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	990
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Form	
3	T .

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

◆ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2008 Open to Public Inspection

Α	For the 20	08 calendar y	ear, or tax year beg	inning 9/0	01/08	, and ending	8/31/0)9			
	Check if applic		C Name of organization			<u>-</u>			D Empl	oyer identific	ation number
	Address chang	ge use IRS		KAPPA I	OUNDA!	TION					
П	Name change	1	Doing Business As						47-	<u>-080938</u>	34
三	Initial return	type.		(or PO box if mail is not		et address)		Room/suite		hone number	
Ħ		See Specific	1430 II	YLWILD DI	RIVE			J	402	<u>2-873-8</u>	
片	Termination	Instruc-		te or country, and ZIF	· + 4		. ^		G Gross red	ceipts\$	156,737
Ц	Amended retu		LINCOLN			NE 6841	.0	 	{		
Ш	Application pe	ending F Name	e and address of prin	cipal officer					1	a group return fo	1 . .
									affilia H(b) Are a	il affiliates	Yes A No
									includ		Yes No
	Tax-exempt	t status X	501(c) (3)	♦ (insert no)	4947(a)(1) or 5	 27	 	"NO	," attach a list. (se	e instructions)
	Website:		301(c) (3)	V (macreno)	1 1 4347(8)(1) 01 1 32	<u> </u>		H(c) Grow	p exemption numb	ner 🌢
	Type of organ	lee!	poration Trust	Association	Other •		L	Year of formation	111(0) 0100	M State of lega	
******	art I	Summa		1 / 2200:000:: 1	<u> </u>		 			1 0.0.0 003.	
	1			mission or most si	ignificant ac	tivities					
Ф	A	WARDING	OF COLLEGE	SCHOLARSH	IPS		•	••			•
Activities & Governance					•						
er.			·				••				
Š	2 Che	eck this box	♦ 🔲 if the orga	nization discontinu	ued its opera	ations or dispose	d of more tha	n 25% of its asse	ts.		
⊛ ≪5	3 Nun	nber of voting	members of the	governing body (P	art VI, line 1	la)			. 3	12	
ies	4 Nun	mber of indep	endent voting mei	mbers of the gove	ming body (f	Part VI, line 1b)			. 4	12	
Ĭ.	5 Tota	al number of	employees (Part \	/, line 2a) .					5	0	
Acı			volunteers (estima	The same of the sa	TE OF	NED "			6		
				renue from Part VI				•	7a		
	b Net	unrelated bu	siness taxable inc	ome from Form 9	<u>50-T, line 34</u>	$\frac{1}{2}$	<u>. </u>	. Brian Va	7b	Cuma	0
	8 Con	atributions and	d grants (Part VIII,	. line 1h)	JAN 2	\$ 5010 10	1	Prior Ye	1,118	Curre	39,844
μ	ı		revenue (Part VIII	115-21					5,852		90,717
Revenue		~	•	mn (A), lines 3, 4,	and 7d DE		<u>.</u>		2,520	_	-59,573
æ				A), lines 5, 6d, 8c,		d 11e)	•				
		-	-	n 11 (must equal F				12	4,450		70,988
	13 Grai	nts and simila	ar amounts paid (f	Part IX, column (A), lines 1-3)						
	14 Ben	efits paid to	or for members (P	art IX, column (A),	, line 4)						
Se	15 Sala	anes, other co	ompensation, emp	oloyee benefits (Pa	art IX, colum	n (A), lines 5–10)				
sesued				IX, column (A), tır	•						<u>67,851</u>
Expe		-		K, column (D), line		. 67	,851				
ш		•	•	A), lines 11a-11d,	•				7,617		87,120
		-		nust equal Part IX		, line 25)			7,617		L54,971
- s		enue less ex	penses. Subtract I	line 18 from line 12	2			Beginning o	6,833		-83,983 of Year
Net Assets or Fund Balances	20 Tota	al assets (Par	t X. line 16)						7,878		577,515
Ass	21 Tota		art X, line 26)				••• •		8,190		392,350
Fee	22 Net	assets or fun	d balances. Subtr	act line 21 from lir	ne 20		· · · ·	1,21	9,688	1,1	185,165
P	art II	Signatu	re Block								
		Under penalt	ties of penjury I decla	re that I have examin	this return	, including accomp	anying schedule	es and statements, a	ind to the be	st of my knowl	edge
		and belief, it	is the correct for	complete Declaration	or properer (c	otner tnan officer) is	s based on all in	ntormation of which	preparer nas	any knowledg	2~H
Sig			mu fi	no	<u> 20 []</u>	reas				// 0	
He	re	Signatu	re of officer	10:44		C. ITA	C- 6		Date		
			1/100000	·WITTON		20/1000	<u>~. </u>				
		y type or	print name and title		111 :		1	T 2		Prenarer's in	dentifying number
Pai	id	Preparer's),	بالا لايت	VI 10		Date	Check self-	. 👽	(see instruct	tions)
	parer's	signature	V Ja	via ju	Nolli	CDA	<u> </u>	(0 employ			56236
	e Only	Firm's name	(or yours	<u>vid W Mc</u> 5 Meridia	Nally,	, CPA		·	EIN	♦ 4/- (0710166
	-	if self-employ address, and		o meridia zad, NE	n Ave 69130-	-1756			Phone	300-70	84-4080
Mar	the IDS 4	L		arer shown above					no ◆	308-78	
				ction Act Notice,			ns.		-	For	Yes No m 990 (2008)

Form	n 990 (2008) KAPP	A FOUNDATION		47-080938	34	Page 2
		nt of Program Service Ac	complishments (see	instructions)		
1	•	rganization's mission:				
Z	AWARDING OF	COLLEGE SCHOLARS	HIPS			
						• •••
	Did the organization (undertake any significant program	services during the year w	which were not listed on		
-	the prior Form 990 or		sorvices during the year to	Which were not listed on		Yes X No
	•	se new services on Schedule O.				
3	Did the organization of	cease conducting, or make signific	ant changes in how it con-	ducts, any program		
	services?					Yes X No
		se changes on Schedule O.				
4		purpose achievements for each o				
		d 501(c)(4) organizations and secti			ount of grants and	
	allocations to others,	the total expenses, and revenue,	if any, for each program se	ervice reported.		
	(Code:) (E	Expenses \$ 86,95	58 including grants of \$) (Revenue \$	
		F EDUCATIONAL SCH			F THE	
		OF NEBRASKA COLLE			-, , - , , , ,	
	•		•	•		
			• •			
41.	(O-d				\ /D	
40	(Code:) (E	Expenses \$	including grants of \$) (Revenue \$)
			•			
				• • • • •		••
						•••
	• • •					
	(Code:) (E	(vnoncoc \$	including greats of \$) (Revenue \$	
46	(Code) (E	expenses \$	including grants of \$.) (Revenue 3 .	,
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				• • • • • • • • • • • • • • • • • • • •		
_	 	 				
4d		es. (Describe in Schedule O.)				
	(Expenses \$	including gra	A A) (Revenue \$		
40	Total program servic	ce expenses • \$	86,958 (Must equal	Part IX, Line 25, colum	in (B).)	Far- 000 (000)
						Form 990 (2008)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II 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 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, 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 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the U S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes." complete Schedule G. Part III 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 X 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 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X Schedule J 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. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year ... to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 X Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 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

<u> </u>	art 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:		•	
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,		l	
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part il	32		X
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		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		Ī	
	VI	37		X

Form **990** (2008)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance							
	•						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1						
	U.S Information Returns. Enter -0- if not applicable	1a	0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		_			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	е					
	gaming (gambling) winnings to prize winners?				·	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0_					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?				2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see							
_	instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	э бу						X
	this return?	• •	•	•	•	3a 3b		<u> </u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				•	30		
44	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account in a foreign country (such as a bank account in a		y					
	account)?	ancrai				4a		x
ь	If "Yes," enter the name of the foreign country:	•		•	•	70		
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	Bank	•		•			
	and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	•	•	•	5b		Х
C	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		
6a	Did the organization solicit any contributions that were not tax deductible?					6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or						
	gifts were not tax deductible?					6b		
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than						
	\$75?	•				7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?					7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				_		v
	required to file Form 8282?	T	•			7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1					
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	ersona	ļ			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	 ct2		• •		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Ot:		•		7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as .	•					
	required?					7h	İ	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	ion	•	•	• •		,	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons	soring						
	organization, have excess business holdings at any time during the year?					8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?					9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?					9b		X
10	Section 501(c)(7) organizations. Enter:	1					ĺ	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	ا مه						
a	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b						
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form					12a	j	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	•	•••				

Form 990 (2008) KAPPA FOUNDATION 47-0809384 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Νo Yes For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions Enter the number of voting members of the governing body 12 1b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8Ь X Does the organization have local chapters, branches, or affiliates? 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? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a X Other officers or key employees of the organization? 15b Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed • None 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

1724 S. 48TH RD

NE 68448

308-325-1125

TALMAGE

organization: WILL WITTLER

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 c	(B)				C)			trustee, or key employee. (D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director			k ali	m Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		rustee	trustee		/ee	npensated				and related organizations
DOYLE HULME TRUSTEE	1 1	x						0	o	0
RON GRAPES	-	+==	_	\vdash	 		-			
TRUSTEE	1	$ \mathbf{x} $						0	0	0
CHARLIE TRAU	JGER									
TRUSTEE	1	x						0	0	0
TIM KAYTON										
TRUSTEE	1	X		<u> </u>				0	0	0
ROGER WEHRBI		1								
TRUSTEE	1	X		_	L			0	0	0
W R STEPHENS										•
TRUSTEE	1	X		<u> </u>		Ш		0	0	0
ROBERT MILLE	sk 1	$ \mathbf{x} $						o	o	0
DAVID ELLING		+^			-			<u>_</u>		
TRUSTEE	1	x						0	o	0
NEIL BALFOUR	 	+			┢					<u> </u>
TRUSTEE	1	x						o	o	0
KEITH CARLSO	N									
TRUSTEE	1	X						0	0	0
JUSTIN STOFT										
PRESIDENT	2			X	_			0	0	0
WILL WITTLE						l l				_
SEC\TREAS	3	_		X				0	0	0

E 000 (0000)	KADDA	FOUNDATION
rom 990 (2008)	MAFFA	FOORDALLON

Pa	rt VII Section A	A. Officers, Directors, Trus	stee	s, Ke	y Er	nplo	yee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average	-	•	chec		hat a	_		(E) Reportable		(F) Estima	ated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amoun othe compens from t organiza and rela	er sation the ation ated	
											ļ			
							_							_
•											<u> </u>			
•														
	·													
	·· ·													
	· · · ·													
	• • • •													
													·····	
1b	Total							•						
2	Total number of indicorganization ◆ 0	viduals (including those in	1a) v	who	recei	ived	more	e th	an \$100,000 in reportable o	compensation from the				
3		list any former officer, dire	ector	or tr	ruste	e, k	ey er	nplo	oyee, or highest compensat	ted			Yes	No
4	employee on line 1a For any individual lis	? If "Yes," complete Sched sted on line 1a, is the sum	dule of re	J for porta	such able	n ind com	ividu pens	ial satio	on and other compensation s," complete Schedule J fo	 from		3		X
5	•	* -							•			4		X
Sec	services rendered to tion B. Independent	the organization? If "Yes, Contractors	con	nplet	e Sc	hed	ule J	for	such person			5		X
1	Complete this table compensation from	the organization	ensa	ted II	ndep	end	ent c	ont	ractors that received more				(0)	
		(A) Name and business address						-	Descrip	(B) tion of services	_	Con	(C) npensat	tion
							_							
		<u> </u>					_							
2		="	ding	thos	e in	1) w	ho r	ece:	ved more than \$100,000 in					
DAA	compensation from	tne organization •										Form	990	(2008)

75	irt V	III Statement of Rev	enue					<u> </u>
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a			, , , i evenue	- , .	312, 313, 01314
ant	la L							
Program Service Revenue Contributions, gifts, grants	ם	Membership dues	1b					
ff.	С	Fundraising events	1c					
<u> 2</u>	d	Related organizations	1d					
Ş.Ë	е	Government grants (contributions)	1e					
흕	f	All other contributions, gifts, grants,		ĺ	ĺ			
혈		and similar amounts not included above	1f	39,844				
ğğ	g	Noncash contributions included in lines 1	la-1f \$					
೧೯	h	Total. Add lines 1a-1f		•	39,844			
9			·	Busn. Code	· · · · · · · · · · · · · · · · · · ·			
9	22	Program Comuses Box		Busin. Code	90,717	90,717		
ě	2a		venue .		30,717	30,111		
8	b	•						
Ž	С	• •	•	-				
တ္တ	d							
E .	е							
Bo	f	All other program service reve	enue					
<u>~</u>	g	Total. Add lines 2a-2f		. •	90,717	,		
	3	Investment income (including	dividends, inte	erest, and				ĺ
		other similar amounts)		•	22,270			22,270
	4	Income from investment of ta	x-exempt bond	proceeds •				
	5	Royalties		•			••	
		(i) Real	· · · · · ·) Personal			······································	
	6-	Gross Rents		71 C13011d1				
	6a							
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)	 ,	•				
	7a	Gross amount from (i) Securities sales of assets	es	(II) Other				
		other than inventory	ļ	3,906				
	b	Less cost or other		1				
		basis & sales exps 85	,749					
	С		,749	3,906				
	d	Net gain or (loss)	<u>,</u>		-81,843	-81,843		•
		• • •		•	02/015	02,015		
9	oa	•	ents	1				
		(not including \$. •					
8		of contributions reported on line 10	⁵⁾					
ř		See Part IV, line 18	a					
Other Reven	b	•	b					
δļ	C	Net income or (loss) from fund	draisin <u>g events</u>	. •				
	9a	Gross income from gaming activities	es.	i i		į.		
		See Part IV, line 19	a			1		
	b	Less: direct expenses	b			1		
		Net income or (loss) from gan	ning activities	•		-		
		Gross sales of inventory, less						
		returns and allowances	a	ŧ				
i	h	Less: cost of goods sold	ь Б			1		
		•				İ		
ŀ	C	Net income or (loss) from sale		Buan Carla				,
}		Miscellaneous Revenu	e	Busn. Code		1		
	11a		•	 			· · - · · · · · · · · · · · · · · · · ·	
	b							
- [C							
	d	All shares and an area						
İ	е	Total. Add lines 11a-11d		•				
	12	Total Revenue. Add lines 1h,	2g, 3, 4, 5, 6d.	. 7d, 8c,				
ŀ		9c, 10c, and 11e		•	70,988	8,874	o	22,270

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) but are not required to complete columns (B), (C), and (D).

	. All other organizations must d	complete column (A) but a	re not required to comple	ete columns (B), (C), and	I (D).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			Одренава	Acuciai exhelises	expenses
•	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	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees):				
а	Management		5 000		
b	Legal	5,900	5,900		
C	Accounting				··········
d		67 051			67 OF1
8	Professional fundraising services. See Part IV, line 17	67,851			67,851
7	Investment management fees				
9 12	Other				
12	Advertising and promotion	1,624	1,462	162	
13 14	Office expenses Information technology	1,024	1,402	102	
15	Royalties	·			
16	Occupancy	2,659	2,659		
17	Travel	2,033	2,033		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	20,916	20,916	·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		.,		
23	Insurance	1,035	1,035		
	· · · · · · · · · · · · · · · · · · ·		•		
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	SCHOLARSHIPS	18,200	18,200		
b	REAL ESTATE TAXES	18,120	18,120		
С	REPAIRS & MAINTENCE	15,710	15,710		
d	Management fees	2,956	2,956		
е	<u>L</u>				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	154,971	86,958	162	67,851
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.				
	iunuraising solicitation		<u></u>		5 000 (000)

_5	art)	<u>Balance Sheet</u>							
					(A) Beginning of year		En	(B) d of yea	r
		Oak assistant basins			4,769	1			, 352
	1	Cash—non-interest bearing		· · · · · · -	525,622	2	 		, 692
	2	Savings and temporary cash investments	••	· · · -	323,022	3	†	410	, 0 3 2
	3	Pledges and grants receivable, net Accounts receivable, net	•			4	 		
	4	•	tructoor			 " -	 		
	5	Receivables from current and former officers, directors,				5			
	_	employees, or other related parties. Complete Part II of					 		
	6	Receivables from other disqualified persons (as defined							
		4958(f)(1)) and persons described in section 4958(c)(3)	(B). Con	ipiete			1		
10	١,	Part II of Schedule L Notes and loans receivable, net		F		7			
뜷	7	Inventories for sale or use		• • -		8	 		
Assets	Ů			• • •		9	 		
⋖	40-	Prepaid expenses and deferred charges	10a	1,150,471		9			
	1	Land, buildings, and equipment: cost basis	Iva	1,130,411					
	0	Less: accumulated depreciation. Complete	406		1,017,487	10c	1	,150	471
	۱.,	Part VI of Schedule D	10b		1,017,407	11		, 130	, 3 , 1
	11	Investments—publicly traded securities		F			 		
	12	Investments—other securities. See Part IV, line 11				12	 		
	13	Investments—program-related. See Part IV, line 11					 		· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		· · ·		14	+		
	15	Other assets. See Part IV, line 11	4)	· ·	1,547,878	16	1	, 577	515
	16	Total assets. Add lines 1 through 15 (must equal line 3- Accounts payable and accrued expenses	4)	· · · · · · · · · · · · · · · · · · ·	1,547,676	17	 -	, , , , ,	, 313
	17			· · · · · - -		18			
	18	Grants payable		· · ·		19			
Liabilities	19	Deferred revenue		•		20			<u>-</u>
	20	Tax-exempt bond liabilities		-		21			
	21	Escrow account liability. Complete Part IV of Schedule I	•	-		-21			
三	22	Payables to current and former officers, directors, truste							
<u>.</u> 2		employees, highest compensated employees, and disqu	Jameu			22	İ		
_		persons. Complete Part II of Schedule L	d nadiaa	· · · · -		23	 		
	23	Secured mortgages and notes payable to unrelated third	a parties	• • • -		24			
	24	Unsecured notes and loans payable		· · ·	328,190			302	,350
	25	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	•	· · · -	328,190		-	392	, 350
	26		· ·	· · · · ·	320,190	20	ļ		, 550
nces		Organizations that follow SFAS 117, check here ◆ 2 complete lines 27 through 29, and lines 33 and 34.	K and	1					
an	27	Unrestricted net assets		İ	1,219,688	27	1	,185	165
3al	i .	• • • •		· · · · · ·	1,215,000	28		, 100	, 100
ъ	28	Temporanly restricted net assets Permanently restricted net assets	• • •	· · · · · · · · · · · · · · · · · · ·		29			
Ę	29	• • • •		1· · · · · ·		23			
Net Assets or Fund Bala	ļ	Organizations that do not follow SFAS 117, check her and complete lines 30 through 34.	· • • [_	J					
0	30	Capital stock or trust principal, or current funds			į	30	İ		
ek	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	· ·· · · · -		31		-	
SS	32	Retained earnings, endowment, accumulated income, o		unde		32			
₹.	33	Total not access or fund halances		· F	1,219,688		1	185	165
Š	34	Total liabilities and net assets/fund balances			1,547,878		1	577	$\frac{515}{515}$
	art X	·····	• •	<u> </u>	2/01//0/0			<u></u>	,
	<u> </u>	Tillaticial Statements and Reporting						Yes	No
1	Δα	counting method used to prepare the Form 990:	ash [Accrual Oth	er			1:00	1
2		ere the organization's financial statements compiled or rev						2a	x
Ł		ere the organization's financial statements audited by an i				•		2b	X
7		Yes" to lines 2a or 2b, does the organization have a comi			or oversight of	• •	· -		T -
•		e audit, review, or compilation of its financial statements a					;	2c	
3:		a result of a federal award, was the organization required				• ••	··		1
-		Single Audit Act and OMB Circular A-133?		J				3a	
t		Yes," did the organization undergo the required audit or a	· ·udits? .	• • • • •				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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

TAMORICO OTTO OTTO OTTO CONTROL

Inspection
Employer identification number

		•	KAPPA FOUNDA	ATION						47	-08	0938	4	
P	art. I	Reas	on for Public Charity	Status (All organizations	s must o	comple	te this	part.)	(see i	nstruc	ctions) _		
The	orga	nization is not	a private foundation because	se it is: (Please check only one	organizat	ion.)								
1	\Box			sociation of churches described			1)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii). (Atta	ach Sch	edule H	.)				
4	П			d in conjunction with a hospital							ospital'	s name	·.	
	_	city, and stat	-				•		•		•			
5	\Box	•	•	of a college or university owned	or operat	ted by a q	overnm	ental un	t descr	ibed in	•••	•••	•	
Ĭ	Ч	_	b)(1)(A)(iv). (Complete Part	-			,							
6	\Box			povernmental unit described in s	ection 17	70(b)(1)(A	()(v).							
7	X			substantial part of its support fr				from the	e genera	al public	3			
Ť		•	section 170(b)(1)(A)(vi). (C		g				. 3	,				
8	П			170(b)(1)(A)(vi). (Complete Part	: 11.3									
9	Н			1) more than 33 1/3 % of its sup		contribut	tions. me	embersh	nip fees	and or	oss			
-		•	•	npt functions—subject to certain	•				•	_				
		•		nd unrelated business taxable in		-	•							
			-	0, 1975. See section 509(a)(2)	-			,						
10				exclusively to test for public safe			•	. (see in	structio	ns)				
11	П	-		exclusively for the benefit of, to										
		-	=	ted organizations described in s							1			
				the type of supporting organizati										
		a Type	i b Type II	c Type III-Function	ally Integr	rated	d	∏ тур	e III–O	ther				
е		By checking	this box, I certify that the org	ganization is not controlled direc			one or m	ore disc	qualified					
	_	persons othe	r than foundation managers	and other than one or more pul	blicly supp	ported org	ganizatio	ns desc	nbed in	section	n			
		509(a)(1) or	section 509(a)(2).											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	, Type II,	or Type	III supp	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of th	he		•	•	•		• •	
Ī		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed ın ((H)					Yes	No
				f the supported organization?								11g(i)		
		(ii) A family	member of a person descri	bed in (i) above?								11g(ii)		
				described in (i) or (ii) above?		• •	•	•••	•	•••	•	11g(iii)		
h		Provide the	following information about t	he organizations the organization	on suppor	ts.	•		•	••••	•			
/i\	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the (organization	(v) Did y	ou notify	(vi)	ls the		vii) Am	ount of	
(1)		anization	(11) = 11	(described on lines 1–9		sted in your		nization in	organiza		· '	supp		
				above or IRC section	governing	document?		of your		zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
					163		103		100	-10				
					ļ]							
						 -	 							
					<u> </u>									
	-													
														
Tota	ı				1		<u> </u>				L			

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2,855 9,000 25,560 18,398 39,844 95,657 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 2,855 9,000 25,560 18,398 39,844 95,657 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) 3,417 Public support. Subtract line 5 from line 4 92,240 Section B. Total Support (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 Amounts from line 4 2,855 9,000 25,560 18,398 39,844 95,657 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 30,701 35,042 17,244 21,584 26,178 130,749 sources 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 10 226,406 12 Gross receipts from related activities, etc. (see instructions) 12 204,569 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 40.7410 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 33.2072 33 1/3 % support test-2008. 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 b 33 1/3 % support test—2007. 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—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 or 990-EZ) 2008 KAPPA FOUNDATION 47-0809384 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (d) 2007 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons 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 year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total (c) 2006 Amounts from line 6 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 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 . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A.(F		z) 2008 KAPP					4/-08093		Page 4
Part IV	Supplement	al Information.	Complete	this part to p			equired by Part II mation. (see inst		
			•		•			••••	
			•						
									•••
									٠
		•							•
•		•							
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				-					-
									-
					•	• •			
		-			••				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

♦ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

Nam	e of the organization		Employer identification number						
K	APPA FOUNDATION		17-0809384						
P	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	unds or Other Similar Funds or A	Accounts. Complete if						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (dunng year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised							
	funds are the organization's property, subject to the organization's exc		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors ii		_						
	used only for charitable purposes and not for the benefit of the donor	or donor advisor or other							
	impermissible private benefit?		Yes No						
Pa	art II Conservation Easements. Complete if the org	ganization answered "Yes" to For	m 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (chec								
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant land area						
	Protection of natural habitat	Preservation of certified historic	•						
	Preservation of open space								
2	Complete lines 2a–2d if the organization held a qualified conservation	contribution in the form of a conservation	easement						
	on the last day of the tax year.								
			Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c						
d	Number of conservation easements included in (c) acquired after 8/17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d						
3	Number of conservation easements modified, transferred, released, e		tion dunna						
	the taxable year ◆	3	5						
4	Number of states where property subject to conservation easement is	located •							
5	Does the organization have a written policy regarding the periodic mol								
	enforcement of the conservation easements it holds?	3	Yes No						
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforci	ing easements during the year ◆	— —						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing								
8	Does each conservation easement reported on line 2(d) above satisfy								
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIV, describe how the organization reports conservation easen	nents in its revenue and expense stateme	nt, and						
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	lescribes						
	the organization's accounting for conservation easements.								
Pa	Organizations Maintaining Collections of Art	Historical Treasures, or Other	Similar Assets.						
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116, not to report								
	art, historical treasures, or other similar assets held for public exhibition	,	f public service,						
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items.							
b	If the organization elected, as permitted under SFAS 116, to report in								
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service,						
	provide the following amounts relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		• \$_						
	(ii) Assets included in Form 990, Part X		. • \$						
2	If the organization received or held works of art, historical treasures, o	r other sımılar assets for financial gain, pro	ovide the						
	following amounts required to be reported under SFAS 116 relating to	these items:							
а	Revenues included in Form 990, Part VIII, line 1		· • • •						
b	Assets included in Form 990, Part X		• \$ <u> </u>						
			· — —						

1,150,471

Schedule D (Form 990) 2008

1,150,471

1,150,471

1a Land **b** Buildings

d Equipment e Other

c Leasehold improvements

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

Part VII Investments—Other Securities. See Form 990), Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
		-
	"	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
1		
	-	_
_	<u>-</u>	
		· · · <u>-</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ◆		
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>
(a) Description		(b) Book value
		
		
	- -	
······································		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		. •
Part X Other Liabilities. See Form 990, Part X, line 25).	
(a) Description of liability	(b) Amount	
Federal income taxes		
ARBOR BANK LOANS	382,160	
DEPOSITS	10,190	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ◆	392,350	
In Part XIV, provide the text of the footnote to the organization's financial state		·

uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008 KAPPA FOUNDATION 47-08093	84	Page 4
_	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
9 10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	extess of (deficit) for the year per financial statements. Combine lines 3 and 9		
		1 4	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a	-	
þ	Donated services and use of facilities 2b	-	
С	Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIV)	4	
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV)	」 │	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	1 1	
b	Prior year adjustments 2b	7	
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	7	
-	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
``		- I	
		\dashv \vdash	
	Other (Describe in Part XIV)	\dashv \blacksquare	
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
nd 2	b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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Schedute D (Form	990)	2008	_ I	KAI	PP	7]	FOL	MI	PAC	'IO	N										47	-08	305	138	4						Page	∌ 5
Schedule D (Part XIV	S	lagu	eme	enta	ıl İn	fori	ma	tior	1 (cc	ntini	ued)																						_
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SCHEDULE G (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Supplemental Information Regarding **Fundraising or Gaming Activities**

♦ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

KAPPA FOUNDATION					47-08093	
Part I Fundraising Activities. Complete i	if the organizat	ion a	nsw	ered "Yes" to Forr	m 990, Part IV, lii	ne 17.
Indicate whether the organization raised funds through Mail solicitations	e Solicitation	of no	n-gov	ernment grants	·	
b	f Solicitation g Special ful	_		nent grants ents		
d In-person solicitations	3 — -,					
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	wth any individual (in connection with	includ profes	ing of ssiona	ficers, directors, trustee al fundraising services?	es	Yes X No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursu Form 990-EZ filer	ant to	agree not re	ments under which the quired to complete this	fundraiser is table.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	d fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		ļ				
<u>, , , , , , , , , , , , , , , , , , , </u>						
		 -				
		 				
					_	
	l					
List all states in which the organization is registered or registration or licensing	licensed to solicit f	unds c	r has	been notified it is exen	npt from	<u></u>
			•			
			•	• • • • • • • • • • • • • • • • • • • •	• • • • •	
			•			
		•				
		•				
		•	•			
		•				
		•	•			

P	art I			organization answered "Yes" ine 6a. List events with gross			r report	ed
,_		maro and pro-	(a) Event #1	(b) Event #2	(c) Other Events	(d) (Add c	Total Events	
<u>o</u>			(event type)	(event type)	(total number)		col (c))	
Revenue	1 2 3	Gross receipts Less: Charitable contributions Gross revenue (line 1 minus line 2)						
	4	Cash prizes						
sesus	5	Non-cash prizes				<u> </u>		
Direct Expenses	6	Rent/facility costs						
Dire	7	Other direct expenses			<u> </u>			
	8 9	· · · · · · · · · · · · · · · · · · ·	y. Add lines 4 through 7 in colur combine lines 3 and 8 in column	• •		<u>(</u>		
P	art I	II Gaming. Com	plete if the organization	answered "Yes" to Form 990	, Part IV, line 19, or rep	orted m	nore	
_		than \$15,000	on Form 990-EZ, line 6a					
nue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		al gaming (A through col.	
Revenue								
_	1_	Gross revenue						
S	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direct 6	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary	y. Add lines 2 through 5 in colun	nn (d)	▶	<u> </u>		
	8	Net gaming income sum	mary. Combine lines 1 and 7 in	column (d)	▶			
					-		Yes	No
9 a	ls t	he organization licensed t	ne organization operates gaming to operate gaming activities in e	• • •			9a	
b	If "I	No," Explain:					1	
10a	We	ere any of the organization		spended or terminated during the tax	year?	1	10a	
b	lf "	Yes," Explain 						
11	Do	es the organization operat	te gaming activities with nonme				11	
12		he organization a grantor, med to administer charitat		or a member of a partnership or other	er entity		12	

Sche	edule GéForm 990 or 990-EZ) 2008	KAPPA	FOUNDATION		47-0809	384	Page		
							Yes	No	
13	Indicate the percentage of gaming acti	vity operated	เก:		İ				
а	The organization's facility	•		13	a	%			
b	An outside facility	• •		13	ь	%			
14	Provide the name and address of the p	erson who pr	epares the organization's gaming/special ever	nts books					
	and records								
	Name ◆								
	Address ◆								
15a	Does the organization have a contract	with a third pa	arty from whom the organization receives gam	ing					
	revenue?					. 15a	ļ	ļ	
b	If "Yes," enter the amount of gaming re		· · · · · · · · · · · · · · · · · · ·	an	d the				
	amount of gaming revenue retained by	the third part	y ◆ \$						
С	If "Yes," enter name and address								
	Name A								
	Name ◆	•	•						
	Address ◆								
	Address •	••	·	•					
16	Gaming manager information:								
	Samuel Manager and Manager								
	Name ◆								
		• •	• • •						
	Gaming manager compensation ◆ \$						1		
	Description of services provided ◆								
	Director/officer Em	ployee	Independent contractor						
	Mandaka dakh kara								
17	Mandatory distributions:		should be a distant though the garage	anda ta					
а		e iaw to make	charitable distributions from the gaming proce	eeas to		47-		•	
L	retain the state gaming license?		a law distributed to other average areas in the		•	17a			
D			e law distributed to other exempt organization	s or spent					
	in the organization's own exempt activi	ues auring the	e tax year ▼ ⊅			Ł	<u> </u>	<u>L</u>	