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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

Open to Public Inspection

<u>A</u>	For the	2012 cale	ndar year, or tax year beginning July 1	, 2012, and	ending	June 30		0 13
В	Check if	applicable	C Name of organization Kuali Foundation, Inc.			D En	nployer ider	ntification number
	Address	change	Doing Business As				20 !	5118023
	Name ch	nange	Number and street (or P O box if mail is not delivered to st	reet address) R	Room/suite	E Te	lephone nun	nber
	Initial ret	um	2709 E. 10th St.				812-	345-3948
	Termina	ted	City, town or post office, state, and ZIP code	<u> </u>				
	Amende	d return	Bloomington, IN 47408			G Gr	oss receipts	\$ 13,321,801
	Applicat	ion pending	F Name and address of principal officer Jennifer Foutty	, Executive Direct	tor I	H(a) Is this a group	return for affilia	ates? Yes V No
			2709 E. 10th St., Bloomington, IN 47408			H(b) Are all affile		
$\overline{}$	Tax-exe	mpt status	√ 501(c)(3)	4947(a)(1) or	527			see instructions)
J	Website		w.kuali.org			H(c) Group exer	nption numb	oer ▶
K	Form of		✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	of formation	2006 M	State of lega	al domicile IN
P	art l	Sumn						
	T 1		escribe the organization's mission or most signifi	cant activities:	Serve as a	proponent ar	nd coordir	nating body
_			source collaboration for software designed for high					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Activities & Governance			ntation of open source software for higher educatio					
'n.		benefit o						
Š	2		his box $ ightharpoonup$ if the organization discontinued its o	perations or disp	osed of m	ore than 259	% of its no	et assets.
ဇ္	3		of voting members of the governing body (Part V	•		1	3	12
ජ ග	4		of independent voting members of the governing	-		-	4	12
Ë	5		mber of individuals employed in calendar year 20			-	5	0
¥	6		mber of volunteers (estimate if necessary)	•	•	—	6	0
ĕ	7a		related business revenue from Part VIII, column (7a	
	b		elated business taxable income from Form 990-T	•			7b	
	 	TTOLUME	nated business taxable income nem 1 of 11 oct 1	,	' i i	Prior Year		Current Year
	8	Contribi	itions and grants (Part VIII, line 1h)		<u> </u>	1,128	750	
Revenue	9		<u>-</u>					1,298,967
	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7			8,510		12,014,200
3 8	11		venue (Part VIII, column (A), lines 5, 4, and 7	•		11	,361 0	8,634
3	12		enue—add lines 8 through 11 (must equal Part VII	•		0.050		12 221 201
· —	13		and similar amounts paid (Part IX, column (A), line			9,650		13,321,801
	14		paid to or for members (Part IX, column (A), line	-			0	
	1 4-		•	· ·			0	0
Expenses	15		other compensation, employee benefits (Part IX, co	• •	-		0	0
ë	16a		onal fundraising fees (Part IX, column (A), line 11		· ·		0	
ᄶ	b		ndraising expenses (Part IX, column (D), line 25)					i
	''		xpenses (Part IX, column (A), lines 11a-11d, 11f-2	•	· ·	11,257		9,730,197
	18		penses. Add lines 13–17 (must equal Part IX, coli		·	11,257		9,730,197
_	19	Revenue	e less expenses. Subtract line 18 from line 12 .	<u> </u>		(1,607, nning of Current		3,591,604 End of Year
is or	<u> </u>	Takal as	to (Doub V. Luce 40)		Begii	_ <u>-</u>		
Sse	20		sets (Part X, line 16)		· ·	19,246		27,848,800
Net Assets	21		polities (Part X, line 26)		· ·	1,651		1,493,317
_			ets or fund balances. Subtract line 21 from line 20	<u>,</u>	<u>· · </u>	<u>17,595</u>	,315	26,355,483
_	art II		ture Block					
			ury, I declare that I have examined this return, including accon plete Declaration of preparer (other than officer) is based on all					owledge and belief, it is
		1	11.00 1/11/10		- properor	Tuny microsage	1-1.	
Çi.	gn	Sign	nature of officer			Date	<u>'2/14</u>	
	ere	J V Sigi	<u> </u>			Date		
п	51 6		1. MICHAEL ALLRED	TREASU	IRER			
			e or print name and title ype preparer's name Preparer's signature		I Data	 -		PTIN
Pa	aid	Print!	ype preparer's name Preparer's signature		Date		heck 🔲 ıf	1
Pı	epare		<u></u>				elf-employed	1
U	se On					Firm's El		
1.4	Al 11		address >			Phone n	<u> </u>	
			ss this return with the preparer shown above? (se	e instructions)	<u></u>	<u> </u>	<u>·</u> ·	. Yes No
Fo	r Paper	work Red	uction Act Notice, see the separate instructions.		Cat No 1	1282Y		Form 990 (2012)

Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		<u>√</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		▼
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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		1
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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, Parts I and IV.	146		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b 15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		▼
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 (see instructions)	17		1
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		▼
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		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99				Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		∀
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	35b 36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
38	Part VI	37		✓
			n 99 0	(2012)

Form **990** (2012)

	0 (2012)			rage .
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Fart V	<u>···</u>	Yes	No
40	Fatastha mushammanarkad in Day 2 of Farms 1006 Fatas 0 if not applicable		165	110
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
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)		į	Ì
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	7
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 as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa	 	-
•		C.L		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	l _	1	
		7a	ļ	✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	ĺ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	ł
11	Section 501(c)(12) organizations. Enter:	1	1	1
а	Gross income from members or shareholders	1	Ì	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ŀ	ĺ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
.20 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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	120	┼	\vdash
а	- · · · · · · · · · · · · · · · · · · ·	13a	├	├
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
IJ	Also association in boson of the course could at the other of the course			
_	100	4		
C	Enter the amount of reserves on hand	 	├	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	I	1

Part		•			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in			tructi	
Section	Check if Schedule O contains a response to any question in this Part VI	• • • • •		<u> </u>	<u>√</u>
Section	on A. Governing body and Wanagement			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	a 12	\dashv		
	If there are material differences in voting rights among members of the governing body, or			. !	
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
_		b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relative of the control of the co	ationship with			,
3	any other officer, director, trustee, or key employee?	dor the direct	2		✓
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990	L	4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		7
6	Did the organization have members or stockholders?		6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint			
	one or more members of the governing body?	1	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval to			1	
_	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	rtaken during	.		
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	▼	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at		Ť	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule ${\it O}$.		9		✓
Section	on B. Policies (This Section B requests information about policies not required by the	Internal Revent	је Сс	ode.)	
		ı		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
Ь	If "Yes," did the organization have written policies and procedures governing the activities of s affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	✓	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the po describe in Schedule O how this was done	licy? If "Yes,"	12c	✓	
13	Did the organization have a written whistleblower policy?		13	✓	
14	Did the organization have a written document retention and destruction policy?		14	✓	
15	Did the process for determining compensation of the following persons include a review and independent persons comparability data and acutempersons up to the deliberation of the delibera				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation a The organization's CEO, Executive Director, or top management official	1	45-	ĺ	,
a b	Other officers or key employees of the organization	1	15a 15b		<u>/</u>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?		16a		✓_
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
Soction	organization's exempt status with respect to such arrangements?	· · · ·	16b		l
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Indiana				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1 990-T (Section	501/	c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply.			-,,5,5	~· " <i>})</i>
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sche	dule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing docum		Inter	est p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the boo organization: Jennifer Fourty Frequitive Director 2709 F 10th St. Bloomington IN 47409 812.34		of the	;	
	- Vigure-Seving - Johnson Folimy Evacually Director 2709 F 10th St. Ricominaton IN 47409 012 24	£ 7010			

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

						_
contains a response to any question in the						

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atıo	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.	
				(0	C)						
(A)	(B)	ــ	-4 -1-		tion			(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box,	unles er and	s pe d a d	rson	s than o	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Bradley C. Wheeler	5										
Chair		✓		✓			ļ	0	0		0
(2) Eric Denna	5			١.					i		
Vice Chair	<u> </u>	✓	ļ	✓	L.		<u> </u>	0	0		0
(3) Molly Tamarkin	22										
Secretary	<u>.</u>	1		✓		ļ	_	0	0		0
(4) J. Michael Allred Treasurer	5	1	1	1				0	0		0
(5) Bruce Alexander	2										_
Board Member		✓						o	0		0
(6) Patrick Burns	2										_
Board Member		✓	<u> </u>					0	0		0
(7) Chris Coppola	2						Γ				_
Board Member		✓	Ĺ.,	Ì	L.	<u> </u>	L	0	0		0
(8) Stephen Dowdy	2										_
Board Member		✓						0	0		0
(9) Sara Gomez	2										
Board Member		✓	L	L				0	0		0
(10) David Lassner	2								-		
Board Member		✓						0	0		0
(11) Randy Ozden	2										
Board Member		✓	l.					0	0		0
(12) Brian Voss	2										
Board Member		✓						0	o		0
(13)											
(14)					 	-					_

Part	Section A. Officers, Directors, Trust	lees, Key E	mploy	yees		na H C)	lighes	ST C	ompensated E	mployees (d	continue	ed)		
	(A)	(B)			•	rtion			(D)	(E)			(F)	
	Name and title	Average					than o		Reportable	Reportabl	е		ור) mated	
		hours per				or/trus		compensation	compensation	4	amo	ount of		
		week (list any hours for	익方	Б	9	줆	육,풀	T T	from the	related organizatio	ns		ther ensatio	n
		related	Individual trustee or director	titu	Officer	Key employee	ples	Former	organization	(W-2/1099-M			m the	••
		organizations below dotted	증률	ion		ಠ	/ee	"	(W-2/1099-MISC)			-	nızatıor related	
		line)	trus	al tro		уее	a di						nzation	
			e e	Institutional trustee		-	Highest compensated employee					_		
					l		e e	1	<u> </u>					
(15)														
(16)														
	· · · · · · · · · · · · · · · · · · ·		ļ		L.			<u> </u>						
(17)														
			<u> </u>	<u> </u>	ļ	<u> </u>		_						
(18)							{							
(40)					<u> </u>			<u> </u>						
(19)								ĺ						
(20)					├			├	 		-+			
(20)		}												
(21)			 		<u> </u>			├	 					
<u>12:1</u>														
(22)			 			H		\vdash						
3===2		 	ĺ											
(23)				-		\vdash								
3==2		}						Ì	;					
(24)		İ			-			-						
2								1						
(25)					l							•		
					l				ļ					
1b	Sub-total			•				▶						
C	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)	<u>.</u>						•	0		0	· · · · · · · · ·		0
2	Total number of individuals (including but	not limited						e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi	zation >						·						
_													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est comper	nsated			
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$7	150,	OOU)? <i>I</i> I	"Ye	s, "	complete Sch	edule J foi	r such			
-				•						 		4	-	✓
5	Did any person listed on line 1a receive of for services rendered to the organization											1_		
Soction		: 11 165, 0	.ompi	CIE	367	euc	ile J i	OI S	Sucri persori	<u> </u>	• •	5		✓_
1	On B. Independent Contractors	nomponent	ad inc								- 0100	000 -4		
•	Complete this table for your five highest compensation from the organization. Rep	compensar	eu me nestic	sept	enu er th	eni	contr aland	acu	ors that receive	ea more thai b or within t	n \$ 100,	OUU OI	an la de	~~
	year.	ort compe	noade	<i>/</i> // / /	<i>J</i> i (i	ie c	aiciiu	iai y	real ending wit	ii Or Within t	ne orga	unzau	JII 5 L	28
	(A)							1	(D)			(0)		
	Name and business add	ress							(B) Description of s	ervices	С	(C) compens	ation	
Indian	a University, 400 E. 7th St, Bloomington, IN 4	7405						Dre	arammina Adı					0.047
	rkeley, 2200 University Ave, Berkeley, CA 94							$\overline{}$	ogramming, Adı					0,847
	, Inc., 1375 N. Scottsdale Rd. Suite 480, Scot		5257						ogramming, Hos ogramming, Teo					4,142
	Massachusetts Ave, Cambridge, MA 02139	Lucio, AL C	, <u>JLJ /</u>						ch Support	ii auppoit				3,523 19,456
	sity of Washington, NE Columbia Rd, Seattle	. WA 98105							ogramming, Tec	h Support				2,215
2	Total number of independent contractor	ors (includir	ng bu	rt n	ot i	imit	ed to) th	ose listed abo	ove) who			<u> </u>	,_ 13
	received more than \$100,000 of compens								16					

Form 9	90 (2012	Statement of Revenue		· · · · · · · · · · · · · · · · · · ·	 			Page 9
Fart	VIII	Check if Schedule O conta	ins a respo	onse to any quest	tion in this Part V	III		п
				, , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	. 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		1,298,967				
Am Am	C	Fundraising events						
Gif	d	Related organizations						
ns,	e	Government grants (contributi						
utio	f	All other contributions, gifts, gr and similar amounts not included	. 1					
Contributions, Gifts, and Other Similar An	_	Noncash contributions included in li						
Son	9 h	Total. Add lines 1a-1f	•		1,298,967			
	- "	Total. Add lines 1a-11	1,230,307					
/en	2a	Kuali Days Conference		541511	543,399	543,399		
Rev	b	Direct Support for Systems		541511	11,470,801	11,470,801		
ice	С					,		
Ser	d							
an i	е							
Program Service Revenue	f	All other program service re						<u></u>
<u> </u>	<u> 9</u>	Total. Add lines 2a-2f			12,014,200	···		
	3	Investment income (incluand other similar amounts)		lends, interest,				
	4	Income from investment of ta			8,634			8,634
	5	Royalties		_				
		110/411100	(i) Real	(ii) Personal				
	6a	Gross rents		†				
	b	Less: rental expenses						
	С	Rental income or (loss)				1		
!	d	Net rental income or (loss)		▶				
	7a		Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis and sales expenses .				-		
	_	Gain or (loss)	 	ļ	į			
	C d	Net gain or (loss)		•		1		
	"	riet gain or (1033)						
Other Revenue	8a	Gross income from fundrai events (not including \$	sing	!				
er Re		of contributions reported on See Part IV, line 18						
튬		Less: direct expenses .						
_		Net income or (loss) from f		events . ►				
	9a	Gross income from gaming See Part IV, line 19		,				
		Less: direct expenses .				ļ		
		Net income or (loss) from g		tivities ►	<u> </u>			
	10a	Gross sales of inventor returns and allowances	· · · a	ı				
	b	Less: cost of goods sold				ļ		
	C	Net income or (loss) from s						
	14-	Miscellaneous Revenue	 	Business Code		+		
	11a b			<u> </u>	 	<u></u>		
	C	***************************************			 			
	ď	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instruc	ctions	•	13,321,801	12,014,200		8,634

Form 990 (2012)

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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	· · · · · · · · · · · · · · · · · · ·			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	14,274		14,274	
b C	Legal	13,569 24,906		13,569 24,906	
d	Lobbying	24,300		24,300	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8,220,734	7,919,020	301,714	
12	Advertising and promotion	11,572			
13	Office expenses	7,176		7,176	
14	Information technology	78,015	51,740	26,275	
15 16	Royalties				
17	Travel	287,541	254,681	32,860	
18	Payments of travel or entertainment expenses		201,001	02,000	.,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	659,197	659,197		
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	40.225		40.225	
23 24	Other expenses. Itemize expenses not covered	10,225		10,225	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Memberships	14,839	14,839		
b	Bank Charges	1,066	 	1,066	
C	Write-offs	387,083	387,083		
d	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	0.720.407	0.200.422	422.000	
26	Joint costs. Complete this line only if the	9,730,197	9,298,132	432,065	
-4	organization reported in column (B) joint costs		j		
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part)	(
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	51,275	1	39,051
	2	Savings and temporary cash investments	5,003,800	2	6,410,052
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,162,527	4	21,367,134
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ţs	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	28,835	9	32,563
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0		
	12	Investments—other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,246,437	16	27,848,800
	17	Accounts payable and accrued expenses	1,036,718		791,722
	18	Grants payable	1,000,110	18	.01,122
	19	Deferred revenue	614,404	19	701,595
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>22.</u>	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		25	
	26	Total liabilities. Add lines 17 through 25	1,651,122		1 402 217
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	1,031,122	20	1,493,317
900	27	Unrestricted net assets	869,284	27	1,079,028
3ag	28	Temporarily restricted net assets	16,726,031		25,276,455
Net Assets or Fund Balances	29	Permanently restricted net assets	0		0
ō	20	· · · · · · · · · · · · · · · · · · ·		00	
jets	30 31	Capital stock or trust principal, or current funds		30	
ASS	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		31	
et,	33	Total net assets or fund balances	47 FAF A45	32	00.000
Z	34	Total liabilities and net assets/fund balances	17,595,315 19,246,437		26,355,483
_			19,240,437	<u> </u>	27,848,800 Form 990 (2012)

Page 12

Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI				<u></u>	V
1 Total revenue (must equal Part VIII, column (A), line 12)		1		13,32	1,801
2 Total expenses (must equal Part IX, column (A), line 25)		2		9,73	0,197
3 Revenue less expenses. Subtract line 2 from line 1		3		3,59	1,604
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		4		17,59	5,315
5 Net unrealized gains (losses) on investments		5			0
6 Donated services and use of facilities		6			0
7 Investment expenses		7			0
8 Prior period adjustments		8			0
9 Other changes in net assets or fund balances (explain in Schedule O)		9		5,16	8,564
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part)					
33, column (B))		10		26,35	5,483
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>	· · · ·		ᆜ.
				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 "O Schedule O.	tner," exp	plain in			
2a Were the organization's financial statements compiled or reviewed by an independent acco			2a	✓	
If "Yes," check a box below to indicate whether the financial statements for the year w	ere comp	oiled or			
reviewed on a separate basis, consolidated basis, or both:					
☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1		
b Were the organization's financial statements audited by an independent accountant? .			2b	✓	
If "Yes," check a box below to indicate whether the financial statements for the year we	ere audite	ed on a			
separate basis, consolidated basis, or both:					
✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	. C.L				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsib					
of the audit, review, or compilation of its financial statements and selection of an independent			2c	✓	
If the organization changed either its oversight process or selection process during the tax Schedule O.	c year, ex	piain in			ĺ
		famile in			
3a As a result of a federal award, was the organization required to undergo an audit or audit the Single Audit Act and OMB Circular A-133?		ionn in			
		ran the	3a		✓_
b If "Yes," did the organization undergo the required audit or audits? If the organization did required audit or audits, explain why in Schedule O and describe any steps taken to undergone.			3b		
required addit or addits, explain why in somedule of and describe any steps taken to underg	jo sucii ai	uulla		000	(0045)
			For	n 99 0	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer Identification number

Kuali Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is; (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). [] 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. **b** ☐ Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (Iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in organization (described on lines 1-9 in col. (i) listed in your organization in col support above or IRC section governing document? col. (i) of your (I) organized in the support? 115.2 (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E) Total

Schedu	le A (Form 990 or 990-EZ) 2012						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
	on A. Public Support						_
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,338,631	5,841,693	7,217,492	7,050,315	11,649,747	34,097,877
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	10,667,479	4,647,989	5,271,924	7,167,833	13,937,000	41,692,225
4	Total. Add lines 1 through 3	13,006,110	10,489,682	12,489,416	14,218,147	25,586,747	75,790,102
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)						0
6	Public support. Subtract line 5 from line 4.					w	75,790,102
_	ion B. Total Support	<u> </u>				·	73,730,102
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	13,006,110	10,489,682	12,489,416	14,218,147	25,586,747	75,790,103
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,757	21,394	16,113	11,361	8,634	67,259
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	o	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	o	o	0
11	Total support. Add lines 7 through 10						75,857,361
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					`▶ □
Secti	ion C. Computation of Public Suppor	rt Percentage			 		
14 15	Public support percentage for 2012 (line of Public support percentage from 2011 Sci	6, column (f) div	vided by line 1 I, line 14 .		[14 15	99.91 %
16a	331/3% support test – 2012. If the organi box and stop here. The organization qua	lifies as a publi	cly supported	organization			. ▶ ☑
b	33¹/3% support test—2011. If the organ check this box and stop here. The organ	ization qualifies	as a publicly	supported orga	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-a facts-and-circui	ind-circumsta mstances" tes	nces" test, che t. The organiza	ck this box an ition qualifies a	d stop here. E as a publicly su	xplain in ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members in Part IV how the organization members in the second s	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	and line

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

(Complete o	only if you checked the box or	line 9 of Part I or if the organization	failed to qualify under Part II.
		e tests listed below, please complet	

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 7a	Total. Add lines 1 through 5						
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						
8	Add lines 7a and 7b						
	on B. Total Support	() 0000	410000	() 0040	4 10 0044	T 4 3 2040	1
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	_	n's first, secon	•	•		` '` '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8			3, column (f))	· · · · · ·	15	%
16	Public support percentage from 2011 Sch					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2011					18	%
19a	331/a% support tests—2012. If the organ 17 is not more than 331/a%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	tion . \blacktriangleright
b	331/3% support tests—2011. If the organize line 18 is not more than 331/3%, check this is	oox and stop h	nere. The organ	ization qualifies	s as a publicly s	supported organ	nization 🕨 📋
20	Private foundation, If the organization di	d not check a	hox on line 14	. 19a or 19h	check this hov	and eas inetri	ictions 🕨 🖂

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		.
· 		

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Kuali F	oundation, Inc.		20 5118023
Par		r Advised Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donoi advised idrius	(b) Funds and other accounts
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	s held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal co	ntrol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that g	grant funds can be used
	only for charitable purposes and not for the		
		lete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I		
	Preservation of land for public use (e.g.,	·	· ·
	☐ Protection of natural habitat☐ Preservation of open space	☐ Preservation	n of a certified historic structure
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contrib	ution in the form of a conservation
_	easement on the last day of the tax year.	ton note a qualified contour valien continu	
	·		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements includ		1 1
	historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or t	terminated by the organization during the
	tax year	annonyation occament is lausted	
4 5	Number of states where property subject to Does the organization have a written pol		inspection handling of
	violations, and enforcement of the conservations		
6	Staff and volunteer hours devoted to monito		
	>	,g,g,	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	asements during the year
	▶ \$		
8	Does each conservation easement reported		ts of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · ·
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the organization's accounting for conservation e		s financial statements that describes the
Parl	<u></u>	ctions of Art, Historical Treasures,	or Other Similar Assets
r ai		ered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted une		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of	of the footnote to its financial statements	that describes these items.
þ	If the organization elected, as permitted un		
	works of art, historical treasures, or other		, education, or research in furtherance of
	public service, provide the following amount		
	(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 following amounts required to be reported u		
_			
a	Revenues included in Form 990, Part VIII, lin	 	· · · · · • • • • • • • • • • • • • • •

_	•
Page	4

Part	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		nd other rec	ords, chec	k any of the	follov	ving that are a s	ignificant i	use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams		
b	☐ Scholarly research		е	☐ Other	r				
C	☐ Preservation for future generations	s							
4	Provide a description of the organization	tıon's collecti	ons and exp	laın how t	hey further tl	he org	anization's exen	npt purpos	se in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								No 🗌 No
Part					janization a	nswe	red "Yes" to Fo	rm 990, I	Part IV,
	line 9, or reported an amour						. ,,		
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and co	omplete the i	ollowing to	able:				
							A	mount	
C	Beginning balance					10	: <u> </u>		
đ	Additions during the year					1d	l		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								s □ No
	If "Yes," explain the arrangement in P								
Pan	V Endowment Funds. Compl	ete if the org		nor year	(c) Two years				rears back
4-	Designing of year balance	(a) Current ye	sar (D) F	Tior year	(c) I wo years	Dack	(d) Tiree years back	(e) Four y	ears back
1a	Beginning of year balance		···		<u> </u>				
b	Contributions							 	
·	losses								
d	Grants or scholarships							+	
e	Other expenditures for facilities and							 	
	programs		ļ						
f	Administrative expenses							 	
g	End of year balance								
2	Provide the estimated percentage of t	the current ye	ar end balar	ice (line 1g	, column (a))	held	as:	- I.	
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2	2c should equ							
3a	Are there endowment funds not in the	e possession	of the organ	nization th	at are held a	nd ad	ministered for th	e _	
	organization by:							\	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							3b	
4	Describe in Part XIII the intended uses								
Part									
	Description of property		st or other basis ivestment)		or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements	·		_					
d	Equipment	•		_					
<u>e</u>	Other	<u> </u>							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Fo	rm 990, Pan	: X, columi	n (B), line 10(c).)	•		

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 valu Cost or end-of-year ma	
(1) Financia				
	held equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)			<u> </u>	
(H)			 	
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments-Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
_(2)				
(3)				
_(4)				
(5)				
(6)			-	
<u>(7)</u>		<u> </u>		
(8)				
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	· · · · · · · · · · · · · · · · · · ·	
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
				
(8)				·
(9)				
(10)	ımn (b) must equal Form 990, Part X, c	ol (B) line 15.)		· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
(1) Federa	income taxes		†	
(2)			7	
(3)			1	
(4)			7	
(5)				
(6)			_	
(7)			1	
(8)			4	
(9)			4	
(10)			4	
(11)	(h) must acual Form 000 Deat V 1 (D) E 051 h		4	
	(b) must equal Form 990, Part X, col (B) line 25.) ► SC 740) Footnote. In Part XIII, provide the	text of the footnote to the	rangation's financial statements that	ronauto the exercise 1-
liability for u	ncertain tax positions under FIN 48 (ASC 7	740). Check here if the text of	the footnote has been provided in Pa	art XIII

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents '	With Revenue per I	Retu	irn
1	Total revenue, gains, and other support per audited financial statements			1	28,301,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of pnor year grants	2c			
d	Other (Describe in Part XIII.)	2d	16,455,201		
е	Add lines 2a through 2d			2e	16,455,201
3	Subtract line 2e from line 1			3	11,836,460
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			1 1/000/100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,475,341		
С	Add lines 4a and 4b			4c	1,475,341
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	13,321,801
Part	XII Reconciliation of Expenses per Audited Financial Statem			r Re	
1				1	19,541,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	11,286,637		
е	Add lines 2a through 2d			2e	11,286,637
3	Subtract line 2e from line 1			3	8,254,856
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l	1		0,201,000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,475,341		
C	Add lines 4a and 4b			4c	1,475,341
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,730,197
Part	XIII Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9: Pa	rt III. lines 1a and 4: Pa	art IV	/. lines 1b and 2b:
Part V	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	. Also	complete this part to	prov	ide any additional
inform					·
Part XI	, line 2d includes \$1201 of change in fair value, and \$16,454,000 in in-kind cont	ributi	ons. Per SFAS #116, we	e rec	ord in-kind

contrib	outions separately from regular revenues and expenses.				
Part X	l, line 2d includes the expense side of the in-kind contributions of \$11,286,637.				
Parts >	(I and XII line 4b is an already recognized cash-in-lieu of in-kind contributions t	which	must be added in for re	econo	ciliation.

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Cuali Four	ndation, Inc.								,	20.5	511802	23		
Part I	Excess Bene	fit Transactio	ns (section 50	1(c)(3) a	and sect	ion 501(c)(4	4) org	anizations only)					40:	
	Complete if tr	ne organization					ine 25	a or 25b, or Fo	rm 99	0-EZ,	Part V	V, line		
1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization			(c) Description of transaction						rected?		
(4)			·- ·· · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		·-·					Yes	No
(1) (2)							 	· · · · · · · · · · · · · · · · · · ·					ļ <u>.</u>	 -
(3)						· ·								├─
(4)	·				· · · · · ·									-
(5)														
(6)														├
	ter the amount	of tax incurre	d by the orga	nization	manac	ers or dis	gualif	ied persons du	ring t	he ve	ar		L	L
	der section 4958		-		_	=	•		_		L ▶ \$:		
3 En	ter the amount o	of tax. if any. or									► \$			
			2, abovo,	,	u. 00 u D)	ino organi			• •	,	- Ψ			
Part II	Loans to and	/or From Inte	rested Person	ns.										
					Form 99	0-EZ, Part	V, line	38a or Form 9	90. Pa	rt IV.	line 2	6: or i	f the	
	organization r	eported an am	ount on Form	990, Pa	art X, line	e 5, 6, or 2	2.			•		·		
(a) Name	of interested person	(b) Relationship	(c) Purpose of	(4)		(-) ()		40.0-1		1.6.110				
(a) Hairle (or interested person	with organization	1-7		(d) Loan to or (e) Ongina from the principal ame				(g) In default?		by board or			ritten ment?
		Ĭ		organ	ization?				1		comm	nrttee?		
				То	From	1			Yes	No	Yes	No	Yes	No
(1)			1											
(2)														
(3)														
(4)														
(5)									<u></u>					
(6)	-·····································				<u> </u>									
(7)		<u> </u>		ļ .	_					<u> </u>	<u> </u>			
(8)				ļ					ļ					
(9)				ļ										
(10)		J		<u> </u>	<u> </u>	Ĺ		<u> </u>	ļ			<u> </u>		<u> </u>
Total .	<u> </u>	<u></u>	<u> </u>	· ·	<u> </u>	<u> </u>	<u>. ▶</u>	<u>\$</u>					l	
Part III	Grants or Ass	sistance Bene ne organization	efiting Interest	ted Per	rsons.	0 0-41/	! O	7						
			i answered Te		-01111 99	o, Part IV, I	irie Z	<u> </u>		т —				
(a) Nam	e of interested perso		nship between intel and the organization		(c) Amount	of assistance		(d) Type of assistance	е	(e)) Purpo	ose of a	ssistan	Ce
(1)														
(2)										İ				
(3)									···					
(4)								1.;						
(5)														
(6)							<u> </u>							
(7)														-
(8)														
(9)														
(10)		1					I							

Part IV	Business Transactions Involv Complete if the organization an	ing Interested Persons. swered "Yes" on Form 990	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	
(4)	0.000				Yes	No
	s Coppola, CEO, rSmart dy Ozden, CEO, Vivantech	BoardMember/Contractor BoardMember/Contractor		Contractual Services Contractual Services		
(3)	Jy Ozden, CLO, Vivantech	Boardweinber/Contractor	407,030	Contractual Services		\vdash
(4)						
(5)						
(6)						ļ
(7)						ļ
(8)		<u> </u>				
(9) (10)						
Part V	Supplemental Information Complete this part to provide a	dditional information for re	esponses to question	ns on Schedule L (see instruction	ons).	
These two	interested parties are CEOs of two	companies who are member	rs of the Kuali Found	ation, and they have been		·
elected or	appointed to the governing Board.	All members of the Kuali Fo	undation's Board of	Directors sit on the		
Board as	ndividuals and not representative of	f their schools or companies	s. However, because	both are on the		
governing	body and our organization has a bu	isiness relationship with the	eir companies, we are	disclosing this		
informatio	n ın Schedule L.		•••••			
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••				
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			·			
						
					-	·
						·
						
						
						
••••					- -	

SÇHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Kuali Foundation, Inc.

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

20 5118023

Part VI, #11: The method by which the Board of Directors reviews the 990 is for the Executive Director and the Treasurer to bring
the completed form to them for review prior to submission. However, it is the responsibility of the Executive Director and the
Treasurer to approve, sign, and submit the form.
Part VI, #12c: Each member of the Board of Directors and each Project Manager and other lead staff are required annually to complete a
Conflict of Interest disclosure form to verify that they have read and understood the by-laws and that they are in compliance. In
addition, between these annual disclosures, the Board and Executive Director review any changes in the roles of the Board members
and Project Managers to evaluate if a possible conflict exists. If a conflict arises, the specifics of the conflict are disclosed, and the
person with the conflict is recused from the discussion and decision.
Part VI, #19: The organization makes public all agendas and minutes from the Board meetings on its public web site. The audited
financials are also posted on the public web site. The by-laws and policies are posted on the public web site.
Part VI, #6-7b: Members join the organization by institutionally signing a membership agreement and paying annual dues. These
members elect some of the members of the governing body, as outlined in the by-laws. Any changes to the by-laws or other
significant organzational or structural changes are shared with the members.
Part IX, line 11g: The detailed expenses in this line item are:
Contractual Services: \$5,894,695
Licensing: \$34,063
Maintenance: \$340
Marketing: \$73,976
Meeting Support: \$580
Programming: \$1,175,000
Project Management: \$504,657

Support: \$91,503

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer Identification number
Kuali Foundation, Inc.	20 5118023
(continued)	
Technical Support: \$399,646	
Tecimical Support. #555,040	
Training: \$20,600	
Web Development: \$25,675	
Part VI. The reconsiliation of not accept is shown here and an Schodule D. Detailed mater shows the individual	
Part XI: The reconciliation of net asset is shown here and on Schedule D. Detailed notes about the individual	uai components that make
up the elements of the reconciliation are listed in the notes on Schedule D.	