Form 990

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
KAPPA KAPPA GAMMA FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
530 East Town Street

City or town, state or country, and ZIP + 4
Columbus, OH 43215

D Employer identification number
31-6049792

E Telephone number
(614) 228-6515

G Gross receipts $ 16,955,269

F Name and address of principal officer
ANN STAFFORD TRUESDELL
530 E Town St
Columbus, OH 43215

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KAPPA ORG/FOUNDATION

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1989

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO DELIVER EDUCATIONAL AND LEADERSHIP TRAINING, PRESERVE THE FRATERNITY'S HERITAGE FROM A HISTORICAL PERSPECTIVE, PROVIDE SCHOLARSHIPS AND OFFER FINANCIAL ASSISTANCE TO MEMBERS IN NEED

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	54
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,161
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

			Prior Year	**Current Year**
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	2,971,433	2,595,216
	9	Program service revenue (Part VIII, line 2g)	50,593	50,593
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,062,006	390,137
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,634	-227
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,077,398	3,035,719
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	999,277	1,041,925
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	416,332	425,054
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,874	3,830
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶673,108		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,026,567	1,114,359
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,446,050	2,585,168
	19	Revenue less expenses Subtract line 18 from line 12	1,631,348	450,551

			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	36,576,596	35,841,940
	21	Total liabilities (Part X, line 26)	277,241	466,910
	22	Net assets or fund balances Subtract line 21 from line 20	36,299,355	35,375,030

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2013-04-30
Signature of officer Date

ANN STAFFORD TRUESDELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ nicole bencik

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)
P00756195

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP
70 West Madison Street
Suite 700
Chicago, IL 606024903

EIN ▶

Phone no ▶ (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☐

1 Briefly describe the organization's mission

TO DELIVER EDUCATIONAL AND LEADERSHIP TRAINING, PRESERVE THE FRATERNITY'S HERITAGE FROM A HISTORICAL PERSPECTIVE, PROVIDE SCHOLARSHIPS AND OFFER FINANCIAL ASSISTANCE TO MEMBERS IN NEED BY DEVELOPING THE FINANCIAL RESOURCES TO SUPPORT THESE PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 736,031 including grants of $ 668,896) (Revenue $)

SCHOLARSHIPS AND AID TO MEMBERS IN NEED THE FOUNDATION AWARDS ANNUAL SCHOLARSHIPS TO QUALIFIED RECIPIENTS FOR UNDERGRADUATE AND GRADUATE EDUCATION SCHOLARSHIPS ARE BASED ON SCHOLASTIC ACHIEVEMENT, FINANCIAL NEED AND PARTICIPATION IN ACTIVITIES OF KAPPA KAPPA GAMMA FRATERNITY THE FOUNDATION PROVIDES CONFIDENTIAL AID TO DESERVING MEMBERS OF ALL AGES WHO SUDDENLY FIND THEMSELVES IN FINANCIAL HARDSHIP DUE TO MISFORTUNE OR ILLNESS RECIPIENTS MAY BE UNDERGRADUATES OR ALUMNAE, AND AID MAY BE A ONE-TIME GRANT OR ONGOING SUPPORT

4b (Code) (Expenses $ 404,162 including grants of $ 373,029) (Revenue $)

EDUCATIONAL AND LEADERSHIP PROGRAMMING THE FOUNDATION SUPPORTS THE DEVELOPMENT AND USE OF EDUCATIONAL AND LEADERSHIP PROGRAMS THAT BENEFIT OVER SIXTEEN THOUSAND MEMBERS OF KAPPA KAPPA GAMMA FRATERNITY THROUGH THESE PROGRAMS WE ARE MAKING A LIFETIME INVESTMENT IN THE EDUCATION AND TRAINING OF WOMEN

4c (Code) (Expenses $ 240,393 including grants of $) (Revenue $)

MUSEUMS THE FOUNDATION SUPPORTS THE OPERATION OF THE HERITAGE MUSEUM IN COLUMBUS, OHIO AND THE STEWART HOUSE IN MONMOUTH, ILLINOIS THESE MUSEUMS DEPICT THE HISTORIC PERIOD OF THE FOUNDERS OF KAPPA KAPPA GAMMA FRATERNITY AND WOMEN OF THE VICTORIAN AGE AND THE FAVORABLE IMPACT THE FRATERNITY EXPERIENCE HAS HAD ON THE LIVES OF WOMEN

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 1,380,586

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
19	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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
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 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L, Part III*	27		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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*	35b		No
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	Yes	
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☑

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
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	8			
b	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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 or securities account)?			4a		No
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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 organization solicit any contributions that were not tax deductible?			6a		No
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).**					
a	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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
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.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
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					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
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	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section 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 12			
b	Enter the number of voting members included in line 1a, above, who 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AZ , AR , CA , CO , CT , FL , GA , HI , IL , IN , IA , KS , KY , ME , MD , MA , MI , MN , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , SD , TN , UT , VT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

HEATHER ROOT
530 EAST TOWN STREET
Columbus, OH 43215
(614) 228-6515

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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CYNTHIA BENNETT JARBOE TREASURER	10 00	X		X				0	0	0
(2) KAY REID TENNISON CURRENT PRESIDENT	10 00	X		X				0	0	0
(3) ANNA HIETT PFLUGH TRUSTEE	10 00	X						0	0	0
(4) BETH ANN SHARP TRUSTEE	10 00	X						0	0	0
(5) COLLETT BEERS RANGITSCH TRUSTEE	10 00	X						0	0	0
(6) JILL EVERSOLE NOLAN FINANCIAL ASSISTANCE CHAIRMAN	10 00	X						0	0	0
(7) JULIE MARINE LESHAY TRUSTEE	10 00	X						0	0	0
(8) JULIE MARTIN MANGIS MUSEUMS CHAIRMAN	10 00	X						0	0	0
(9) KATHERINE SCHOLBERG WEEKS DEVELOPMENT CHAIRMAN	10 00	X						0	0	0
(10) KELLY COX BILEK TRUSTEE	10 00	X						0	0	0
(11) PAT MCINNIS COOPER TRUSTEE	10 00	X						0	0	0
(12) SUSANNE WOLFF VANDER HEYDEN TRUSTEE	10 00	X						0	0	0
(13) ANN STAFFORD TRUESDELL EXECUTIVE DIRECTOR/SECRETARY	40 00			X				0	72,379	11,408

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	0	72,379	11,408

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,595,216				
	g	Noncash contributions included in lines 1a-1f $ 97,418					
	h	**Total.** Add lines 1a-1f	▶	2,595,216			
Program Service Revenue			Business Code				
	2a	RENT FROM RELATED PARTY		50,593			50,593
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f	▶	50,593			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	▶	752,468		2,161	750,307
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
			(i) Real / (ii) Personal				
	6a	Gross rents	28,630 /				
	b	Less rental expenses	32,007 /				
	c	Rental income or (loss)	-3,377 / 0				
	d	Net rental income or (loss)	▶	-3,377			-3,377
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,518,004 / 7,208				
	b	Less cost or other basis and sales expenses	13,884,529 / 3,014				
	c	Gain or (loss)	-366,525 / 4,194				
	d	Net gain or (loss)	▶	-362,331			-362,331
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME		3,150			3,150
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d	▶	3,150			
	12	**Total revenue.** See Instructions	▶	3,035,719	0	2,161	438,342

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)
Check if Schedule O contains a response to any question in this Part IX . . . . ☑

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	373,029	373,029		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	668,896	668,896		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	86,239	17,075	15,092	54,072
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	279,636	55,371	48,936	175,329
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,565	3,280	2,899	10,386
9	Other employee benefits	13,713	2,715	2,400	8,598
10	Payroll taxes	28,901	5,722	5,058	18,121
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	7,188	1,331	5,547	310
c	Accounting	27,200	16,320	5,440	5,440
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	3,830			3,830
f	Investment management fees	208,933		208,933	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	170,472	81,091	59,487	29,894
14	Information technology	14,578	8,746	2,916	2,916
15	Royalties . .	0			
16	Occupancy	60,862	18,375	6,171	36,316
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	116,764	41,512	47,033	28,219
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	91,791	44,484	6,871	40,436
23	Insurance	0			
24	Other expenses Itemize expenses not covered 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)				
a	COST-BASED REIMBURSEMENT	173,171	7,706	114,691	50,774
b	MUSEUM MGMT & MAINTENANCE	34,933	34,933		
c	DEVELOPMENT & PUBLIC RELATIONS	208,467			208,467
d					
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	2,585,168	1,380,586	531,474	673,108
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	0			

Part X **Balance Sheet**

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	222,052	1	995,676
	2	Savings and temporary cash investments	2,698,233	2	2,870,554
	3	Pledges and grants receivable, net	808,173	3	465,797
	4	Accounts receivable, net	406	4	1,553
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,303	9	1,561
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 2,263,553			
	b	Less accumulated depreciation — 10b: 1,383,468	883,828	10c	880,085
	11	Investments—publicly traded securities	20,586,508	11	19,119,299
	12	Investments—other securities See Part IV, line 11	10,877,455	12	11,104,570
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	498,638	15	402,845
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	36,576,596	16	35,841,940
Liabilities	17	Accounts payable and accrued expenses	31,404	17	39,341
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	245,837	25	427,569
	26	**Total liabilities.** Add lines 17 through 25	277,241	26	466,910
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	10,246,942	27	9,421,907
	28	Temporarily restricted net assets	9,004,231	28	8,608,154
	29	Permanently restricted net assets	17,048,182	29	17,344,969
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	36,299,355	33	35,375,030
	34	Total liabilities and net assets/fund balances	36,576,596	34	35,841,940

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,035,719
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,585,168
3	Revenue less expenses Subtract line 2 from line 1	3	450,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,299,355
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,374,876
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,375,030

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,014,268	1,453,501	2,247,936	2,971,433	2,595,216	15,282,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	6,014,268	1,453,501	2,247,936	2,971,433	2,595,216	15,282,354
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						15,282,354

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	6,014,268	1,453,501	2,247,936	2,971,433	2,595,216	15,282,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,934,637	993,485	721,348	868,344	829,567	5,347,381
9 Net income from unrelated business activities, whether or not the business is regularly carried on		-476	-351	228	2,124	1,525
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	199	97	684	503	3,150	4,633
11 **Total support** (Add lines 7 through 10)						20,635,893

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	74 060 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	53 450 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the 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—2011.** 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 ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
c 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)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - , COLUMN A - 199, COLUMN B - 97, COLUMN C - 684, COLUMN D - 503, COLUMN E - 3150, COLUMN F - 4633,,

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►________

4 Number of states where property subject to conservation easement is located ►________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III 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

a Revenues included in Form 990, Part VIII, line 1 ► $ ________

b Assets included in Form 990, Part X ► $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	18,125,598	15,892,327	13,893,632	16,624,309	
b Contributions	311,204	240,183	1,057,449	613,155	
c Investment earnings or losses	-613,372	2,642,101	1,548,198	-2,788,020	
d Grants or scholarships	322,230				
e Other expenditures for facilities and programs	223,607	521,651	524,276	386,422	
f Administrative expenses	135,513	127,362	82,676	169,390	
g End of year balance	17,142,080	18,125,598	15,892,327	13,893,632	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 96 790 %

c Term endowment ▶ 3 210 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,500		15,500
b Buildings		1,810,528	1,141,860	668,668
c Leasehold improvements				0
d Equipment		367,594	241,608	125,986
e Other		69,931		69,931
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				880,085

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other (A) FUND OF FUNDS	9,043,222	F
(B) MANAGED FUTURES FUND	1,007,990	F
(C) PRIVATE EQUITY LIMITED PARTNERSHIPS	371,390	F
(D) REAL ESTATE LIMITED PARTNERSHIPS	681,968	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	11,104,570	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO KAPPA KAPPA GAMMA FRATERNITY	393,612
CHARITABLE GIFT ANNUITIES	33,957
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	427,569

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	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**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part 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, 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

Identifier	Return Reference	Explanation
Collections of art - financial statement footnote	Schedule D, Part III, Line 1a	THE FOUNDATION OWNS MANY COLLECTIBLE AND HISTORICAL ITEMS WHICH WERE NOT CAPITALIZED ON THE FINANCIAL STATEMENTS AS THEY WERE ACQUIRED BECAUSE IT IS IMPRACTICABLE TO DETERMINE A VALUE FOR COLLECTIONS
Collections of art - description of collections	Schedule D, Part III, Line 4	THE FOUNDATION SUPPORTS THE OPERATION OF THE HERITAGE MUSEUM IN COLUMBUS, OHIO, AND THE STEWART HOUSE MUSEUM IN MONMOUTH, ILLINOIS THESE PUBLIC MUSEUMS DEPICT THE LIFE AND TIMES OF WOMEN OF THE VICTORIAN PERIOD AND THE FOUNDERS OF KAPPA KAPPA GAMMA FRATERNITY AND FEATURE EXHIBITS FROM THE ARCHIVES OF THE FRATERNITY THE FOUNDATION DEVELOPS PROGRAMS SUCH AS TRADITION OF LEADERSHIP EDUCATION TO ENFRANCHISEMENT, CURATOR'S TOUR OF TRADITION OF LEADERSHIP, ARCHIVES IN A BOX, VOYAGE OF DISCOVERY AND OTHERS AVAILABLE TO THE PUBLIC
Intended uses of endowment funds	Schedule D, Part V, Line 4	SCHOLARSHIPS, FINANCIAL AID AND LEADERSHIP ACADEMY
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE FOUNDATION IS ORGANIZED AS A NON-PROFIT CORPORATION AND HAS OBTAINED EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(I)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) REQUIRES THE FOUNDATION TO RECOGNIZE A TAX LIABILITY ONLY IF IT IS MORE-LIKELY-THAN-NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX LIABILITY THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX LIABILITY IS RECORDED THE FOUNDATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS THE FOUNDATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX LIABILITIES TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE FOUNDATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE FOUNDATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2012 AND 2011

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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,360,000
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			8,360,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . ▶ ______

3 Enter total number of other organizations or entities . . . . ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KAPPA KAPPA GAMMA FRATERNITY INC530 EAST TOWN ST COLUMBUS,OH 43215	31-4221880	501(C)(7)	332,116				EDUCATION
(2) BETA MU BUILDING AND ALUMNAE ASSOCIATION1134 UNIVERSITY AVENUE BOULDER,CO 80302	84-6030635	501(C)(7)	38,400				EDUCATIONAL FURNITURE/EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) FINANCIAL AID	70	205,920			
(2) SCHOLARSHIPS	133	462,976			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	KAPPA KAPPA GAMMA FRATERNITY, INC PROVIDES QUARTERLY REPORTS TO THE FOUNDATION FOR REVIEW OF HOW THE FUNDS ARE BEING SPENT THE FINAL REPORT IS SIGNED BY THE EXECUTIVE DIRECTORS OF THE FRATERNITY AND FOUNDATION FOR APPROVAL GRANT APPLICANTS PREPARE AND SUBMIT TO THE FOUNDATION BOARD OF TRUSTEES A GRANT APPLICATION FORM DISCLOSING THE INTENDED USE AND PURPOSES OF A GRANT THE FOUNDATION BOARD OF TRUSTEES REVIEWS AND VOTES ON THE PROPRIETY OF A GRANT BASED UPON THE INFORMATION CONTAINED ON THE GRANT APPLICATION FORM IF APPROVED, EACH GRANT IS GOVERNED BY PROCEDURES SET FORTH IN A WRITTEN GRANT AGREEMENT BETWEEN THE RECIPIENT AND THE FOUNDATION THE GRANT AGREEMENT REQUIRES (1) THE GRANT FUNDS TO BE USED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES, (2) THE MAINTENANCE BY THE GRANTEE OF DETAILED RECORDS RELATING TO THE USE OF THE GRANT FUNDS, (3) THE GRANT RECIPIENT ALLOWS FOUNDATION REPRESENTATIVES ACCESS TO INFORMATION RELEVANT TO ITS USE OF THE GRANT FUND PROCEEDS, AND (4) PROVIDES FOR THE RETURN OF GRANT FUNDS IF SUCH FUNDS ARE NOT USED IN THE MANNER SPECIFIED IN THE GRANT AGREEMENT

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	97,418	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (__________)				
26 Other ▶ (__________)				
27 Other ▶ (__________)				
28 Other ▶ (__________)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Identifier	Return Reference	Explanation
FORM W-3 EMPLOYEES REPORTED	FORM 990, PART V, LINE 2A	KAPPA KAPPA GAMMA FRATERNITY FILED 8 W-2'S ON BEHALF OF ITS AFFILIATE, KAPPA KAPPA GAMMA FOUNDATION

Identifier	Return Reference	Explanation
COMPENSATION ARRANGEMENTS	FORM 990, PART V, LINE 2A	EMPLOYEES ARE PAID BY KAPPA KAPPA GAMMA FRATERNITY (EIN 31-4221880), A RELATED ORGANIZATION OF KAPPA KAPPA GAMMA FOUNDATION THE FOUNDATION REIMBURSED THE FRATERNITY $598,225 SALARIES AND BENEFITS FOR FISCAL YEAR 2012 THE REIMBURSEMENT WAS BASED UPON THE ACTUAL EXPENSES INCURRED BY THE FRATERNITY AS SUBSTANTIATED TO THE FOUNDATION IN WRITING THE FRATERNITY FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS ON BEHALF OF THE FOUNDATION

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	A PURPOSES CLAUSE WAS ADDED TO THE AMENDED BYLAWS ARTICLE II, PURPOSE. THE PURPOSE OF THE KAPPA KAPPA GAMMA FOUNDATION SHALL BE TO RAISE FUNDS FOR EDUCATIONAL AND CHARITABLE PURPO SES, AS AUTHORIZED BY THE CORPORATION'S ARTICLES OF INCORPORATION, INCLUDING BUT NOT LIMIT ED TO EDUCATIONAL PROGRAMS, LEADERSHIP TRAINING, SCHOLARSHIPS, FINANCIAL AID, AND THE PRES ERVATION OF KAPPA HERITAGE WITHIN THE CONTEXT OF WOMEN'S HISTORY A MEMBERS CLAUSE WAS ADD ED TO THE AMENDED BYLAWS ARTICLE III, MEMBERS SECTION 1 MEMBERS THE MEMBERS OF THE COR PORATION SHALL BE THE MEMBERS OF THE COUNCIL OF KAPPA KAPPA GAMMA FRATERNITY, SERVING FROM TIME TO TIME. SECTION 2 ELECTION OF TRUSTEES AND OFFICERS THE MEMBERS OF THE CORPORATIO N SHALL ELECT TRUSTEES AND OFFICERS FROM A LIST OF NOMINATED CANDIDATES AT A MEETING DETER MINED FOR THIS PURPOSE AS PROVIDED IN ARTICLE IV AND ARTICLE VI, HEREOF SECTION 3 MEMBER S MEETINGS THE MEMBERS SHALL DETERMINE WHEN AND WHERE THE CORPORATION MEETINGS WILL TAKE PLACE AND THE MEMBERS MAY ACT BY WRITTEN CONSENT IN LIEU OF A MEETING A VICE PRESIDENT PO SITION WAS ADDED TO THE BOARD OF TRUSTEES THE ELECTION AND TERMS OF OFFICE CHANGED AS FOL LOWS ARTICLE IV, OFFICERS SECTION 1 OFFICERS THE OFFICERS OF THE FOUNDATION SHALL BE A PRESIDENT, A VICE-PRESIDENT, A SECRETARY, AND A TREASURER, AND SUCH OTHER OFFICERS AND AS SISTANT OFFICERS AS MAY BE DEEMED NECESSARY BY THE MEMBERS AN OFFICER MAY HOLD NO MORE TH AN ONE OFFICE AT A TIME. ALL OFFICERS, WITH THE EXCEPTION OF THE SECRETARY, SHALL BE TRUST EES SECTION 2 ELECTION AND TERMS OF OFFICE. A PRESIDENT THE PRESIDENT OF THE FOUNDATIO N SHALL BE ELECTED BY THE MEMBERS AFTER THE BIENNIAL CONVENTION OF THE KAPPA KAPPA GAMMA F RATERNITY IN TIME TO TAKE OFFICE PRIOR TO ASSOCIATE COUNCIL SEMINAR THE TERM OF THE PRESI DENT SHALL BE FOR TWO YEARS B VICE-PRESIDENT THE VICE-PRESIDENT SHALL BE ELECTED BY THE MEMBERS FOLLOWING THE BIENNIAL CONVENTION THE TERM OF THE VICE-PRESIDENT SHALL BE FOR TW O YEARS BEGINNING IMMEDIATELY FOLLOWING ELECTION C SECRETARY THE SECRETARY SHALL BE THE EXECUTIVE DIRECTOR OF THE FOUNDATION SERVING FROM TIME TO TIME. D TREASURER THE TREASUR ER OF THE FOUNDATION SHALL BE ELECTED BY THE MEMBERS FOLLOWING THE BIENNIAL CONVENTION TH E TERM OF THE TREASURER SHALL BE FOR TWO YEARS BEGINNING IMMEDIATELY AFTER ELECTION SECTI ON 3 REMOVAL FROM OFFICE. ANY OFFICER ELECTED BY THE MEMBERS MAY BE REMOVED AT ANY TIME B Y A MAJORITY VOTE OF THE MEMBERS SECTION 4 VACANCIES ANY VACANCIES IN OFFICERS, OTHER T HAN THE SECRETARY, SHALL BE FILLED BY THE MEMBERS FOR THE REMAINDER OF SUCH OFFICER'S TERM THE TIMING AND REQUIREMENTS FOR MEETINGS HAS CHANGED AS FOLLOWS ARTICLE V, MEETINGS SE CTION 1 MEETINGS THE BOARD OF TRUSTEES AND ALL COMMITTEES AND SUBCOMMITTEES SHALL BE AUT HORIZED TO MEET BY TELECONFERENCE CALLS, AUDIO CONFERENCE CALLS, OR THROUGH OTHER ELECTRON IC COMMUNICATIONS MEDIA SO LONG AS ALL THE MEMBERS CAN SIMULTANEOUSLY HEAR EACH OTHER AND PARTICIPATE DURING THE MEETING SECTION 2 REGULAR MEETINGS REGULAR MEETINGS OF THE BOARD OF TRUSTEES SHALL BE HELD WHEN DEEMED NECESSARY BY THE PRESIDENT OF THE FOUNDATION A ON E FACE-TO-FACE REGULAR MEETING OF THE BOARD OF TRUSTEES SHALL BE HELD ONCE A YEAR, BUT NOT LIMITED TO ONE. B LOCATION OF MEETINGS OF THE BOARD OF TRUSTEES MAY BE DETERMINED BY THE PRESIDENT OF THE FOUNDATION SECTION 3 ANNUAL MEETING ONE REGULAR MEETING OF THE BOARD OF TRUSTEES SHALL BE HELD ANNUALLY TO BE KNOWN AS THE ANNUAL MEETING SECTION 4 SPECIAL M EETINGS SPECIAL MEETINGS OF THE BOARD OF TRUSTEES SHALL BE CALLED BY THE PRESIDENT OF THE FOUNDATION OR BY ANY THREE (3) TRUSTEES, AND IT SHALL THEREUPON BE THE DUTY OF THE SECRET ARY TO CAUSE NOTICE OF SUCH MEETING TO BE GIVEN AS HEREINAFTER PROVIDED THE PRESIDENT OR THE TRUSTEES CALLING THE MEETING SHALL FIX THE TIME AND PLACE OF THIS MEETING A MINIMUM O F FIVE (5) DAYS NOTICE MUST BE GIVEN TO TRUSTEES WHEN CALLING A SPECIAL MEETING SECTION 5 COMMUNICATION ALL COMMUNICATION REQUIRED IN THESE CODE OF REGULATIONS, INCLUDING MEETIN G NOTICES, MAY BE SENT ELECTRONICALLY SECTION 6 QUORUM A MAJORITY OF THE TRUSTEES SHALL CONSTITUTE A QUORUM AT MEETINGS OF THE BOARD OF TRUSTEES ALL TRUSTEES SHALL BE CONSIDERE D FOR PURPOSES OF DETERMINING IF A QUORUM IS PRESENT SECTION 7 VOTING A MAJORITY VOTE O F THE TRUSTEES SHALL GOVERN IN ALL CASES EXCEPT WHERE THE ACT OF A GREATER NUMBER IS REQUI RED BY NON-WAIVABLE PROVISIONS OF LAW OR BY THESE CODE OF REGULATIONS THE BOARD OF TRUSTE ES MAY CONDUCT BUSINESS WITHOUT A MEETING AS LONG AS THE DECISIONS ARE WRITTEN AND UNANIMO US THE NUMBER OF TRUSTEES ON THE BOARD OF TRUSTEES HAS CHANGED AS WELL AS PROCEDURES RELA TING TO THE BOARD AS FOLLOWS ARTICLE VI, THE BOARD OF TRUSTEES SECTION 1 BOARD OF TRUS TEES THE OPERATIONS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY A BOARD OF DIRECTO RS, WHICH SHALL BE KNOWN AS THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES SHALL EXERCISE AL L OF THE POWERS OF THE CORPORATION THERE SHALL BE

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	NO MORE THAN THIRTEEN (13) TRUSTEES SECTION 2 ELECTION OF TRUSTEES TRUSTEES SHALL BE E LECTED TO THE BOARD OF TRUSTEES BY THE MEMBERS ONLY PERSONS NOMINATED AS CANDIDATES ARE E LIGIBLE FOR ELECTION AS TRUSTEES A FRATERNITY COUNCIL THERE SHALL BE NO MORE THAN FIVE (5) FROM FRATERNITY COUNCIL ELECTED TO THE FOUNDATION BOARD OF TRUSTEES B STANDING COMMI TTEE CHAIRMEN FOUNDATION STANDING COMMITTEE CHAIRMEN SHALL BE ELECTED BY THE MEMBERS C TRUSTEES-AT-LARGE TRUSTEES-AT-LARGE SHALL BE ELECTED BY THE MEMBERS SECTION 3 REMOVAL F ROM THE BOARD OF TRUSTEES ANY TRUSTEE ELECTED BY THE MEMBERS MAY BE REMOVED AT ANY TIME B Y A MAJORITY VOTE OF THE MEMBERS SECTION 4 VACANCIES ANY VACANCY IN THE ELECTED TRUSTEE S SHALL BE FILLED FOR THE UNEXPIRED TERM OF SUCH TRUSTEE BY THE MEMBERS SECTION 5 EMERIT US TRUSTEES THE TRUSTEES MAY SELECT EMERITUS TRUSTEES BY A TWO-THIRDS VOTE THESE TRUSTEE S BECOME HONORARY MEMBERS OF THE BOARD WITHOUT VOTING PRIVILEGES THE PROVISION FOR COMMIT TEES HAS BEEN EXPANDED AS FOLLOWS ARTICLE VII, COMMITTEES SECTION 1 STANDING COMMITTEES THERE SHALL BE THE FOLLOWING STANDING COMMITTEES A BUDGET COMMITTEE THE BUDGET COMMIT TEE SHALL BE COMPOSED OF THE FOUNDATION TREASURER, THE FOUNDATION PRESIDENT, AND THE CHAIR MEN OF THE STANDING COMMITTEES IT SHALL BE A DUTY OF THIS COMMITTEE TO PROPOSE A BUDGET F OR THE FISCAL YEAR AND TO SUBMIT IT TO THE BOARD OF TRUSTEES AT A REGULAR MEETING THE BUD GET COMMITTEE MAY FROM TIME TO TIME SUBMIT AMENDMENTS TO THE BUDGET FOR THE CURRENT FISCAL YEAR 1 THE FOUNDATION TREASURER SHALL SERVE AS CHAIRMAN OF THE FOUNDATION BUDGET COMMIT TEE 2 THE FRATERNITY PRESIDENT MAY SERVE AS AN EX OFFICIO MEMBER OF THE FOUNDATION BUDGE T COMMITTEE 3 SEATED BY INVITATION MAY BE THE FOUNDATION EXECUTIVE DIRECTOR AND THE DIRE CTOR OF FINANCE B DEVELOPMENT COMMITTEE A DEVELOPMENT COMMITTEE OF NO MORE THAN TWELVE (12) MEMBERS SHALL BE ELECTED BY THE BOARD OF TRUSTEES FOLLOWING THE ELECTION OF THE TRUST EES COMMITTEE MEMBERS SHALL SERVE A TERM OF TWO YEARS THIS COMMITTEE SHALL REVIEW THE DE VELOPMENT POLICIES ANNUALLY AS RELATED TO ITS OPERATIONS C FINANCIAL ASSISTANCE COMMITTE E A FINANCIAL ASSISTANCE COMMITTEE OF NO MORE THAN TWELVE (12) MEMBERS SHALL BE ELECTED B Y THE BOARD OF TRUSTEES FOLLOWING THE ELECTION OF THE TRUSTEES COMMITTEE MEMBERS SHALL SE RVE A TERM OF TWO YEARS THIS COMMITTEE SHALL REVIEW THE FINANCIAL ASSISTANCE POLICIES ANN UALLY AS RELATED TO ITS OPERATION D MUSEUMS COMMITTEE A MUSEUMS COMMITTEE OF NO MORE TH AN TWELVE (12) MEMBERS SHALL BE ELECTED BY THE BOARD OF TRUSTEES FOLLOWING THE ELECTION OF THE TRUSTEES COMMITTEE MEMBERS SHALL SERVE A TERM OF TWO YEARS THIS COMMITTEE SHALL REV IEW THE MUSEUMS POLICIES ANNUALLY AS RELATED TO ITS OPERATIONS SECTION 2 OTHER COMMITTEE S OTHER COMMITTEES, STANDING OR SPECIAL, MAY BE ESTABLISHED BY THE BOARD OF TRUSTEES AS I T SHALL FROM TIME TO TIME DEEM NECESSARY TO CARRY ON ITS WORK THE MEMBERS SHALL BE APPOIN TED BY THE PRESIDENT OF THE FOUNDATION WITH THE APPROVAL OF THE TRUSTEES THE PRESIDENT SH ALL BE EX OFFICIO MEMBER OF ALL COMMITTEES THE AMENDMENT PROVISION HAS CHANGED TO THE FOL LOWING ARTICLE XII, AMENDMENTS THE CODE OF REGULATIONS MAY BE AMENDED AT ANY BOARD OF TR USTEES MEETING BY A TWO-THIRDS (2/3) VOTE OF THE MEMBERS AND TRUSTEES IN ATTENDANCE AND VO TING, PROVIDED THAT THE AMENDMENT HAS BEEN SUBMITTED IN WRITING TO THE TRUSTEES AT A PREVI OUS REGULAR MEETING

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE MEMBERS OF THE CORPORATION SHALL BE THE MEMBERS OF THE COUNCIL OF KAPPA KAPPA GAMMA FRATERNITY, SERVING FROM TIME TO TIME THE MEMBERS MUST ELECT AT LEAST ONE, AND MAY ELECT UP TO FOUR, AT-LARGE MEMBERS OF THE GOVERNING BODY THE MEMBERS MUST APPROVE ANY MERGER IN WHICH THE FOUNDATION IS A PARTY, A VOLUNTARY DISSOLUTION OF THE FOUNDATION, ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE FOUNDATION AND THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	UPON COMPLETION OF THE TAX RETURN BY AN INDEPENDENT TAX PREPARER, MANAGEMENT PERFORMS A DETAILED REVIEW OF THE FORM 990 THE FINAL FORM 990, AS FILED WITH THE IRS, IS THEN PROVIDED TO EVERY VOTING MEMBER OF THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES REVIEWS THE FORM 990 WITH THE ASSISTANCE OF THE INDEPENDENT TAX PREPARER

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE FOUNDATION BOARD OF TRUSTEES, FOUNDATION FINANCE COMMITTEE MEMBERS, MANAGERS AND OFFICERS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY EACH BOARD MEMBER, FINANCE COMMITTEE MEMBER, MANAGER AND OFFICER INDICATES WHETHER THERE ARE ANY CONFLICTS AND THESE CONFLICTS ARE REVIEWED BY THE TREASURER BOARD MEMBERS ABSTAIN FROM VOTING ON TOPICS WHERE A POTENTIAL OR REAL CONFLICT OF INTEREST EXISTS BOARD MINUTES REFLECT THIS ACTION

Identifier	Return Reference	Explanation
EXECUTIVE DIRECTOR'S COMPENSATION	FORM 990, PART VI, LINE 15A	IN FY 2012, THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED AND APPROVED THE EXECUTIVE DIRECTOR'S COMPENSATION HOWEVER, NO OUTSIDE STUDY OR SURVEY WAS UTILIZED

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS/KEY EMPLOYEES	FORM 990, PART VI, LINE 15B	THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES THEREFORE, THIS QUESTION HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	DOCUMENTS ARE AVAILABLE UPON REQUEST AND AFTER THE BOARD OF TRUSTEES HAVE REVIEWED THE REQUEST FOR APPROVAL

Identifier	Return Reference	Explanation
Average number of hours devoted per week to related organization	Form 990, Part VII, Section A, Column B	COLLETT BEERS RANGITSCH - 10 HOURS PER WEEK WITH KAPPA KAPPA GAMMA FRATERNITY, A RELATED TAX-EXEMPT ORGANIZATION CYNTHIA BENNETT JARBOE - 10 HOURS PER WEEK WITH KAPPA KAPPA GAMMA FRATERNITY, A RELATED TAX-EXEMPT ORGANIZATION JULIE MARINE LESHAY - 10 HOURS PER WEEK WITH KAPPA KAPPA GAMMA FRATERNITY, A RELATED TAX-EXEMPT ORGANIZATION BETH ANN SHARP - 10 HOURS PER WEEK WITH KAPPA KAPPA GAMMA FRATERNITY, A RELATED TAX-EXEMPT ORGANIZATION SUSANNE WOLFF VANDER HEYDEN - 10 HOURS PER WEEK WITH KAPPA KAPPA GAMMA FRATERNITY, A RELATED TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
FUNCTIONAL EXPENSES	FORM 990, PART IX, LINE 25	THE STATEMENT OF FUNCTIONAL EXPENSES SHOW THAT 53% OF EXPENSES ARE SPENT ON PROGRAMS HOWEVER, AS A 501(C)(3) THE KAPPA KAPPA GAMMA FOUNDATION'S PRIMARY PURPOSE IS TO SUPPORT EDUCATION THROUGH FUNDRAISING EFFORTS THE ORGANIZATION CONSIDERS ITS PROGRAM'S FUNDRAISING EXPENSES TO BE AN INTERGRAL PART OF THEIR TAX-EXEMPT PURPOSE, AND THEREFORE IT SHOULD BE NOTED THAT THE ORGANIZATION'S FUNDRAISING EXPENSES COMBINED WITH THE PROGRAM SERVICE EXPENSES ACCURATELY REPRESENT THE RATIO OF EXPENSES THAT FUND THE ORGANIZATION'S MISSION THUS IT SHOULD BE NOTED THAT THE ORGANIZATION SPENDS 79% OF EXPENSES TO FUND ITS MISSION OF SUPPORTING EDUCATION AND FINANCIAL ASSISTANCE

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -1365716, INCREASE IN CSV OF LIFE INSURANCE - 5260, CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST - -14417, ROUNDING - -3,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KAPPA KAPPA GAMMA FOUNDATION

Employer identification number
31-6049792

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) KAPPA KAPPA GAMMA FRATERNITY INC 530 E TOWN STREET COLUMBUS, OH 43215 31-4221880	FRATERNITY	OH	501(C)(7)	N/A	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUST (1)	INVESTMENTS	MD	N/A	TRUST			

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n	Sharing of paid employees with related organization(s)	1n	Yes	
o	Reimbursement paid to related organization(s) for expenses	1o	Yes	
p	Reimbursement paid by related organization(s) for expenses	1p	Yes	
q	Other transfer of cash or property to related organization(s)	1q		No
r	Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation