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### 4130 01/05/2011'8 21 PM

990 ,Form

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 2009

Open to Public inspection

<u>A</u>	For the 2009 ca	alendar year, or tax year beginning $09/01/09$ , and ending $08/31/16$	<u>)                                    </u>		
	Check if applicable	Please C Name of organization use IRS		D Emplo	yer identification number
	Address change	label or RAPPA FOUNDATION		47-	-0809384
	Name change	print or Doing Business As  type Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	Initial return	See 1430 IDYLWILD DRIVE	Roombaute		2-873-8961
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross rece	206 500
	Amended return	tions LINCOLN NE 68410			
	Application pending	F Name and address of principal officer		H(a) Is this	a group return for
				affiliati	
			İ	include	ed? Yes No
_	Tax-exempt state	us 🕱 501(c) ( <b>3</b> ) ♦ (insert no ) 4947(a)(1) or 527		If "No,	* attach a list (see instructions)
_ <del>'</del> _	Website •			H(c) Group	exemption number •
			ear of formation	TI(C) Gioup	M State of legal domicile
		ummary		<u></u> -	
	1 Briefly d	escribe the organization's mission or most significant activities			
Ф	AWAI	RDING OF COLLEGE SCHOLARSHIPS			
anc.					
011 Activities & Governance					
Š	2 Check th	his box ♦ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
≈ ಶ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12
₩.	5 Total nu	mber of employees (Part V, line 2a)		5	0
201 Ae	6 Total nu	imber of volunteers (estimate if necessary)		6	
		oss unrelated business revenue from Part VIII, column (C), line 12		7a	0
& ●	<b>b</b> Necurire	elated business taxable income from Form 990-T line 347 CCIVED	Prior Year	7b	Current Year
	8 Contribu	utions and grants (Part VIII, line 1h)		,844	244,994
Manuel	i .	utions and grants (Part VIII, line 1h)  n service revenue (Part VIII, line 2g)	90	717	97,359
6	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)J		,573	44,236
	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
<u></u>	12 Total rev	venue – add lines 8 through 11 (must equal Part VIII, column (A) line 12)	70	,988	386,589
<b>3</b>		and similar amounts paid (Part IX, column (A), lines 1-3)			
$\mathcal{O}$		paid to or for members (Part IX, column (A), line 4)			<del></del>
SCANNED JAN		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67	,851	22,423
üec		ional fundraising fees (Part IX, column (A), line 11e)  ndraising expenses (Part IX, column (D), line 25) ◆ 22,423		,651	
Š	1	expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	87	,120	80,563
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		,971	102,986
	19 Revenue	e less expenses Subtract line 18 from line 12		, 983	283,603
Assets or			Beginning of Curr	ent Year	End of Year
sset	20 Total as:	sets (Part X, line 16)	1,577		1,562,758
Net A		bilities (Part X, line 26)		,350	78,990
		ets or fund balances Subtract line 21 from line 20	1,185	,165	1,483,768
		ignature Block			
	an	nder penalties of periury, I <u>declare that I have ex</u> amined this return, including accompanying schedules and nd belief, it <u>is true control</u> and co <u>stolete pegaration of</u> pre <u>pare</u> r (other than officer) is based on all inform	ation of which prepared	o the best o arer has any	r my knowledge ⁄ kngwledge.∕
Sig	ın 🗼	White willing ge/laus		1/	100/20/1
He		Signature of officer		Date	
		William W. Wither Sattasuver		24.0	
	7	Type or print name and title		_	
	Pr	reparer's Date	Check if		Preparer's identifying number
Pa	ia sig	gnature pavid Mulley V-6/1/	self- employe	. V	(see instructions) P00156236
	parer's	David W Mc Nallx CPA		EIN ◆	47-0710166
US	• • · · · · · ·	905 Meridian Ave		Phone	
		ddress, and ZIP + 4 Cozad, NE 69130-1756			308-784-4080
May	the IRS discus	ss this return with the preparer shown above? (see instructions)			Yes No
For DAA	Privacy Act a	nd Paperwork Reduction Act Notice, see the separate instructions.	<del></del>		Form 990 (2009)

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's missing AWARDING OF COLLEGE			
the prior Form 990 or 990-EZ?  If "Yes," describe these new services or Did the organization cease conducting, services?  If "Yes," describe these changes on Schall Describe the exempt purpose achievem Section 501(c)(3) and 501(c)(4) organization.	or make significant changes in how it conducts, any pr	ogram nm services by expenses port the amount of grants and	Yes X No
	80,363 including grants of \$ ONAL SCHOLARSHIPS FOR STUD KA COLLEGE OF AGRICULTURE	) (Revenue \$ ENTS OF THE	)
<b>Jib</b> (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
Id Other program services. (Describe in Se (Expenses \$ Le Total program service expenses ◆	chedule O ) including grants of \$ 80,363	) (Revenue \$	)

Form	1 990 (2009) KAPPA FOUNDATION 47-0809384			F	age 3
Pa	art IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				i
	Schedule C, Part II		4		X
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_	<del> </del>	
6	Did the organization maintain any donor advised funds or any similar funds or 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	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
_	complete Schedule D, Part III		8_	-	X
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,"				47
	complete Schedule D, Part IV		9	_	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		١.,		v
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	<del> </del>	X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		1,,	<b>.</b>	
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	<ul> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more</li> <li>of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> </ul>				
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	:			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	,			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
-	Schedule D, Parts XI, XII, and XIII		12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		x
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1		

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			<b> </b>
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	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	1		7.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			47
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			37
	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	İ		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		x
20	Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3.		
JZ	Schedule N, Part II	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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
0-7	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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	n 990	(2009)

Form	990 (2009) KAPPA FOUNDATION	47-0809384		F	age
Pa	art V Statements Regarding Other IRS Filings and Tax Complian	ice			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	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			
С	Did the organization comply with backup withholding rules for reportable payments to venc	lors and reportable			
	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 employme	nt tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	eturn (see			
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the y	ear covered by			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature	e or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ◆				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report	of Foreign Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the t	ax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	Iter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	Entity Regarding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000	, and did the		l	
	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	contributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided	1?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was			
	required to file Form 8282?	ı r	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu	ums on a personal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as		<u>7g</u>		ļ <u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo	orm 1098-C as		1	
	required?	_	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) so	••			
	organizations. Did the supporting organization, or a donor advised fund maintained by a s	sponsoring			
_	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the organization make any taxable distributions under section 4966?		9a	<del> </del>	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	اما			
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	144-1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources again				
	amounts due or received from them )	11b		1	1

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

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

12b

Part VI

Form 990 (2009) KAPPA FOUNDATION

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

Sec	tion A. Governing Body and Management		··- ··- ·	1	
		1	r	Yes	No
1a	Enter the number of voting members of the governing body	1a 12			
b	Enter the number of voting members that are independent	1b 12			
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	ļ	X
3	Did the organization delegate control over management duties customanly performed by or under the direct			i	
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	•	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		<u>7a</u>	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal			
<u>Rev</u>	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			İ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b	X	<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		X
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
þ	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?		16b	L	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ◆ None				
18	Section 6104 requires an organization to make its Forms 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				
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				
	organization ♦ WILL WITTLER 1724 S. 48TH RD				
T	ALMAGE NE 6844	8	308-32	5-1	125
DAA					(2009)

### Form 990 (2009) KAPPA FOUNDATION

# 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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K. Check this box if the organization did not compensate any current officer, director, or trustee (C) (E) (A) (B) (D) (F) Name and Title Position (check all that apply) Reportable Reportable Estimated Average hours per compensation compensation amount of Individual t or director Highest compensated employee Former Institutional trustee from from related other week organizations compensation employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization trustee and related organizations DOYLE HULME 0 0 TRUSTEE 1.00 X 0 RON GRAPES 1.00 0 TRUSTEE X 0 0 CHARLIE TRAUGER 0 0 0 1.00 X TRUSTEE TIM KAYTON 1.00 X 0 0 0 TRUSTEE ROGER WEHRBEIN 0 0 X TRUSTEE 1.00 0 W R STEPHENS 0 TRUSTEE 1.00 X 0 0 ROBERT MILLER X 0 0 1.00 TRUSTEE DAVID ELLINGSON 0 X 0 TRUSTEE 1.00 NEIL BALFOUR 1.00 X 0 0 0 TRUSTEE KEITH CARLSON 0 X 0 0 1.00 TRUSTEE JUSTIN STOFER 2.00 X 0 0 0 PRESIDENT WILL WITTLER 3.00 X 0 0 SEC\TREAS

Part	(A)	s, Directors, Trustees, Key Employees, (B) (C)						, an	d Highest Compensated E	(E)	(F)			
	Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	a 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 and related organizations			
	· · · · · · · · · · · · · · · · · · ·													
	······································													
					-									
								-						
1b T	otal							<b>♦</b>						
	otal number of individuals (inc portable compensation from t	_			ose	listed	d abo	ve)	who received more than \$1	00,000 in				
4 Fi	id the organization list any for mployee on line 1a? If "Yes," or any individual listed on line the organization and related organization and related organization listed on line 1a any person listed on line 1a ervices rendered to the organi	complete Schedu 1a, is the sum of ganizations great i receive or accru	le J f repo er tha e co	for su ortab an \$1 mpe	uch i le co 150,0	ndivi impe 2002 ion fi	dual ensat If "Y	ion a es,"	and other compensation froi complete Schedule J for su unrelated organization for		3 X 4 X 5 X			
Sectio	n B. Independent Contracto	ors								n \$100,000 of				
	ompensation from the organiz				·					(B) ston of services	(C) Compensation			
		·												
	otal number of independent concerthan \$100,000 in compen	=	_				to th	ose	listed above) who received		0 Form <b>990</b> (2009)			

Pa	<u>irt V</u>	III Statement	t of Reve	nue						
							(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	1a	Federated campaig	ne	1a				revenue	***************************************	312, 313, 01 314
Contributions, gifts, grants and other similar amounts	h	Membership dues	113	1b				1		
ρē		•					į			
r a	<u>د</u>	Fundraising events		1c			ł			
<u> </u>	a	Related organization		1d			l			
Sins	e	Government grants (contrib	•	1e						
ž ģ	Г	All other contributions, gifts and similar amounts not inc	- 1			044 004				
흡			ι	_1f		244,994				
Son	g	Noncash contributions inclu		1f	\$					
	<u>h</u>	Total. Add lines 1a-	-1f			•	244,994			
nee	_					Busn Code				
eve	2a	Program Ser	vice Reve	nue		<del></del>	97,359	97,359		
e E	b									
ζi	С									
Se	d									
Program Service Revenue	е					<b></b>				
<u>rog</u>		All other program se		ue		L			<del></del>	
<u> </u>	g	Total. Add lines 2a-				•	97,359			
	3	Investment income		videnc	ls, interes	t, and				
		other similar amoun	•			• <u> </u>	17,433			17,433
	4	Income from investr	ment of tax-e	exemp	t bond pro	ceeds 🔷 📙				
	5	Royalties		- 1		•				ļ
		<u> </u>	(ı) Real		(n) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc. or (loss)								
	d 70	Net rental income o	r (loss)			• · ·				
	/ a	Gross amount from sales of assets	(ı) Securities		(11)	Other				
		other than inventory	26,	803						
	þ	Less cost or other				1				
		basis & sales exps			ļ					
	С	Gain or (loss)	26,	803	l					
	d	Net gain or (loss)		r		•	26,803	26,803		
en en	8a	Gross income from fun	idraising even	ts						
		(not including \$								
ě		of contributions reporte	ed on line 1c)							
Other Reven		See Part IV, line 18		а						
됐		Less: direct expense		b [						
•	С	Net income or (loss	) from fundra	aising	events	•				
	9a	Gross income from gar	ming activities	:						
		See Part IV, line 19		a						
		Less direct expense		b						
		Net income or (loss		ng acti	vities	•		<u> </u>		
	10a	Gross sales of inver		-						
		returns and allowan		а						
		Less cost of goods		ρĺ						
	С	Net income or (loss		of inve	entory	<b>•</b>			<del></del>	
			ous Revenue		<u>_</u>	Busn. Code				
	11a								<del></del>	<del> </del>
	b					<u> </u>				ļ
	C									<del>-</del>
	d	All other revenue								
	е	Total. Add lines 11a				<b>*</b> _			······································	
	12	Total Revenue. Se	e instruction	S		•	386,589	124,162		17,433

### 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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising		
7b,	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	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	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 salaries and wages						
8	Pension plan contributions (include section 401(k)						
	and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	·					
11	Fees for services (non-employees)						
а	Management						
b	Legal						
С	Accounting						
d	Lobbying						
е	Professional fundraising services See Part IV, line 17	22,423			22,423		
f	Investment management fees						
g	Other				·		
12	Advertising and promotion						
13	Office expenses	2,007	1,807	200			
14	Information technology						
15	Royalties						
16	Occupancy	1,869	1,869				
17	Travel		· · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	13,116	13,116				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	3,476	3,476				
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	22,495	22,495				
b	REAL ESTATE TAXES	19,730	19,730				
С	REPAIRS & MAINTENCE	14,203	14,203				
d	MANAGEMENT FEES	3,605	3,605				
е	MISCELLANEOUS	62	62				
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	102,986	80,363	200	22,423		
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						
		<del></del>					

Par		Balance Sheet	· · · - · · · · · · · · · · · · · · · ·	0009304		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		8,352	1	2,856
	2	Savings and temporary cash investments		418,692	2	409,431
	3	Pledges and grants receivable, net	_		3	
-   .	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key	i ' '	Ċ	
		employees, and highest compensated employees. Compl	ete Part II of			
		Schedule L	Į		5	
	6	Receivables from other disqualified persons (as defined u	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete			
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
۱ 🔻	9	Prepaid expenses and deferred charges			9	
1		Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	1,150,471			
	b	Less accumulated depreciation	10b	1,150,471	10c	1,150,471
1		Investments—publicly traded securities		·· · · · · · · · · · · · · · · · · · ·	11	<u>'</u>
		Investments—other securities See Part IV, line 11	Ī		12	
- 1		Investments—program-related See Part IV, line 11	Ī		13	
- 1		Intangible assets	ľ		14	
	5	Other assets See Part IV, line 11	ļ ,		15	
- 1	6	Total assets. Add lines 1 through 15 (must equal line 34)	ŀ	1,577,515	16	1,562,758
		Accounts payable and accrued expenses			17	
		Grants payable	ŀ		18	
	9	Deferred revenue	ŀ		19	
		Tax-exempt bond liabilities	ļ		20	-
- 1		Escrow or custodial account liability Complete Part IV of	Schedule D		21	
e l		Payables to current and former officers, directors, trustee	r			
<b>등</b>  ^		employees, highest compensated employees, and disqua	· •			
Liabilities		persons Complete Part II of Schedule L	inica		22	
	23	Secured mortgages and notes payable to unrelated third	narties		23	
- 1		Unsecured notes and loans payable to unrelated third par	F		24	
- 1		Other liabilities Complete Part X of Schedule D	ues _	392,350	25	78,990
- 1		Total liabilities. Add lines 17 through 25	ļ-	392,350	26	78,990
	.0	Organizations that follow SFAS 117, check here ◆ 🔀	and	332,330	20	,0,330
ĕ		complete lines 27 through 29, and lines 33 and 34.	and			
ë,	27	Unrestricted net assets	İ	1,185,165	27	1,483,768
G	28	Temporarily restricted net assets	<u>†</u>	2/100/100	28	2,100,700
B   2	29	Permanently restricted net assets	ļ-		29	
<b>S</b>  '	.9	Organizations that do not follow SFAS 117, check her	n 🛦 🗆		23	
ᆫ		and complete lines 30 through 34.				
0 2	30	Capital stock or trust principal, or current funds	Į.		30	
ets		• • •	tund		31	
SS	31 22	Paid-in or capital surplus, or land, building, or equipment	F		32	
~	32	Retained earnings, endowment, accumulated income, or	outer lutius	1,185,165	33	1,483,768
S S	33	Total lightlytes and not assets/fund halances	<u></u>	1,577,515		1,562,758
<u>~-   3</u>	34	Total liabilities and net assets/fund balances		<u> </u>	34	1,302,75

Form **990** (2009)

form 990 (2009) KAPPA FOUNDATION	47-0809384		Pa	ge <b>1</b> 2
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 X C	Cash Accrual Other			
If the organization changed its method of accounting from a pi	nor year or checked "Other," explain in			
Schedule O.				
2a Were the organization's financial statements compiled or review	ewed by an independent accountant?	2a		X
<b>b</b> Were the organization's financial statements audited by an ind	lependent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committe	ee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and	d selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or sele	ection process during the tax year, explain in			
Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether	r the financial statements for the year were			
issued on a consolidated basis, separate basis, or both				
X Separate basis Consolidated basis Both co	nsolidated and separate basis			
3a As a result of a federal award, was the organization required to	o undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?		3a		X

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KAPPA FOINDATTON

Employer identification number

			KAPPA FOUNDA	TION					4/	<u>-080</u>	9304		_	
P	art l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.			
Γhe	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box )								
1	$\Box$	A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(	A)(i).							
2	П		cribed in <b>section 170(b)(1)(</b> A				~ .							
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	1_							
4	Ħ	•	•	in conjunction with a hospital de	•			VΔViii)	Enter th	ne bosni	tal's name			
7	لبا	city, and state		in conjunction with a nospital de	JOHDOU III	30000011	., 0(5)( .	,,,,,,,,,,	Lintoi ti	ic nospi	itars riamo,			
5		-		f a college or university owned or	onorotod	hu a gove	mmont	al unit de	oombod					
J	Ш	-	•	•	operateu	by a gove	en in interna	ai uriit ue	scribed					
			b)(1)(A)(iv). (Complete Part I		470/									
6			-	vernmental unit described in sec			-							
7	X	_	zation that normally receives a substantial part of its support from a governmental unit or from the general public											
			section 170(b)(1)(A)(vi). (Co	·										
8		•		70(b)(1)(A)(vi). (Complete Part II	•									
9		-	•	more than 33 1/3 % of its suppo						-				
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5	11 tax) fr	om busi	nesses					
		acquired by the	ne organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III)								
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(	a)(4).							
11		An organizati	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the					
		purposes of c	one or more publicly supporte	d organizations described in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) \$	See <b>sec</b>	tion				
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h					
		a Type	I <b>b</b> Type II	c Type III–Functiona	ally integra	ted	d	Тур	e III–Otl	her				
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	dısqualı	fied					
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	d in sec	ction				
		509(a)(1) or s	section 509(a)(2)											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the								
Ī		following per	sons?			-								
				ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No	
			pelow, the governing body of		•		` '				11g(ı)			
			member of a person describe	•							11g(ıı)		i	
			ontrolled entity of a person de	• •							11g(III		İ	
h		• •	following information about th	** **							[1.9(m	<u> </u>		
	Name	e of supported	(ii) EIN	(III) Type of organization	(IV) is the	organization	(v) Did y	ou notify	(91)	s the	(vii) Am	ount of		
٠,	-	anization	(,	(described on lines 1–9	1	sted in your		nization in	organizat		sup			
				above or IRC section	governing	document?		of your port?	(i) organi U	zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
					1	<del>  '''</del>	1.00		1.00					
					<del>                                     </del>									
					<u>†                                     </u>	<u> </u>		<del> </del>						
					1									
					<del> </del>	<del>                                     </del>		<u> </u>	-					
								·					_	
		<del></del>								ļļ				
r.	a.1													
Γot	al		t	<b>F</b>	<b>.</b>	ļ	1	1	1	F				

Schedule A (Form 990 or 990-EZ) 2009 KAPPA FOUNDATION 47-0809384 Page 2 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 9,000 25,560 18,398 39,844 244,994 337,796 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 through 3 9,000 25,560 18,398 39,844 244,994 337,796 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) 109,326 Public support Subtract line 5 from line 4 228,470 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 9,000 25,560 18,398 39,844 244,994 337,796 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 30,701 21,584 26,178 17,244 17,433 113,140 sources Net income from unrelated business activities, whether or not the business is 0 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 10 450,936 12 Gross receipts from related activities, etc. (see instructions) 12 301,928 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 50.67% Public support percentage from 2008 Schedule A, Part II, line 14 15 40.74% 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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-2009. 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. 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

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) 2009

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						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		_				<del>-</del> -
3	Gross receipts from activities that are not an unrelated trade or business under section 513		_				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support		т				
Ca	lendar year (or fiscal year beginning ın) ◆	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u></u>				
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part II	l, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo	x and stop here.	The organization qu	ualifies as a publicly	supported organiz	ation	▶ [
b	33 1/3 % support tests—2008. If the organ	nization did not che	eck a box on line 14	l or line 19a, and lin	ne 16 is more than	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check th	is box and <b>stop he</b>	ere. The organization	on qualifies as a pub	olicly supported org	ganization	<b>&gt;</b>
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	ind see instructions	s	▶ │

Schedule A (Form 990 or 990-EZ) 2009 KAPPA FOUNDATION

47-0809384

Page 4

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

◆ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number KAPPA FOUNDATION 47-0809384 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ◆ Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

10,000

1,140,471

Schedule D (Form 990) 2009

10,000

1,140,471

1,150,471

1a Land

**b** Buildings

d Equipmente Other

c Leasehold improvements

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

Schedule D (Form 990) 2009 KAPPA FOUNDATION		47-0809384	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	f valuation
(including name of security)		Cost or end-of-yea	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ◆			··········
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ◆			
Part IX Other Assets. See Form 990, Part X, line 15.		*	
(a) Description			(b) Book value
		··· ··	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	<del></del>
Part X Other Liabilities. See Form 990, Part X, line 25		<u>.</u>	<del></del>
1 (a) Description of liability	(b) Amount		·····
Federal income taxes	(b) / integrit		
ARBOR BANK LOANS	68,800		
DEPOSITS	10,190		
	20,200		
· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ◆	78,990		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization		that reports the	
organization's liability for uncertain tax positions under FIN 48	acon o inignoidi oldioinionto	and roporto the	

	dule C (Form 990) 2009 KAPPA FOUNDATION	47	<u>-0809384</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Financ	ial 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	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d		
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1	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	4a		
	Other (Describe in Part XIV )	4b		
_	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial St	atements with Expe	nses per Keturn	
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	ا ما		
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
Ç	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	) (	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
D	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			
	rt XIV Supplemental Information	U lines to and t Doct IV li		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	ii, lines 20 and 40 Also con	npiete	
ınıs p	art to provide any additional information			
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Schedule D (Fo	orm 990) 20	KAPPA FOUNDATION ntal Information (continued)					47-0809384							Page <b>5</b>															
Part XIV	Supple	ment	tal In	form	natio	n (co	ontin	uec	<u>(t</u>																				
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### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization KAPPA FOUNDATION

Employer identification number 47-0809384

		1										
Pa	rt I Fundraising Activities. Complete in Form 990-EZ filers are not required				ered "Yes" to Form	990, Part IV, line	e 17.					
1	Indicate whether the organization raised funds through a	ny of the following a	activitie	s Ch	eck all that apply							
а												
b	Internet and email solicitations											
С	Phone solicitations											
d	In-person solicitations											
2a	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
b	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization											
	(i) Name of individual or entity (fundraiser)	(II) Activity		have dy or rol of	(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								
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т.												

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule & (Form 990 or 990-EZ) 2009

Page 2

more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.  (6) Event st (6) Event st (6) Total events (6) Total events (6) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events (60) Total events	P	art l	~			anization answered "Y 6a List events with d					orted	1
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5 Other direct expenses  Yes % Yes % Yes %  No No No No No No No No No No No No No N	Expen	3	Noncash prizes						$\perp$			
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12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			·									
	11			•						11		
	12				of a trust or a	member of a partnership or	other entity			12		

					34		age 3
						Yes	No
<b>13</b> Inc	dicate the percentage of gaming activity	y operated in					
a Th	e organization's facility			13a %			
b An	outside facility			13b %			
14 Pro	ovide the name and address of the per	son who prep	ares the organization's gaming/special events books				
an	d records						ĺ
							ĺ
Nar	me ◆						ĺ
Add	dress 🕈						
<b>15a</b> Do	nes the organization have a contract wi	th a third nart	from whom the organization receives gaming				
	venue?	ara ama part	Tront whom the organization receives garning		15a		ĺ
	Yes," enter the amount of gaming reve	nue received	by the organization ♦ \$	and the			
	nount of gaming revenue retained by th		-				į
	Yes," enter name and address of the t						
Nar	me ◆						
Add	dress ◆						
<b>16</b> Ga	aming manager information						ĺ
	_						
Na	ame ◆						
Ga	aming manager compensation • \$						
Ge	Thing manager compensation • •						ĺ
De	escription of services provided ◆						į
	Director/officer Emp	loyee	Independent contractor				
<b>17</b> Ma	andatory distributions						
		aw to make ch	aritable distributions from the gaming proceeds to				į
	ain the state gaming license?	aw to make cr	landable distributions from the garming proceeds to		17a		: 
		l under state l	aw distributed to other exempt organizations or spent		114		
	the organization's own exempt activitie						i

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

• Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization

KAPPA FOUNDATION

Employer identification number 47-0809384

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 OFFICERS REVIEW FORM 990 BEFORE FILING

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE AVAILABLE FROM SEC/TREASURER