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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 2010

Open to Public Inspection

<u>A</u>	For the	e 2010 cal	lendar year, or tax year beginning $09/01/10$, and ending $08/31/11$			
В	Check if a	applicable	C Name of organization		D Emple	oyer identification number
\sqcup	Address	change	KAPPA FOUNDATION			000004
\sqcup	Name ch	ange	Doing Business As			-0809384
	Initial retu	ım	Number and street (or P O box if mail is not delivered to street address) 1430 IDYLWILD DRIVE	Room/suite	•	none number 2-873-8961
\bigcap	Terminate	ed	City or town, state or country, and ZIP + 4		402	2-0/3-0901
$\bar{\sqcap}$	Amended	d return	LINCOLN NE 68410		G Gross reco	erpts\$ 456,317
H		on pending	F Name and address of principal officer		O Gloss lect	
ш	Африсан	on pending		H(a) Isthisag	roup return for	affiliates? Yes X No
				H(b) Are all a	ffiliates inclu	nded? Yes No
_				If "N	o," attach a l	ist (see instructions)
<u></u>		empt statu:				
<u>J</u>		te: • N		H(c) Group e	xemption nu	mber •
		organization		ar of formation		M State of legal domicile
	Part I		Immary			
			scribe the organization's mission or most significant activities DING OF COLLEGE SCHOLARSHIPS			
Ce		ANAL	DING OF COLLEGE SCHOLARSHIPS			
Activities & Governance						
Ve	2	Check the	is box ♦ in the organization discontinued its operations or disposed of more than 25°	% of its not ass	ote	
ŏ			of voting members of the governing body (Part VI, line 1a)	70 OF Its Het as:	3	10
စ္			of independent voting members of the governing body (Part VI, line 1b)		4	10
įį			nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Ę			nber of volunteers (estimate if necessary)		6	
⋖			elated business revenue from Part VIII, column (C), line RECEIVED		7a	
D.	b	Net unrela	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea	ır	Current Year
_	8 (Contributi	service revenue (Part VIII, line 2g)	-	4,994	330,447
36	9 1	Program	service revenue (Part VIII, line 2g)		7,359	98,012
Kevelhuevoza	10	Investme		4	4,236	27,858
_	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and GGDEN, UT			456 045
<u>-</u>	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38	6,589	456,317
9			nd similar amounts paid (Part IX, column (A), lines 1–3)		-	<u> </u>
_	1		paid to or for members (Part IX, column (A), line 4)	-		
penses			other compensation, employee benefits (Part IX, column (A), lines 5–10)		2 422	
38	1		nal fundraising fees (Part IX, column (A), line 11e)		2,423	
Ex	1		draising expenses (Part IX, column (D), line 25) ◆ penses (Part IX, column (A), lines 11a–11d, 11f–24f)	91	0,563	62,246
	1		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,986	62,246
			less expenses Subtract line 18 from line 12		3,603	394,071
20.0		10101100	NOO OXPORTOGO GOOGO TINO TO HOR HITC 12	Beginning of Cur		End of Year
sets	20	Total asse	ets (Part X, line 16)	1,562	2,758	1,888,029
Net Assets or Fund Balances	21	Total liabi	lities (Part X, line 26)		3,990	10,190
		Net asset	s or fund balances Subtract line 21 from line 20	1,483	3,768	1,877,839
	art II		gnature Block			
			erjury, I declare that have examined this return, including accompanying schedules and statements, a		my knowled	lge and belief, it is
ırı	Je, corre	ct, and cor	mplete. Declaration of which preparer (other than officer) is based on all information of which preparer has ar	y knowledge		100
c:_		–	frankfaffaller	_		110/2012
Sig		Sı	gnature of officer		Date	
He	re	 	pe or print name and title			
		<u> </u>		Date	Chook	If PTIN
Paid	d		w. McNally	1-6-	Check	ployed P00156236
Pre	parer	Firm's na	D		ırm's EIN "	47-0710166
Use	Only	1 1111 5 112	905 Meridian Ave	<u> </u>	nin 5 Ell¶	2, 0,10100
	-	Firm's ad	a 1 1 - co400 4556	D	hone no	308-784-4080
May	the IR		s this return with the preparer shown above? (see instructions)	15		Yes No
			duction Act Notice, see the separate instructions.			Form 990 (2010)

Form 990 (2010)	KAPPA FOUNDATION		47-0809384	Page 2
	Statement of Program Ser			
		ins a response to any question	in this Part III	
	cribe the organization's mission	OT ADOUTED		
AMAKDIL	NG OF COLLEGE SCH	OLARSHIPS		•
•			•	
			·	
2 Did the ora	anızatıon undertake any significan	t program services during the year which	were not listed on the	
	990 or 990-EZ?	r program con noce during the year which	Thorat not not not a six a six	Yes X No
-	escribe these new services on Sch	edule O		
3 Did the org	janization cease conducting, or ma	ike significant changes in how it conduc	ts, any program	
services?				Yes X No
	escribe these changes on Schedule			
			st program services by expenses Section	
			port the amount of grants and allocations to	
others, the	total expenses, and revenue, if ar	y, for each program service reported		
	· · · · · · · · · · · · · · · · · · ·	61 262		
4a (Code) (Expenses \$	61,363 including grants of \$) (Revenue \$)
		L SCHOLARSHIPS FOR S COLLEGE OF AGRICULTU		
OMIVERS	SIII OF NEBRASKA	COLLEGE OF AGRICULIA	JRE.	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4C (Code) (Expenses \$	including grants or \$) (Revenue \$,
4d Other progr	ram services (Describe in Schedu	le O)		-
(Expenses	·	luding grants of \$) (Revenue \$	
4e Total progr	ram service expenses ◆	61,363		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ĺ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			77
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	i	v
_	Part III	5		X
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,"			v
7	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	ا ا		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	-		
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	· · ·		
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- 1 1 6		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ĺ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			77
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	_15	!	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
4-7	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
1Ω	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		x
202	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	202		$\frac{\mathbf{x}}{\mathbf{x}}$
zva b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	20a		
J	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	Torm obe more that operate one or more mospitals must attach addited infallidal statements (see instructions)	-		(0040)

Form	n 990 (2010) KAPPA FOUNDATION 47	-0809384		P	age 4
_P	art IV Checklist of Required Schedules (continued)				
21	Did the escential and the off 000 of seath and the seather to seath		,	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to government in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I are	•	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in		-	\vdash	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	if the Office States	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 of				
	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,"				
	through 24d and complete Schedule K If "No," go to line 25		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period e	exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time	-			
	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	g the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess to	penefit transaction			
	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	f person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Form	s 990 or 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 comp	ensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete	ete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key e	employee,			
	substantial contributor, or a grant selection committee member, or to a person related to su	ch an individual?		<u> </u>	
	If "Yes," complete Schedule L, Part III		27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see	e Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule		28a	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	complete			•••
	Schedule L, Part IV		28b	\longmapsto	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family	•			32
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, I		28c	\vdash	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," comple		29	\vdash	
30	Did the organization receive contributions of art, historical treasures, or other similar assets	, or qualified	00		x
31	conservation contributions? If "Yes," complete Schedule M	ata Cabadula Ni	_30	 	
ŞΙ	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," comple Part I	ate Scriedule IV,	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets'	2 If "Vec "	31		-22
J 2	complete Schedule N, Part II	· II 165,	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization u	inder Regulations	<u> </u>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	maci regulations	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedu	ule R. Parts II. III			
•	IV, and V, line 1	210 11, 1 0.10 11, 111,	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35		X
а	Did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,				
	Part V, line 2	Yes X No	.	1 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt no				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a rel	ated organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Sch	redule R,			
	Part VI		37	$\sqcup \sqcup$	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part	VI. lines 11 and	1 '	f l	

19? Note. All Form 990 filers are required to complete Schedule O

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			\prod
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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 vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	X	ļ
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			ĺ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			•
	account)?	4a		X_
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			v
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?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┢
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
h	organization solicit any contributions that were not tax deductible?	0a		<u> </u>
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).	- 0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a 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		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b	 		
C	Enter the amount of reserves on hand [13c]	14a		x
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Ferm 700 to report these payments? If "No." provide an explanation in Schodule O.	14a		A
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2010)
DAA		rom	. J.J.	(2010)

Form 990 (2010) KAPPA FOUNDATION

Pa	 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes O. See instructions. 			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ction A. Governing Body and Management			<u> </u>
<u> </u>	Mon A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		163	No
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			=-
•	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 governing documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		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	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			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, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
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		<u> </u>
b	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	1	
Sec	ction 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 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			

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.

organization lacktriangle WILL WITTLER 1724 S. 48TH RD

NE 68448

308-325-1125

TALMAGE

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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	Pos	ition (C) k all	that apply	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Former Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) RYAN BETKA									-
TRUSTEE	1.00	X		L.			0	0	0
(2) DOYLE HULME		1							
TRUSTEE	1.00	X					0	0	0
(3) RON GRAPES						1			
TRUSTEE	1.00	X					0	0	0
(4) W R STEPHENS]								-
TRUSTEE	1.00	X					0	0	0
(5) CRAIG UDEN		1				1 1			
TRUSTEE	1.00	X					0	0	0
(6) NEIL BALFOUR	1						1.00		
TRUSTEE	1.00	X					0	0	0
(7) KEITH CARLSON TRUSTEE	1.00	x					0	o	0
(8) WILL WITTLER	 	1				 -			
SEC\TREAS	3.00			x			0	0	0
(9) ROGER WEHRBEIN									
PRESIDENT	3.00			\mathbf{x}]	0	0	0
(10) MERLE SCHINES									
SECRETARY	2.00			X			0	0	0
(11)									
(12)		ļ							
(13)		-						<u> </u>	
(14)									<u> </u>
(15)									
(16)									
DAA	L				L		l		

	(A) Name and Title	(B) Average		-	(chec	C)	that a			(E) Reportable		(F)	ted	-
		hours per week (describe hours for related organizations in Schedule O)	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)	com fi org an	rom t anız: d rel:	r sation he ation	
(17)							<u> </u>							_
(18)									-					
(19)														
(20)				-										
(21)														
(22)														
(23)		1												
(24)						ļ								
(25)														
(26)														
(27)														
(28)														
1b	Sub-total		<u> </u>	!		<u> </u>		*						
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				*						
2	Total number of individuals (in reportable compensation from			_	thos	e lis	ted a	bove	e) who received more than	\$100,000 in				
3	Did the organization list any fo	ermer officer du	ector	or t	rueta	a k	ov or	nnio	wee or highest company	tad			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schee	dule	J for	sucl	h inc	lividu	al				3		Х
	organization and related organization											4		X
5	Did any person listed on line 1 for services rendered to the or									ndıvıdual		5		X
	ction B. Independent Contract										-			
1	Complete this table for your five compensation from the organic	zation	ensa	tea i	naep	ena	ent c	iontr	actors that received more		T		(0)	
	Name and	(A) I business address						_	Descrip	(B) tion of services		Co	(C) npensai	tion
								_						
			_		_									
2	Total number of independent of	•	_						se listed above) who					
	received more than \$100,000	in compensation	iron	ıme	orga	anıza	auon	<u> </u>	 	0			990	

Pa	rt V	III Statement of Rev	enue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a	·····		TOVELLEG		0.12, 0.10, 0.10, 1
ran Cun	b	Membership dues	1b					
g's E	c	Fundraising events	1c					
ar,	d	Related organizations	1d					
S, mij	e	Government grants (contributions)	1e			1		
tion	f	All other contributions, gifts, grants,						
혈축		and similar amounts not included above	1f	330,447				
ğğ	g	Noncash contributions included in lines 1	a-1f \$					
<u>ة ت</u>	h	Total. Add lines 1a-1f		◆]	330,447			
Program Service Revenue Contributions, gifts, grants				Busn. Code				
946	2a	Program Service Rev	renue		98,012	98,012		
ě,	b							
Ş	С							
Se	d							
ram	е							
rog	f	All other program service reve	enue					
<u>a.</u>	9			•	98,012	· ·		
	3	Investment income (including	dividend	ds, interest,	45 405			1- 10-
		and other similar amounts)			17,197			17,197
	4	Income from investment of ta	x-exemp	ot bond proceeds •				
	5	Royalties (i) Real		(ii) Personal				
	6-	Gross Rents		(ii) Fersonai				
	6a							
	b	Less rental exps Rental inc or (loss)	+					
	d	Net rental income or (loss)						
		7a Gross amount from (i) Securities (ii)		(II) Other				
		sales of assets	,661					
	b	Less cost or other	<u>'</u>					
		basis & sales exps						
	С	Gain or (loss) 10	,661					
	d	Net gain or (loss)	_	•	10,661	10,661		
ne	8a	Gross income from fundraising even	ents					
nua		(not including \$						
Šev		of contributions reported on line 10	:)					
erF		See Part IV, line 18	a					
Other Reven		Less direct expenses	b L					
		Net income or (loss) from fund		events •				
	9a	Gross income from gaming activities						
		See Part IV, line 19	. a	<u> </u>				
		Less direct expenses	b_					
		Net income or (loss) from gan Gross sales of inventory, less		vities 🔻				
	IVa	returns and allowances	a					
	ь	Less cost of goods sold	ь́Н					
		Net income or (loss) from sale		entory •	İ	i		
		Miscellaneous Revenu		Busn Code				
	11a					1		
	b							
	c							
	ď	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructio	ns	•	456,317	108,673	0	17,197

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)

		(,)	75.	(-), (-),	, , , , , , , , , , , , , , , , , , , ,
	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
			CAPCHISCS	general expenses	CAPCINGCS
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	•	-			
_	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			· · · · · · · · · · · · · · · · · · ·	
3	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)			<u> </u>	
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				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,550	775	775	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			1	
13	Office expenses	108		108	
14	Information technology				
15	Royalties				•
16	Occupancy	3,660	3,660	-	
17	Travel	- 1			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	•			
20	Interest	2,960	2,960		
21	Payments to affiliates	_ / 5 5 5			
22	Depreciation, depletion, and amortization				
23	Insurance	3,576	3,576		
24	Other expenses Itemize expenses not covered	373.	3,3,0		
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	REAL ESTATE TAXES	19,612	19,612		
b	REPAIRS & MAINTENCE	14,736	14,736		
	SCHOLARSHIPS	12,145	12,145		
c d	MANAGEMENT FEES	3,471	3,471		
	MISCELLANEOUS	428	428		
e		440	428		
f as	All other expenses	60 046	61 363	000	
25	Total functional expenses. Add lines 1 through 24f	62,246	61,363	883	0
26	Joint costs. Check here ◆ ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		i		

Conn 99	0 (2010) RAPPA FOUNDATION	17-0809384		Page 11
Part 3	X Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	2,856	1_	8,670
2	Savings and temporary cash investments	409,431	2	512,550
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,,	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventones for sale or use		8	
⋖ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis Complete Part VI of Schedule D 10a 1,366,71			
b	Less accumulated depreciation 10b	1,150,471	10c	1,366,716
11	Investments—publicly traded securities		11	·
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	93
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,562,758	16	1,888,029
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
မ္မ 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
<u>ق</u>	employees, highest compensated employees, and disqualified persons			
ובֿי	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	78,990	25	10,190
26	Total liabilities. Add lines 17 through 25	78,990	26	10,190
es	Organizations that follow SFAS 117, check here ◆ X and complete			
2	lines 27 through 29, and lines 33 and 34.			
[27	Unrestricted net assets	1,483,768	27	1,877,839
<u>m</u> 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
교	Organizations that do not follow SFAS 117, check here ◆ and			
<u></u>	complete lines 30 through 34.			
<u>ي</u> 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Y 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances 27 28 29 30 31 32 33 34	Total net assets or fund balances	1,483,768	33	1,877,839
Z 34	Total liabilities and net assets/fund balances	1,562,758	34	1,888,029

Form **990** (2010)

Form 990 (20	10) KAPPA FO	DUNDATION	47-0809384			Pa	ge 12
Part XI	Reconciliatio	n of Net Assets					
	Check if Sche	dule O contains a response	to any question in this Part XI				
1 Total re	evenue (must equal F	Part VIII, column (A), line 12)		1	4.	56.	317
		Part IX, column (A), line 25)		2			246
	• •	ibtract line 2 from line 1	•	3			071
	·	at beginning of year (must equal P	art X, line 33, column (A))	4	1,4		
		s or fund balances (explain in Sched	· ··	5			
6 Net as:	sets or fund balances	s at end of year Combine lines 3, 4,	and 5 (must equal Part X, line 33,				
column	(B))_			6	1,8	77,	839
Part XII	Financial Stat	tements and Reporting					
	Check if Sche	edule O contains a response	e to any question in this Part XII				
						Yes	No
1 Accour	nting method used to	prepare the Form 990 X Cash	n Accrual Other				
If the o	rganization changed	its method of accounting from a price	or year or checked "Other," explain in				ĺ
Schedu	ıle O						ĺ
2a Were t	he organization's fina	incial statements compiled or review	ved by an independent accountant?		2a		X
b Were t	he organization's fina	incial statements audited by an inde	pendent accountant?		2b	X	<u> </u>
c If "Yes"	to line 2a or 2b, doe	s the organization have a committed	e that assumes responsibility for oversight				
of the	audit, review, or com	pilation of its financial statements ar	nd selection of an independent accountant?		2c	X	
If the o	rganization changed	either its oversight process or selec	tion process during the tax year, explain in				ĺ
Schedu	ıle O						ĺ
d If "Yes'	' to line 2a or 2b, che	ck a box below to indicate whether	the financial statements for the year were				İ
	on a separate basis,	consolidated basis, or both					ĺ
X Se	parate basis 🔲 C	consolidated basis 🔲 Both conso	blidated and separate basis				
3a Asare	sult of a federal awar	d, was the organization required to	undergo an audit or audits as set forth in				
the Sın	gle Audit Act and ON	1B Circular A-133?			3a		X
b If "Yes,	" did the organization	ı undergo the required audit or audit	s? If the organization did not undergo the				1
require	d audit or audits, exp	lain why in Schedule O and describ-	e any steps taken to undergo such audits		3b		<u> </u>
					Form	1 990	(2010)

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.

4947(a)(1) nonexempt charitable trust.

◆ 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

													
P	art l	Reas	on for Public Charity	Status (All organizations	s must	comple	te this	part.)	See in	nstruct	tions.		
Γhe	orgai	nization is not	a private foundation because	se it is (For lines 1 through 11,	check onl	y one box	c.)						
1	\Box	A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)([.]	1)(A)(i).						
2	П			red in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			ice organization described in se	ction 170	/b)/1)/Δ)/	iii)						
4	H			=			•	V4VAV	:::\ Est	or the be	acestal'a nama		
7	Ш			ed in conjunction with a hospital	uescribec	ı iii sectic	M 170(D)(')(A)(. ⊏⊓te	er trie no	ospitai s riaint	,	
_		city, and stat											
5	Ш			of a college or university owned	or opera	ted by a g	overnme	ental un	ıt descr	ibed in			
		section 170	(b)(1)(A)(iv). (Complete Part	: II)									
6	Ц	A federal, sta	ate, or local government or g	governmental unit described in s	section 17	70(b)(1)(A	∖)(∨).						
7	X	An organizat	on that normally receives a	substantial part of its support fr	om a gov	ernmenta	l unit or	from the	e genera	al public	;		
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II)									
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)								
9	П			1) more than 33 1/3% of its sup		contributi	ons. me	mbersh	ıp fees.	and are	oss		
				npt functions—subject to certain						-			
				nd unrelated business taxable ii									
			=	80, 1975 See section 509(a)(2)	•			k) 110111 1	Jusines	363			
40	\Box						•						
10	\vdash			exclusively to test for public saf									
11		-	• ,	exclusively for the benefit of, to	•				•				
				ted organizations described in s						section	1		
			_	the type of supporting organizat			nes 11e	through	11h				
		a Type	··	c Type III-Function	, ,		d		e III–O				
е		By checking	this box, I certify that the org	ganization is not controlled direc	tly or indi	rectly by o	one or m	ore disc	qualified	l person	ns		
		other than fo	undation managers and othe	er than one or more publicly sup	ported or	ganızatıoı	ns descr	ibed in :	section	509(a)(°	1)		
		or section 50	9(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I	Type II.	or Type	III supp	ortina				
		_	check this box		•,			• •	J				
g		•		ition accepted any gift or contrib	ution from	n any of th	20						Ш
9		following per		alon docepted any girt or contrib	/dd/011 11/011	i any or u							
				antrola aithar alana ar tagathar									
			· · · · · · · · · · · · · · · · · · ·	ontrols, either alone or together	with pers	ons descr	ni beain (n) and				Yes	No
			w, the governing body of the	•							11g(ı)	ļ	
			member of a person descri								11g(ıı)	<u> </u>	
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?							11g(m		
h		Provide the	following information about t	the supported organization(s)	,								
(ı)		of supported	(ıı) EIN	(iii) Type of organization		organization		ou notify		ls the	(viı) Am	ount of	
	orga	anization		(described on lines 1–9		sted in your	the organ	nization in	1 -	ion in col zed in the:	supp	oort	
				above or IRC section (see instructions))	governing	document?		ort?		S ?			
				(see men denome),	Yes	No	Yes	No	Yes	No			
A)	-								 				
,									1				
— В)		-							 				
٥,									1				
					 				 				
C)													
		 			<u> </u>				<u> </u>				
D)			•										
					<u> </u>	ļ							
E)													
					<u></u>								
						1			1				

Schedule A (Form 990 or 990-EZ) 2010 KAPPA FOUNDATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning ın) 🔷	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	25,560	18,398	39,844	244,994	330,447	659,243				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	:	: :								
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	25,560	18,398	39,844	244,994	330,447	659,243				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						163,353				
6	Public support. Subtract line 5 from line 4					······	495,890				
	tion B. Total Support		·			<u> </u>	495,690				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4	25,560	18,398	39,844	244,994	330,447	659,243				
8	ross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,701	21,584	26,178	17,433	17,197	113,093				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10						772,336				
12	Gross receipts from related activities, etc	(see instructions)				_12	98,012				
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	ir as a section 501	(c)(3)					
	organization, check this box and stop her						•				
Sec	tion C. Computation of Public Su	upport Percent	age								
14	Public support percentage for 2010 (line 6		•	n (f))		14	64.21%				
15	Public support percentage from 2009 Sch					15	50.67%				
16a	33 1/3% support test—2010. If the organi				3 1/3% or more, cl	neck this	. ==				
	box and stop here. The organization quali						► X				
b	33 1/3% support test—2009. If the organi				5 is 33 1/3% or mo	re,					
4-	check this box and stop here . The organiz			=							
1/a	10%-facts-and-circumstances test—201										
		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 "fa organization		-				> _				
þ	10%-facts-and-circumstances test—200					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										
18	supported organization Private foundation. If the organization did	I not chack a boy a	n lino 13 160 16h	17a or 17h cha	ok this how and as-	•					
10	instructions	THUL CHECK & DOX 0	iriille is, iga, ibb	, 17a, OF 17D, CNE	CV niip dax gua se	5	▶ □				
	moducija										

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendary van (or fiscal year beginning in) ◆ 1 Gibs, cores, correlations, and instancer by the control of the	Sec	tion A. Public Support	y quality diluci	the tests liste	a below, picas	e complete i e	arc III.)	
tess received (i) con or industry any "unusual greats" 7 2 Geoss receips from admissions, mentalinates sold of services performate, or horizons of the provided of the provi			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2009 Schedule A, Part III, line 17 33 1/3% support tests—2010. 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—2009. 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 Image: Part	16	Public support percentage from 2009 Scho	edule A, Part III, lıı	ne 15			16	%
Investment income percentage from 2009 Schedule A, Part III, line 17 33 1/3% support tests—2010. 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—2009. 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	<u>Sec</u>	tion D. Computation of Investme	nt Income Pe	rcentage				_
19a 33 1/3% support tests—2010. 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—2009. 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	17	Investment income percentage for 2010 (I	ine 10c, column (f) divided by line 13	3, column (f))		17	
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—2009. 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		·						%
b 33 1/3% support tests—2009. 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	19a	-						. —
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L			=				
	ט							▶ □
	20				•	• • •	-	•

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Schedule A (Form 990 or 990-EZ) 2010 KAPPA FOUNDATION 47-0809384

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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 2010

Open to Public Inspection

Name	e of the organization		Employer identification number
K	APPA FOUNDATION		47-0809384
	Organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Par		
		(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 (during 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	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n wnting that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose	
	conferring 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	k all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		<u></u>
			Held at the End of the Tax Yea
a			2a
b			2b
C		• •	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Register		[2d]
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organiza	ition during the
	tax year •	Innated A	
4 5	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic moviolations, and enforcement of the conservation easements it holds?	mitoring, inspection, nanding of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the v	
Ū		rolling contact values accommende darling the y	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	♦ \$	Ŭ,	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easer	ments 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 o	describes the
	organization's accounting for conservation easements		
Pa	art III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public	•	
	public service, provide, in Part XIV, the text of the footnote to its financial	cial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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	r other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		◆ \$
b	Assets included in Form 990, Part X		♦ \$

Schedule D (Form 990) 2010 KAPPA FOL	INDATION		4	17-080	9384		Page 2
Part III Organizations Maintaining	Collections of Art, I	listorical Trea	sures, or	Other Si	milar Assets	(continue	d)
3 Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records, chec	k any of the followi	ng that are a	a significant	use of its		
a Public exhibition	d 🗌 Loan oi	r exchange progran	ns				
b Scholarly research	e 🗌 Other						
c Preservation for future generations							
4 Provide a description of the organization's co	ollections and explain how th	ney further the orga	ınızatıon's e	xempt purpo	ose in Part		
XIV.							
5 During the year, did the organization solicit of	r receive donations of art, h	istorical treasures,	or other sim	nılar		_	
assets to be sold to raise funds rather than to	be maintained as part of the	he organization's co	ollection?			Yes	∐ No
Part IV Escrow and Custodial Arr			ation ans	wered "Y	es" to Form	990, Part I	V,
line 9, or reported an amou							
1a Is the organization an agent, trustee, custodi	an or other intermediary for	contributions or otl	her assets r	ot			
included on Form 990, Part X?						Yes	∐ No
b If "Yes," explain the arrangement in Part XIV	and complete the following	table [.]					
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount on F	orm 990, Part X, line 21?					Yes	∐ No
b If "Yes," explain the arrangement in Part XIV							
Part V Endowment Funds. Comp		swered "Yes" t	to Form 9				
	(a) Current year	(b) Pnor year	(c) Two ye	ears back (d) Three years bac	k (e) Four yea	ars back
1a Beginning of year balance					•••••		
b Contributions							
 Net investment earnings, gains, and 							
losses							
d Grants or scholarships							
 Other expenditures for facilities and 							
programs					***************************************		
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the yea	r end balance held as						
a Board designated or quasi-endowment ◆	%						
b Permanent endowment ◆ %							
c Term endowment ◆ %							
3a Are there endowment funds not in the posse	ssion of the organization tha	at are held and adm	ninistered fo	r the			
organization by						Ye	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If "Yes" to 3a(II), are the related organizations	s listed as required on Sche	dule R?				3b	
4 Describe in Part XIV the intended uses of the						•	
Part VI Land, Buildings, and Equi	pment. See Form 990	0, Part X, line 1	10.				
Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accum	ulated	(d) Book valu	ne Se
	(investment)	(other)		deprecia	ition		
1a Land		10	,000			10	,000
b Buildings		1,356				1,356	
c Leasehold improvements		1					
d Equipment				•			
e Other							
otal. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part X. colu	ımn (B), line 10(c) \)		•	1,366	.716
		(2), 1110 10(0)	'		<u>▼</u>	,	<u>, , = c</u>

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	stments—Other Securities. See For			
•	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
Financial derivativ				
(2) Closely-held equit	y interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	st equal Form 990, Part X, col (B) line 12)	•		
Part VIII Inve	stments—Program Related. See Fo	rm 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	st equal Form 990, Part X, col (B) line 13)	•		
	r Assets. See Form 990, Part X, line	e 15.		
	(a) Descrip			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			*	
(9)			*	
(10)				
	st equal Form 990, Part X, col (B) line 15)		•	
	r Liabilities. See Form 990, Part X,	line 25.	· · · ·	
1.	(a) Description of liability	(b) Amount		
(1) Federal income	taxes			
(2) DEPOSITS	·	10,190		
(3) ARBOR BAN	K LOANS			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	st equal Form 990, Part X, col (B) line 25)	♦ 10,190		
S. Elki 40 (400 740)	Stequal Fulli 990, Falt A, COI (B) line 25)	* 10,190	-1-1	

Sche	dule D (Form 990) 2010 KAPPA FOUNDATION	47-08093	384	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ements	
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	er.
7	Prior 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 and	9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	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			
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	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	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses pe	r 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		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
P:	rt XIV Supplemental Information			

Complete 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 and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010 KAPPA FOUNDATION
Part XIV Supplemental Information (continued)

47-0809384

Page 5

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public

Inspection

Name of the organization

KAPPA FOUNDATION

Employer identification number 47-0809384

Form 990, Part VI, Line 11b - 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