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## .... **990**

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasure The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2008 calendar year, or tax year beginning July 1 2008, and ending 20 09 June 30 C Name of organization Kuali Foundation, Inc. D Employer Identification number Planta B Check if applicable Doing Business As 20 5118023 Address change labe! cr Number and street for P.O. box if mail is not convered to street address; nont o Telephone number Room/suite Name change 601 E. Kirkwood, Franklin Hall 116 345-3948 Initial return See (812) City or town, state or country, and ZIP + 4 Term.nation instruc Bloomington, IN 47405 2,348,388 Amended return G Gross recepts \$ F Name and address of principal officer. Jennifer Foutty, Executive Director Application pending H(a) Is this a group return for affiliates? ☐ Yes ☑ No 601 E. Kirkwood, Franklin 116, Blgtn, IN 47405 H(b) Are all affiliates included? Yes No Tax-exempt status √ 50:(c) ( 3 ) 

√ (insert no.) 

√ 4947(a)(1) or If "No," attach a fist, (see instructions) Website: ▶ www.kuali.org H(c) Group exemption number ▶ K Type of organization; ✓ Corporation ☐ Trust ☐ Association ☐ Other ► 2006 M State of legal domicile IN L Year of formation: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Serve as a proponent for open source collaboration for administrative software for higher education, promoting the expansion, development, and implementation of open source administrative software for higher education and other sectors of the education community for the benefit of society. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 10 4 0 5 Total number of employees (Part V, line 2a). . . 0 6 7a 0 b Net unrelated business taxable Income from Form 298,7 Nipo 34 7h Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . MAR .2 . 201 448,625 793,654 Program service revenue (Part VIII, line 2g) . 373,076 1,544,977 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,767 9,757 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2.348,388 838,468 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 ٥ 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) n O 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25) ▶ ..... 17 Otner expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 529,266 1,669,094 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 1,669,094 529,266 19 Revenue less expenses Subtract line 18 from line 12 679,293 309,202 6 Beginning of Year End of Year 20 Total assets (Part X, line 16) 903,557 1,618,284 36,117 21 Total liabilities (Part X, line 26) 683 Net assets or fund balances Subtract line 21 from line 20 1,582,167 902,874 Part II Signature Block Under penalties of perjury, I declars 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 to the host of preparer to be the notice of the preparer to th 70now Sign Signature of office: Here Charle Treasurer. Type or print name and title Date Check if Preparer's identifying number Preparer's signature see rstructions) emptoyed ▶ 🔲 Paid Preparer's Firm s name (or yours Use Only if sall employed), address, and ZIP - 4 Prone ro > May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🔲 No

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

Cat No 1:262Y

Form 990 (2008)

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:  To serve as a proponent for collaboration and development of open source administrative software feducation and other education-related sectors.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported	by expenses. unt of grants and
4a	(Code: ) (Expenses \$ 198,802 including grants of \$ ) (Revenue \$ Holding specific conference events for the partners and interested parties to educate and communic	ate
	about the developments and progress in the community and on the open source projects.	
	·	
	······································	
	***************************************	
		<del></del>
4b	(Code: ) (Expenses \$ 987,712 including grants of \$ ) (Revenue \$ Providing direct support for the development and delivery of the open source software for higher ed	ucation.
4b	Providing direct support for the development and delivery of the open source software for higher ed	ucation.
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4c	Providing direct support for the development and delivery of the open source software for higher ed	ucation.

ı en	t V Checklist of Required Schedules			
	ſ		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	.		./
_	complete Schedule A	2	_	<del>/</del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓_
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u>/</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		\ <u> </u>
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part 1	14b		<b>/</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u>.</u>	<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<b>/</b>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		7
20 21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23		1
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 questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>↓</b> ✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		\ <u>\</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	47		٠,
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28 <u>a</u>		✓_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		✓
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>/</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓_
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		

Form **990** (2008)

Pari	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7	, -	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			- 1
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  (the statements of the calendar year ending with or within the year covered by this return the statement of t	2b	-	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		1 1 . e	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<b> </b>	<u> </u>
	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		/
b	If "Yes," enter the name of the foreign country: ▶	·4.	. 7.	1.3
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	٠. ت د چيا		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<del>                                     </del>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<del>                                     </del>
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	<del>                                     </del>	<del>                                     </del>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	โลวเฮ	10.54
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Fenal	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	$\vdash$	$\vdash -$
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	32-	<b>↓</b> ✓
	If "Yes," indicate the number of Forms 8282 filed during the year	┥.、		199
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>h</u>		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			1 2 2
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	Ī
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	05	-2	1
a	Did the organization make any taxable distributions under section 4966?	9a 9b	+	1./
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	30	+==	1
10	Section 501(c)(7) organizations. Enter:	-	15	1
a b	Initiation fees and capital contributions included on Part VIII, line 12	7 .	1:	·
11	Section 501(c)(12) organizations. Enter:	٦٠ <i>٠٠</i>	1	
a	Gross income from members or shareholders	_	1:	
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	128		
<u>_b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
	r		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	- 4	. 3.	
	circumstances, processes, or changes in Schedule O. See instructions.		and a	
1a	Enter the number of voting members of the governing body		7	
b	Enter the number of voting members that are independent	• 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- !		· `
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		✓_
6	Does the organization have members or stockholders?	6	<b>√</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	_7a	<b>/</b>	<del></del>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		1
	the year by the following:		. ]	, -
а		<u>8a</u>	<b>V</b>	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	-√	
9a		<u>9a</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	1	,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<b>✓</b>	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	l		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	L	
Sec	tion B. Policies			
	<b>-</b>	12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	· •	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		1
	rise to conflicts?	120		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<u> </u>	1
13	Does the organization have a written whistleblower policy?	13	<del> </del> -	1
14	Does the organization have a written document retention and destruction policy?	14		·
15	Did the process for determining compensation of the following persons include a review and approval by	3.4	1-1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			7
	The organization's CEO, Executive Director, or top management official?	15a	-	<del>                                     </del>
b	Other officers or key employees of the organization?	15b	<del> </del>	¥ .
	Describe the process in Schedule O. (see instructions)		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		1
	with a taxable entity during the year?	16a	+ .	7 -
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	] - <u>.</u> -	1	1.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1.Ch		
50	the organization's exampt status with respect to such arrangements?		1	<u> </u>
361	the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure	1 100		
17	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶Indiana			
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶Indiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(			
17	List the states with which a copy of this Form 990 is required to be filed Indiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501) available for public inspection. Indicate how you make these available. Check all that apply			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶Indiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501( available for public inspection. Indicate how you make these available. Check all that apply  Own website ☐ Another's website ☑ Upon request	c)(3)s	only)	
17	List the states with which a copy of this Form 990 is required to be filed Indiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5010) available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	c)(3)s	only)	
17 18	List the states with which a copy of this Form 990 is required to be filed ▶Indiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501( available for public inspection. Indicate how you make these available. Check all that apply  Own website ☐ Another's website ☑ Upon request	c)(3)s	only)	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compared to the	ompensate	any (	offic	er,	dire	ctor,	trus	tee, or key en	ployee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per	Posit	<del></del>			that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional truslee	Officer	Key employee	Highest compensated employee	Former	from the crganization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Bradley Wheeler, Chair	5	1		1		-		0	0	0
Joanne DeStefano	3	1						0	0	0
Lee Belarmino	3	1						0	0	0
Charles Ingram, Treasurer	4	1		1				0	0	0
Bruce Alexander	3	1						0	0	0
David Lassner, Secretary	3	1		1				o	0	0
Ted Dodds, Vice Chair	3	1		<b>✓</b>				0	0	0
Shelton Waggener	3	1						0	0	0
Steven Dowdy	3	/						0	0	0
Elazar Harel	2	1						0	0	0
		_								

Section A. Officers, Directors, Tru (A)	(B)				2)			(D)	(E)	(F)
Name and title	Average hours per week	b. Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highast compensated employee	Former	Peportable compensarion from the the organization (W-2/1099-MISC)	Recortable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
						i	'			
					ļ					
1b Total		<del></del>	۰.	<u>.                                    </u>		<u> </u>	<b></b>	1		
2 Total number of individuals (including thos organization ► 0	e in 1a) wh	no red	ceiv	ed 1	mor	e tha	n \$1	100,000 in repo	ortable compen	sation from the
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete \$5</li> <li>4 For any individual listed on line 1a, is the the organization and related organizations individual</li></ul>	Schedule J sum of rep greater tha 	for some fortability on the second se	le c 50,6	ind com 000	ividi pen ? If	u <i>al</i> satioi "Yes, 	n an " co	d other compe mplete Schedu	ensation from ule J for such	Yes No
services rendered to the organization? If " Section B. Independent Contractors	'Yes," com	piete	Scl	nedi	ule .	J for	suci	n person .	<u> </u>	5 /
Complete this table for your five highest of compensation from the organization.	ompensate	ed inc	ieo	end	ent	contr	acto	ors that receive	ed more than \$1	100,000 of
(A) Name and business ad	dress							(B) Description of	services	(C) Compensation
N/A							$\blacksquare$			
	<del></del>	_				-	+-			
							1	·		
							1		1	

Part	VIII	Statement of Rev	/enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513 or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues. Fundraising events. Related organizations Government grants (contributions, gifts, gifts, gifts, gifts) and similar amounts not include Noncash contributions included Total. Add lines 1a-1f	rants, led above 1f	793,654	793,654			
Program Service Revenue	2a b	Kuali Days Conferenc Direct Support for sys	tems	Business Code 900099 900099	241,146 1,303,831	241,146 1,303,831	me person and an analysis of the per	
Program Serv	d e f g	All other program service Total. Add lines 2a-2f			1,544,977			
	3 4 5	Investment income (Incl other similar amounts) Income from investment of Royalties		▶	9,757	9,757		
i	6a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(li) Personal				
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(ii) Other	THE STATE OF THE S			
	С	Less. cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)		, <b>&gt;</b>				
. Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	fundraising i on line 1c).	a .				
Other		Less: direct expenses Net income or (loss) fro	, .	o [		-2.22		
	l	Gross income from gam See Part IV, line 19 Less, direct expenses		a				
	C	Net income or (loss) fro Gross sales of invereturns and allowances	m gaming act entory, less		-	7		
		Less: cost of goods so Net income or (loss) from	ld . I n sales of inver	ntory			-	
	11a b	***************************************		l.		1		
	е	All other revenue	 1d	<b>&gt;</b> 4, 5, 6d, 7d. 8c,			· ·	
	<u> </u>	9c, 10c, and 11e .			2,348,388	1,554,734		<u></u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			, ;	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				,
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members				
6 7	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			-	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	198,074		198,074	
	Legal	10,420		10,420	
	Accounting	4,792		4,792	
	Lobbying				
	Professional fundraising services. See Part IV, line 17			1.144 2.12	
	Other	871,044	841,466	29,578	
12	Advertising and promotion				
13	Office expenses	105,805	56,884	48,921	
14	Information technology	123,522	· · · · · ·	123,522	
15	Royalties				
16	Occupancy				
17	Travel	49,183	17,680	31,502	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings	300,072	270,483	29,589	
20	Interest				
21	Payments to affiliates				ļ
22	Depreciation, depletion, and amortization.				
23	Insurance	3,342	<u>= + + + </u>	3,342	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				-
а	Memberships	2,700	<del></del>	2,700	1
b	Bank Charges	141		141	
C				1-71	
d					
e					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,669,094	1,186,514	482,580	
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,000,004	.,.00,014	132,300	

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,060	1	5,000
	2	Savings and temporary cash investments	789,812	2	1,328,292
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	107,685	4	284,992
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a	n y han ham arawi ar a ha a h	17	
	b	Less: accumulated depreciation Complete Part VI of Schedule D	2, 1	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	903,557	16	1,618,284
	17	Accounts payable and accrued expenses	683	17	17
	18	Grants payable		18	
	19	Deferred revenue		19	36,100
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	683	26	36,117
Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		, , , ,	
an	27	Unrestricted net assets	593,672	27	319,474
Bal	28	Temporarily restricted net assets		28	583,400
Þ	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		*	
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds	309,202	32	679,293
<b>Jet</b>	33	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·	33	·
_	34	Total liabilities and net assets/fund balances	903,557	34	1,618,284
Pa	irt XI	Financial Statements and Reporting			· · · · · · · · · · · · · · · · · · ·
1	Acc	ounting method used to prepare the Form 990   Cash  Accrua	I 🗌 Other		Yes No
		e the organization's financial statements compiled or reviewed by an inc		t? .	. 2a ✓
		e the organization's financial statements audited by an independent acc			. 2b ✓
		'es" to lines 2a or 2b, does the organization have a committee that assumes		sight	of
		audit, review, or compilation of its financial statements and selection of an in			
	the	a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?		t forth	n in
t	o If "Y	es," did the organization undergo the required audit or audits?	· · · · ·		. 3b

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

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

nuc	יז נוו	bundation, in							20 ;		110023	
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ons must	comple	te this p	oart) (se	e instruc	ctions)	
The	orga	anization is no	ot a private foun	dation because it is (	Please c	heck only	one org	anization	i.)			
1		A church, co	nvention of chui	rches, or association	of church	nes descr	ibed in <b>s</b>	ection 1	70(b)(1)(A	.)(i).		
2		A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sche	edule E)						
3		A hospital or	a cooperative h	iospital service organi	zation de	escribed	n sectio	n 170(b)(	1)(A)(iii).	(Attach S	chedule H)	
4		A medical re	search organiza	tion operated in conj	unction v	vith a hos	spital des	cribed in	section	170(b)(1)	(A)(III). Enter the	
		hospital's na	me, city, and sta	ate								
5			ion operated for (b)(1)(A)(iv). (Cor	the benefit of a collect	ge or uni	versity ov	vned or o	perated l	by a gove	ernmental	unit described in	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7				receives a substantia 1)(A)(vi). (Complete P		its suppo	rt from a	governm	ental unit	or from t	he general public	
8				I in section 170(b)(1)(		omplete	Part II)					
9	Ø	An organizat	on that normally	receives (1) more tha	an 33½ %	of its sup	oport fror	n contrib	utions, m	embershi	p fees, and gross	
		receipts from	activities relate	d to its exempt funct	ions — su	bject to c	ertain ex	ceptions	, and (2)	no more	than 33% % of its	
			•	ent income and unrel after June 30, 1975				•		511 tax)	from businesses	
10			_	nd operated exclusive						a)(4), (se	e instructions)	
11	$\overline{\Box}$		-	nd operated exclusiv								
		•	•	olicly supported organ	•						•	
				t describes the type								
		a 🗌 Type	। Ь□	Type II c	□ Tvp	e III-Fund	ctionally i	ntegrated	<del>.</del>	d 🗀	Type III-Other	
е				ify that the organizat			-	-			• •	
				n managers and other								
			section 509(a)(2)	-					-			
f		If the organi	zation received	a written determinati	on from	the IRS t	that it is	a Type I	. Type II.	or Type	III supporting	
		-	check this box	•				,,	, ,,	,		
g		•	t 17, 2006, has	the organization acce	pted any	gift or c	ontributio	on from a	ny of the			
				indirectly controls, e	ather alo	ne or tog	ether wit	h person	s describ	ed in (ii)	Yes No	
				ning body of the supp				•		, .	11g(i)	
		(II) A family	member of a pe	rson described in (i) a	above?	_					11g(II)	
		(iii) A 35% c	ontrolled entity of	of a person described	l in (i) or	(II) above	?				11g(m)	
h		Provide the	following informa	ation about the organ	izations t	the organ	ization si	upports				
(ı)		e of supported	(ii) EIN	(III) Type of organization		organization		ou notity	(vi) 1 organizat	s the	(vii) Amount or	
	Or	ganization		(described on lines 1-9 above or IRC section		stea n your document?		iization in of your		zed in the	support	
				(see instructions))		·	sup	cort?	U	S ?		
					Yes	No	Yes	No	Yes	No		
				'		[						
		-				<del> </del>						
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						<u> </u>						
					-					l	<u> </u>	
										:		
										]		

Par	Support Schedule for Org (Complete only if you chec	<b>anizations (</b> ked the box	Described in on line 5 7 (	Sections 17	0(b)(1)(A)(iv) <sup>)</sup>	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support		<u> </u>	<u> </u>			
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 1-3						
5 6	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).  Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					·	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		]			ļ. <u> </u>	<u> </u>
12	Gross receipts from related activities, etc					12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	tion C. Computation of Public Su					r	
14	Public support percentage for 2008 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Sci		•	•		15	%_
16a	33%% support test—2008. If the organiand stop here. The organization qualifies	as a publicly	supported organ	nization			. ▶ 🗆
b	33% % support test-2007. If the organic				and line 15 is	33%% or more	, check this
	box and stop here. The organization qua	· •					▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test.	check this box	and stop here	. Explain in Parl	IV how the
ь 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the 'forganization meets the 'facts-and-circumsta' Private foundation. If the organization did	acts-and-circum	nstances" test ( organization qui	check this box a alifies as a public	and stop here bly supported o	Explain in Part	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				<del></del>		
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").  Gross receipts from admissions, merchancise sold or services performed or facilities furnished in any activity that is related to the			624,914	448,625	793,654	1,867,193
3	organization's tax-exempt curpose  Gross receipts from activities that are not an			45,572	373,076	1,544,977	1,963,625
4	unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			40,072	373,070	1,077,011	1,505,625
5	The value of services or facilities furnished by a governmental unit to the organization without charge			070 (00)			
6	Total. Add lines 1-5			670,486	821,701	2,338,631	3,830,818
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	<del></del>		0	о	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the			0	349,576	1,514,320	1,863,896
_	year or \$5,000 Add lines 7a and 7p	<del></del>	<del> </del>	0	349,576	1,514,320	1,863,896
8	Public support (Subtract line 7c from line 6)						1,966,922
Sec	tion B. Total Support		•				
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		ļ	670,486	821,701	2,338,631	3,830,818
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:		2,907	16,767	9,757	29,431
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			2,907	16,767	9,757	29,431
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						3,860,249
14	First five years. If the Form 990 is for the organization's first second, third, fourth, or fifth tax year as a section 501(c)(3)						on 501(c)(3) ► ☑
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin				(f))	15	50.9 %
16	Public support percentage from 2007 S			27g		16	75.6 %
-	tion D. Computation of Investment Income Percentage						
17		percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  percentage from 2007 Schedule A, Part IV-A, line 27h  13 %					
18	. 3				and lice 15 is n		
19a 33'3% support tests – 2008. If the organization did not check the box on line 14, and line 15 is more 17 is not more than 33'5%, check this box and stop here. The organization qualifies as a publicly support 17 is not more than 33'5%, check this box and stop here. The organization qualifies as a publicly support 19 is not more than 33'5%, check this box and stop here.							
ь	And the second s						
20	and the second s						

Schedule A (Fo	orm 990 or 990-EZ) 2008				Page 4
Part IV	Supplemental Information. Cor Part II, line 17a or 17b: or Part II	nplete this part I, line 12 Provid	to provide the ex e any other additi	planation required by ional information. (see	Part II, line 10, instructions)
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#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

5118023

Employer identification number

20

Ca. No 51056h

Schedule O (Form 990) 2008

Department of the Treasury Internal Pevenue Service Name or the organization

Kuali Foundation, Inc.

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

1. For Part VI, Section B, Line 12c, the Conflict of Interest policy is very well defined in our bylaws. However,
we don't currently have a process in place to routinely monitor this. By the end of the year, we plan to put in
place an annual process whereby each Board member will complete a written form of disclosure.
2. For Part VI, Section C, Line 19, the Foundation publishes its bylaws on its public website. Any changes to the
bylaws are reviewed by the members before changes are made, and those changes are also published on the
public web site. All agendas and meeting minutes for the governing body are posted on the public website.
At least once per year, the governing body holds an open board meeting for the members and reports on the
financial status of the foundation. The conflict of interest policies, election policies, and all other policies of
the Foundation are listed in the bylaws, which are on the public website.
······································
3. For Part VI, Section A, Line 6, 7a, and 7b, the members are those who become dues-paying members of the
organization and they vote in elections for seats in the governing body. The governing body must consult
them on changes to the bylaws and provide to them at least once a year for an update on the Foundation,
including the financial status.
4 For Part VI, Section A, Line 10, the Treasurer of the Foundation reviews and signs the 990 before it is filed. The
governing body delegates that authority and responsibility to the Treasurer. However, this year, we decided to also
begin sharing the 990 with our Board of Directors prior to filing the return.
5. Fcr Part VI, Section B, Line 15, this does not apply as we do not compensate our officers and have no
employees. The Executive Director is an employee of Indiana University and compensation is set by
Indiana University.
6 For Part VI Section B, Lines 13 and 14, because we are so new, we don't have these yet, but we plan to create policies
for whistleblowers and document retention before the next fling of our 990 return.

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

Schedule O (Form 990) 2008	rage Z
Name of the organization	Employer identification number
	<del>:</del>
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