The time controlling characteristics and their restricting frames (c).				
Controlling shareholder		Identifying n	umber	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the	e parent corporation?	·	Yes	☐ No
If not, list the name and employer identification number (EIN) of the parent corporation.				
Name of report comparation		IN of a success of		
Name of parent corporation		IN of parent co	orporati	ON
d Have basis adjustments under section 367(a)(4) been made?			Yes	☐ No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not tre	eated as such under	section 367),		
complete questions 3a through 3d.				
a List the name and EIN of the transferor's partnership.				
Name of partnership		EIN of partn	ership	
FEG SELECT, LLC	82-357	6124		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	No
c Is the partner disposing of its entire interest in the partnership?			Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an			163	NO
	ii estabiisiieu		V	X No
securities market? Part II Transferee Foreign Corporation Information (see instructions)			Yes	X No
4 Name of transferee (foreign corporation)		5a Identifying	g numbe	er, if any
WAY AND AND AND AND AND AND AND AND		00 0405410		
HBK MULTI-STRATEGY OFFSHORE FUND LTD		98-0497416		
6 Address (including country)		5b Reference	ID num	ber
6TH FLOOR 6, CRICKET SQUARE PO BOX 261				
GEORGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS				
7 Country code of country of incorporation or organization				
CJ				
8 Foreign law characterization (see instructions)				
EXEMPTED COMPANY				
9 Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No
224531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		For		Rev. 11-2018)

			NIVERSITY, MANKATO FO			41-603	3423	Page 2
_		Regarding Tran	sfer of Property (see i	nstructi	ons)			
Sec	Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	Gain reco	e) gnized on nsfer
Casł	า	12/31/2022	1 1 7		259,297.			
10 Sec	Was cash the only pro	ainder of Part III and o	go to Part IV. n intangible property s				Yes	□ No
	Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) arket value on e of transfer	(d) Cost or other basis	Gain reco	e) gnized on nsfer
	k and irities							
nve	ntory							
(not	er property listed under her category)							
•	perty with -in loss							
Tota	ls							
b c d	Were any assets of a foreign corporation? If "Yes," go to line 12th Was the transferor and (including a branch the If "Yes," continue to limediately after the transferee foreign corplif "Yes," continue to lime Enter the transferred limeter the transferor transfer	foreign branch (included) domestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domporation? ne 12d. If "No," skip I oss amount included asfer property describ c and questions 14a t	hrough 15.	all of the %-owned line 13. reholder v	assets of a foreign foreign corporation with respect to the	branch	Yes Yes Yes Yes	No No No No No
Sec	ction C - Intangible	Property Subje	ct to Section 367(d)		<u></u>	T		
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		Income ii	(f) nclusion for f transfer
in se	perty described ec. 367(d)(4)							
Tota	ls							44 551-1
						F	orm 926 (R	ev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
	Diddle to a few days for an interesting and that at the time of the transfer to the second of the se		
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
h			No No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	Yes	
·	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	103	140
ű	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶\$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	, , , , , , , , , , , , , , , , ,		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	Title Transferration and transferration of the policy (555 mondered)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before560 % (b) After780 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
_ J u	If "Yes," complete lines 20b and 20c.		140
h	·	> \$	
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶ Ф	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
		Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No.	1545-0026

► Attach to your income tax return for the year of the transfer or distribution.

Par	t I U.S. Transferor Information (see instructions)			
Name	e of transferor		ldentifying numbe	r (see instructions)
Mir	nesota State University, Mankato			
Fou	indation, Inc.		41-6033423	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?		Yes Yes	☐ No
b	Did the transferor remain in existence after the transfer?		. Yes	No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Iden	tifying number	
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporatio	n?	Yes	No No
	If not, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation	EIN of p	arent corporation	on .
	The state of particular and th		a. 5.1.5 55. p 5. a.a.	
	Have basis adjustments under section 367(a)(4) been made?		Yes	No
_	(4)(1)			
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	r section	367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN	of partnership	
	Name of partnership	LIIV	or partifer strip	
	,	76124	V	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			L No
	Is the partner disposing of its entire interest in the partnership?		. L Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			X No
Par	securities market? t II Transferee Foreign Corporation Information (see instructions)		Yes	X No
4	Name of transferee (foreign corporation)	5a Id	entifying numbe	er. if anv
	Traine of transfers (foreign corporation)	54 15	onanying name	, u,
HUI	SON BAY INTERNATIONAL FUND, LTD.			
6	Address (including country)	5b R	eference ID num	per
190	ELGIN AVENUE			
GEOR	GE TOWN, GRAND CAYMAN KY1-9001 CAYMAN ISLANDS	FORE	IGN	
7 CJ	Country code of country of incorporation or organization			
8	Foreign law characterization (see instructions)			
	EMPTED COMPANY			
9	Is the transferee foreign corporation a controlled foreign corporation?		. Yes	X No
004504	04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (F	Rev. 11-2018)

		NIVERSITY, MANKATO FO			41-603	3423 Page 2
	Regarding Trans	sfer of Property (see in	nstructio	ons)		
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2022			1,161,356.		
10 Was cash the only pro	ainder of Part III and g					X Yes No
		n intangible property s	Subject			(a)
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
nventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
foreign corporation? If "Yes," go to line 12th b Was the transferor a continue to limit of the transfere foreign corporation. c Immediately after the transferee foreign corporation. d Enter the transferred limit of th	domestic corporation t at is a foreign disregar ne 12c. If "No," skip lii transfer, was the dom poration? ne 12d. If "No," skip li oss amount included i	hat transferred substantially rded entity) to a specified 10 nes 12c and 12d, and go to lestic corporation a U.S. sharme 12d, and go to line 13. in gross income as required and in section 367(d)(4)?	all of the a %-owned f line 13. reholder w	assets of a foreign loreign corporation ith respect to the	branch [Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subject	ct to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property		(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described n sec. 367(d)(4)						
Totals					<u> </u> F	Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?		□ No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		N
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
a	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
45	Regulations section 1.367(d)-1(c)(3)(ii) \$ \$ \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
15		Yes	No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	L Yes	NO
Sup	plemental Part III Information Required To Be Reported (see instructions)		
<u> </u>	promonent and management quinous to 20 troportous (000 mondonom)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before % (b) After %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
		Yes	X No
	If "Yes," complete lines 20b and 20c.		
b		> \$	
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the	Ψ Ψ	
C		Yes	No
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	res	NO
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	Yes	LA NO

Return by a U.S. Transferor of Property to a Foreign Corporation

► Go to www.irs.gov/Form926 for instructions and the latest information.

Attachment Sequence No. **128** Attach to your income tax return for the year of the transfer or distribution. **U.S. Transferor Information** (see instructions) Part I Name of transferor Identifying number (see instructions) Minnesota State University, Mankato Foundation 41-6033423 X No Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? 2 If the transferor was a corporation, complete questions 2a through 2d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No Did the transferor remain in existence after the transfer? Yes Nο If not, list the controlling shareholder(s) and their identifying number(s). Identifying number Controlling shareholder c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? If not, list the name and employer identification number (EIN) of the parent corporation. Name of parent corporation **EIN** of parent corporation d Have basis adjustments under section 367(a)(4) been made? Yes No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership **EIN** of partnership **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Х Yes No X No c Is the partner disposing of its entire interest in the partnership? Yes d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established X No securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 5a Identifying number, if any JUNTO OFFSHORE FUND LTD. 5b Reference ID number Address (including country) C/O MAPLES CORPORATE SERVICES LIMITED UGLAND HOUSE, PO BOX 30 GRAND CAYMAN KY1-1104 CAYMAN ISLANDS FOREIGN 7 Country code of country of incorporation or organization CJ Foreign law characterization (see instructions) EXEMPTED COMPANY X No Is the transferee foreign corporation a controlled foreign corporation? Yes

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0026

			JNIVERSITY, MANKATO FO			41-6033	3423 Page 2
_		Regarding Tran	sfer of Property (see in	nstructi	ons)		
Sec	Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Casł	า	12/31/2022			275,200.		
10 Sec	Was cash the only pro	ainder of Part III and o	go to Part IV. n intangible property s				Yes No
	Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
	k and irities						
nve	ntory						
not	er property listed under her category)						
•	perty with -in loss						
Tota	le						
b c d	Were any assets of a foreign corporation? If "Yes," go to line 12th Was the transferor a concluding a branch the stransferor of the stransfere of the transferee foreign corplif "Yes," continue to lienter the transferred I Did the transferor transfer skip Section Concluding Corporation of the stransferor transfer skip Section Concluding Corporations of the stransferor transferor tra	foreign branch (included) domestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domporation? ne 12d. If "No," skip I oss amount included asfer property describ c and questions 14a t	hrough 15.	all of the %-owned line 13. reholder v	assets of a foreign foreign corporation with respect to the	branch	YesNo
Sec	ction C - Intangible	Property Subje	ct to Section 367(d)	1	Γ	T	
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer
n se	perty described ec. 367(d)(4)						
Tota	Is				<u>[</u>	<u> </u>	Orm 006 (Day 44 0040)
						F	form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
	Did the horseful and for an interesting and the horse of the horseful at the first of the horseful at the horseful		
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
h			No No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	Yes	
·	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
Ч	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	103	110
ŭ	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶\$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
10	· ·		
4-	(a) Before		
17	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	□ v ₋ -	X No
a	Gain recognition under section 904(f)(3)		
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
c	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
·		Yes	No
04		Yes	NO
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	└ Yes	X No

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I	U.S. Transferor Information (see instructions)			
Name of t	transferor		Identifying numbe	r (see instructions)
Minnes	sota State University, Mankato			
Founda	ation, Inc.		41-6033423	
1 ls tl	he transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	?	Yes	X No
2 If th	ne transferor was a corporation, complete questions 2a through 2d.			
a If th	ne transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) b	у		
five	or fewer domestic corporations?		Yes	No
b Did	the transferor remain in existence after the transfer?		Yes	No
If n	ot, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	lde	ntifying number	
	ne transferor was a member of an affiliated group filing a consolidated return, was it the parent corpor, list the name and employer identification number (EIN) of the parent corporation.	oration?	Yes	No No
	Name of parent corporation	EIN of	parent corporation	on
d Hav	ve basis adjustments under section 367(a)(4) been made?		Yes	No
	ne transferor was a partner in a partnership that was the actual transferor (but is not treated as such nplete questions 3a through 3d.	under sectio	on 367),	
	the name and EIN of the transferor's partnership.			
	Name of partnership	EIN	N of partnership	
FEG SI	BLECT, LLC 8	32-3576124		
b Did	the partner pick up its pro rata share of gain on the transfer of partnership assets?		X Yes	No
	he partner disposing of its entire interest in the partnership?		Yes	X No
d Is t	he partner disposing of an interest in a limited partnership that is regularly traded on an established			
sec	urities market?		Yes	X No
Part II	Transferee Foreign Corporation Information (see instructions)			
4 Nar	me of transferee (foreign corporation)	5a I	Identifying numbe	er, if any
PLEIAI	ASIA OFFSHORE FUND			
6 Add	dress (including country)	5b F	Reference ID numb	oer
26TH FL	OOR, 8 WYNDHAM STREET CENTRAL			
HONG KO	NG	FOF	REIGNUS	
7 Cou	untry code of country of incorporation or organization			
	eign law characterization (see instructions)			
9 ls tl	he transferee foreign corporation a controlled foreign corporation?		Yes	X No
224531 04-0	11-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (F	Rev. 11-2018)

			NIVERSITY, MANKATO FO			41-603	3423	Page 2
_		Regarding Tran	sfer of Property (see i	nstructi	ons)			
Sec	Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	Gain reco	gnized on
Cash	า	12/31/2022	1 1 2		267,527.			
10 Sec	Was cash the only pro	ainder of Part III and o	go to Part IV. n intangible property :				Yes Yes	□ No
	Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) narket value on e of transfer	(d) Cost or other basis	Gain reco	gnized on
	k and irities							
nver	ntory							
not	er property listed under her category)							
•	perty with -in loss							
Tota	le							
b c d 113	Were any assets of a foreign corporation? If "Yes," go to line 12th Was the transferor a concluding a branch the stransferor of the stransfere of the transferee foreign corplif "Yes," continue to lienter the transferred I Did the transferor transfer skip Section Concluding Corporation of the stransferor transfer skip Section Concluding Corporations of the stransferor transferor tra	foreign branch (included) domestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domporation? ne 12d. If "No," skip I oss amount included asfer property describ c and questions 14a t	hrough 15.	all of the %-owned line 13. reholder v	assets of a foreign foreign corporation with respect to the	ed to a branch ?	Yes Yes Yes Yes	No No No No No No
Sec	ction C - Intangible	Property Subje	ct to Section 367(d)		ı		_	
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	Income in	(f) nclusion for transfer
in se	perty described ec. 367(d)(4)							
Tota	IS				<u> </u>		orm 006 /D:	ov 11 2019\
						F	orm 926 (Re	ev. 11-2018)

Form	1926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		—
	reasonably anticipated to exceed 20 years?		∐ No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	└── No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	└── No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
45	Regulations section 1.367(d)-1(c)(3)(ii) \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	□ v _{aa}	□ Na
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	∟ No
Sun	plemental Part III Information Required To Be Reported (see instructions)		
<u> </u>	promontant art in information required to be reported (500 instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before490 % (b) After1.060 %		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а		Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
c	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
		Yes	X No
20 a	If "Yes," complete lines 20b and 20c.	1es	140
L	·	▶\$	
b	5 7 7 7	РФ	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	└── No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		,,
	covered by section 367(e)(1)? See instructions	Yes	X No

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part	U.S. Transferor Information (see instructions)					
Name	of transferor		Identifyir	ng numbe	r (see in:	structions)
Minn	nesota State University, Mankato					
Four	dation, Inc.		41-60	33423		
1 k	s the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporati	ion?		Yes	X	No
2 I	f the transferor was a corporation, complete questions 2a through 2d.					
a l	f the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by				
	ive or fewer domestic corporations?			Yes		No
b [Did the transferor remain in existence after the transfer?		L	Yes		No
li	f not, list the controlling shareholder(s) and their identifying number(s).					
	Controlling shareholder		Identifying n	umber		
				•		
	f the transferor was a member of an affiliated group filing a consolidated return, was it the parent co f not, list the name and employer identification number (EIN) of the parent corporation.	orporation?		Yes		No
	Name of parent corporation	Ell	N of parent co	orporation	on	
d	Have basis adjustments under section 367(a)(4) been made?			Yes		No
	f the transferor was a partner in a partnership that was the actual transferor (but is not treated as su complete questions 3a through 3d.	ıch under s	ection 367),			
	ist the name and EIN of the transferor's partnership.					
	and the finance and Environment of partitioning.					
	Name of partnership		EIN of partn	ership		
FEG	SELECT, LLC	82-3576	124			
b [Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		X	Yes		No
	s the partner disposing of its entire interest in the partnership?			Yes	X	No
	s the partner disposing of an interest in a limited partnership that is regularly traded on an establish					
	securities market?			Yes	Х	No
Part						
4 1	Name of transferee (foreign corporation)		5a Identifyin	g numbe	er, if a	ny
TACC	ONIC OPPORTUNITY OFFSHORE FUND LTD.					
	Address (including country) &C CORP SERVICES LTD UGLAND HOUSE, S CHURCH ST, PO BOX 3		5b Reference	ID num	ber	
GEORG	E TOWN, GRAND CAYMAN E9 CAYMAN ISLANDS		FOREIGN			
7 CJ	Country code of country of incorporation or organization					
	Foreign law characterization (see instructions)					
	s the transferee foreign corporation a controlled foreign corporation?			Yes	Х	No
	04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		For	m 926 (F		

		NIVERSITY, MANKATO FO			41-6033	3423 Page 2
	Regarding Trans	sfer of Property (see in	nstructions	s)		
Section A - Cash			_			
Type of property	(a) Date of transfer	(b) Description of property	Fair marke	c) et value on transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2022			165,908.		
10 Was cash the only pro	ainder of Part III and g					Yes No
		n intangible property s				(0)
Type of property	(a) Date of transfer	(b) Description of property	Fair marke	c) et value on transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
nventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
foreign corporation? If "Yes," go to line 12th b Was the transferor a continue to limit of the transfere foreign corporation. c Immediately after the transferee foreign corporation. d Enter the transferred limit of th	domestic corporation t at is a foreign disregar ne 12c. If "No," skip lii transfer, was the dom poration? ne 12d. If "No," skip li oss amount included i	ng a branch that is a foreign that transferred substantially rded entity) to a specified 10 th nes 12c and 12d, and go to lestic corporation a U.S. share the 12d, and go to line 13. In gross income as required to ad in section 367(d)(4)?	all of the asso %-owned fore line 13. reholder with	ets of a foreign br eign corporation? respect to the	anch	Yes No Yes No Yes No
Section C - Intangible	e Property Subject	ct to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property		(d) m's length price date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
						_
Totals					F	orm 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	L No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) \$\bigs\\$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \(\bullet \text{IRC SECTION } 351 \) Indicate whether any transfer reported in Part III is subject to any of the following.		X No.
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \(\bullet IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \[\bigstar \text{IRC SECTION } 351 \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \[\bigstar \text{IRC SECTION } 351 \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes	X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \[\bigstacksize \text{IRC SECTION 351} \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
116 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \[\bigstacksize \text{IRC SECTION 351} \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
116 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before570_ % (b) After750_ % Type of nonrecognition transaction (see instructions) \[\bigstacksize \text{IRC SECTION 351} \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

Return by a U.S. Transferor of Property to a Foreign Corporation

Go to www	irs.gov/Form926 for	instructions and	tne latest ir	itormation.
► Attach to you	ur income tax return f	or the year of the	e transfer or	distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)					
Name of transferor		Identify	ying numb	er (see ins	tructions)
Minnesota State University, Mankato					
Foundation, Inc.		41-6	033423		
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	oration?	[Yes	X	No
2 If the transferor was a corporation, complete questions 2a through 2d.					
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	88(c)) by				
five or fewer domestic corporations?			Yes		No
b Did the transferor remain in existence after the transfer?			Yes		No
If not, list the controlling shareholder(s) and their identifying number(s).					
Controlling shareholder		Identifying	number		
			_		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parer If not, list the name and employer identification number (EIN) of the parent corporation.	t corporation?	? ∟	_ Yes		No
Name of parent corporation	E	IN of parent	corporati	on	
		•	•		
d Have basis adjustments under section 367(a)(4) been made?		Г	Yes		No
Trave basis adjustificitis drider section 507 (a)(4) been made:		∟	163		NO
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated a	s such under:	section 367)			
complete questions 3a through 3d.	o odom diraci	,,			
a List the name and EIN of the transferor's partnership.					
a List the name and List of the dansies of a partitioning.	1				
Name of partnership		EIN of par	tnership		
FEG SELECT, LLC	82-357	6124			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		X	Yes		No
c Is the partner disposing of its entire interest in the partnership?			Yes	X	No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estab					
securities market?			Yes	X	No
Part II Transferee Foreign Corporation Information (see instructions)					
4 Name of transferee (foreign corporation)		5a Identifyi	ing numb	er, if a	ny
THE CHILDREN'S INVESTMENT FUND		98-059643	37		
6 Address (including country)		5b Reference	ce ID num	ber	
C/O TCI FUND SERVICES LLP 7 CLIFFORD STREET					
LONDON, W1S 2FT UNITED KINGDOM					
7 Country code of country of incorporation or organization					
UK					
8 Foreign law characterization (see instructions) EXEMPTED COMPANY					
			7 ٧	Х	N-
9 Is the transferee foreign corporation a controlled foreign corporation? 224531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.		<u>L</u>	 Yes orm 926 (l		No -2018)
22400 F 04-0 1-22 LEIA FOI FAPEI WOIN NEUDULION ACT NOTICE, SEE SEPARATE INSURCIONS.		F	JIIII 320 (1	ı∈v. II	-2U10)

			JNIVERSITY, MANKATO FO			41-603	3423 Page 2	
Par	tion A - Cash	Regarding Tran	sfer of Property (see in	nstruction	ons)			
Sec	Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Cash		12/31/2022			177,666.			
10	Was cash the only pro	ainder of Part III and o					X Yes No	
Sec	tion B - Other Pro		n intangible property s	ubject			(-)	
	Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Stock secur								
Inven	tory							
(not li	r property sted under ner category)							
Dran	arts () with							
•	erty with n loss							
Totals								
b	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. Enter the transferred loss amount included in gross income as required under section 91 Yes If "No," skip Section C and questions 14a through 15.							
Sec	tion C - Intangible	Property Subje	ect to Section 367(d)	,				
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfel		(f) Income inclusion for year of transfer	
	erty described c. 367(d)(4)							
otals	•					1		

Form	926 (Rev. 11-2018) MINNESOTA STATE UNIVERSITY, MANKATO FOUNDATION, INC.	41-6033423	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
h	the contract of the contract o	Yes	□ No
c		103	110
·	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
ű	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	time thereafter, a platform contribution as defined in regulations seed on 1.462 7(5)(1).		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
			-
			_
_	ALCO II C P P P T C P P C P P P P P P P P P P P		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before % (b) After %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	0.1	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
c	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
			X No
∠∪a	If "Yes," complete lines 20b and 20c.	Yes	NO
L	· · ·	• ¢	
b	3 1 3 (7 (7	> \$	
С			
		Yes	∟ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No