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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

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning JU	${ m JL}$ 1 , 2012 and ending	<u>JUN 30, 2013</u>	3
B c	heck if pplicable	C Name of organization	NATEL I	D Employer identif	ication number
7	Addres change	KAPPA KAPPA GAMMA OF CO	KNELL		
ᆖ	□Name			┥	044554
F	_change				.911571
\vdash	_lreturn ∃Termın	Number and street (or P.O. box if mail is not deliv	7	· ·	
<u> </u>	_ated Amend	C/O SCIARADDA WALKER, 4	IO E UPLAND RD		·272-5550
<u> </u>	⊒return TApplica	City, town, or post office, state, and ZIP code		G Gross receipts \$	430,423.
	Jtion pendin	ITHACA, NY 14850	NAME OF TAKE	H(a) Is this a group r	
		F Name and address of principal officer MADC	DLIN DALLAS	for affiliates?	Yes X No
	•	SAME AS C ABOVE mpt status: X 501(c)(3)	4047(-)(4) [H(b) Are all affiliates in	
			(insert no.) 4947(a)(1) or		a list. (see instructions)
		e: N/A organization: X Corporation Trust Ass	ociation Other L Y	H(c) Group exemption	
		Summary	OCHANON OUNCE	ear of formation. 2005)	M State of legal domicile: NY
ą.		Briefly describe the organization's mission or most s			
auc]	MEMBERS OF PSI DUETERON CH	IAPTER OF KAPPA KAP	PA GAMMA WHO	ARE
ũ	2 (Check this box 🕨 🔛 if the organization discont	tinued its operations or disposed of m	nore than 25% of its net a	șsets.
Š	3 1	Number of voting members of the governing body (I	Part VI, line 1a)	3	10
<u>م</u>	4 1	lumber of independent voting members of the government	erning body (Part VI, line 1b)	4	10
es	5	otal number of individuals employed in calendar ye	ear 2012 (Part V, line 2a)	5	0
Activities & Governance	6	otal number of volunteers (estimate if necessary)		6	10
Act	7 a ¯	otal unrelated business revenue from Part VIII, colu	umn (C), line 12	<u>7a</u>	
<u> </u>	ь	let unrelated business taxable income from Form 9	90-T, line 34	7b	0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		0.	430,404.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,	· ·	0.	19.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	•	0.	0.
		otal revenue - add lines 8 through 11 (must equal F	···	0.	430,423.
		Grants and similar amounts paid (Part IX, column (A	•	0.	36,037.
		Benefits paid to or for members (Part IX, column (A)	·	0.	0.
Expenses		Salaries, other compensation, employee benefits (P		0.	0.
je i		Professional fundraising fees (Part IX, column (A), lir		0.	0.
Ĕĸ		otal fundraising expenses (Part IX, column (D), line	<u> </u>		7 406
		Other expenses (Part IX, column (A), lines 11a-11d,	· ·	0.	7,496.
		otal expenses. Add lines 13-17 (must equal Part IX Revenue less expenses Subtract line 18 from line 1			43,533.
Sa	19 1	Revenue less expenses Subtract line 18 from line 1	2		T
Net Assets or Fund Balances	20	otal assets (Part X, line 16)		Beginning of Current Year 53,072.	End of Year 439,962.
Ass		otal assets (Fart X, line 10) otal liabilities (Part X, line 26)		33,072	439,902.
Net	1	Net assets or fund balances Subtract line 21 from I	ine 20	53,072	439,962.
	irt II	Signature Block	110 20	33,072	437,702.
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief, it is
		, and complete, Declaration of preparer (other than officer			,, ,
		A Anther & Etherin	(100)		8. 2014
Sigr	n	Signature of officer	7	Date	, , , , , , , , , , , , , , , , , , ,
Her	1	HARTLEY ETHERIDGE, TREO	SURER		
		Type or print name and title			
_		Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	ı þ	CAROLYN AUSTIN	Carolyn Austin	5-6-14 setf-emplo	yed P01433679
Prep		Firm's name SCIARABBA WALKER		Firm's EIN	16-1071694
Use	Only	Firm's address 410 EAST UPLAND F	ROAD		
		ITHACA, NY 14850		Phone no.	<u>507-272-5550</u>
May	the IF	S discuss this return with the preparer shown above	ve? (see instructions)		X Yes No
23200	01 12-10	-12 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form 990 (2012)

	m 990 (2012) FOUNDATION, INC.	25-19115/1	Page 2
Pai	art 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:		
	SEE BELOW		
2	Did the organization undertake any significant program services during the year which were not listed of	on .	
	the prior Form 990 or 990-EZ?	Yes	X 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 si	enuces?	X No
•	If "Yes," describe these changes on Schedule O.	Tes	LAL NO
	-		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the total expenses, a	ınd
	revenue, if any, for each program service reported		
4a	7,000)
	PROVIDE EDUCATIONAL SUPPORT TO MEMBERS OF PSI DUETE	RON CHAPTER OF KA	APPA
	KAPPA GAMMA WHO ARE ATTENDING CORNELL UNIVERSITY.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	SUPPORTING THE CORNELL UNIVERSITY GREEK COMMUNITY B		
	EDUCATIONAL AND PROFESSIONAL DEVELOPMENT OF ALL MEM	DERS.	
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		 	
4d	Other program services (Describe in Schedule O.)		
	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 43,533.		
	_ :	Form 9	90 (2012)

1.

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Form 990 (2012) FOUNDATION, INC.
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)?		163	140_
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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		х
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	_==_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	- 15		
	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	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		х
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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	<u> X</u>
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		X
20a		20a	-	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

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Form 990 (2012) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

`			Yes	No
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	х	
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 or-	3	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	251		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	<u> </u>
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
33	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			₩.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
•	Part V, line 1	34		X
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- COU	-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a X 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3h 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)? X <u>4a</u> **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? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 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 Х 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? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</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? X 8 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 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14h

Form 990 (2012)

FOUNDATION, INC.

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}		
Sec	tion 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 16)				
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 10)				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]				
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6	X			
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	X			
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	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion 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		X		
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?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	X	ļ <u>.</u> -		
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b	ļ	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a	-	X		
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	400	j			
8^^	exempt status with respect to such arrangements?	16b	1	1		
17	List the states with which a copy of this Form 990 is required to be filed NY Section 5104 requires an expansion to make its Forms 1023 for 1024 if applicable), 990, and 990 T (Section 501/c)(2)s only	availat				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.	avalidi	NG.			
	Own website Another's website X Upon request Other (explain in Schedule O)					
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial			
19	statements available to the public during the tax year	ווע וווים	iciai			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	atıon∗ l	•			
۳.	SCIARABBA WALKER, LLP - 607-272-5550	.				
	A10 F IIDI AND DD TWUACA NV 14950					

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

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

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

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

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

X Check this box if neither the organization	on nor any related	orga	nıza	ation	COI	npei	nsat	ted any current officer, of	director, or trustee		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of other	
	week		cer ar	id a d	irecto	or/trus	tee)	from	from related		
	(list any	recto						the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation	
	hours for related	e or d	tee			sated				from the	
	organizations	ruste	Institutional trustee		, a	臣		(***2/1099*****130)		organization and related	
	below	dual	rtrona	_	를 1	st co	*			organizations	
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			5.ga	
(1) MADOLYN M DALLAS	1.00		-								
PRESIDENT		X		X				0.	0.	0.	
(2) NANCY S MEINIG	_ 1.00										
VICE PRESIDENT		X		X				0.	0.	0.	
(3) HARTLEY C ETHERIDGE	1.00										
TREASURER		X		X				0.	0.	0.	
(4) WENDY R GELLMAN	1.00										
SECRETARY		X		X				0.	0.	0.	
(5) SUSAN R GATTO	1.00	ļ									
EDUCATIONAL GRANTS		X			<u> </u>			0.	0.	0.	
(6) JOAN G WEXLER	1.00										
LEGAL CO ADVISOR		X			<u>L</u>			0.	0.	0.	
(7) DIANE C ROSEN	1.00	ļ			ŀ						
LEGAL CO ADVISOR		X			ļ	_		0.	0.	0.	
(8) ANN F REISSNER	1.00						1				
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	0.	0.	
(9) MARY FALVEY	1.00				İ						
BOARD MEMBER		X		<u> </u>	↓_	<u> </u>		0.	0.	0.	
(10) SAMANTHA CASTILLO-DAVIS	1.00								_		
BOARD MEMBER		X	ļ. <u></u> .		<u> </u>	<u> </u>		0.	0.	0.	
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FOUNDATION, INC.

Form 9	90 (2012) FOUNDATI	ON, INC.								25-193	<u> 157</u>	1	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	han	(D) Reportable compensation from	(E) Reportable compensation from related	othe		t of r
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) 0	from to from to granization granization	he ation ated
											-		
c 1	Sub-total Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)	II, Section A					* * *		0.).		0. 0.
2	otal number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed a	bove	e) wh	no re					0
	Old the organization list any former officer, ne 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey er	nplc	yee,	or	highest compensated e	mployee on	3	Yes	No X
ā	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sche	edule	e J f	for such individual	-	4		x
r	Old any person listed on line 1a receive or a endered to the organization? If "Yes," com on B. Independent Contractors							elat	ed organization or indiv		5		X
1 (Complete this table for your five highest co									· · · · · · · · · · · · · · · · · · ·	ensatio	n from	
t	he organization. Report compensation for (A) Name and business			endi ONI		vith	or w	<u>ithir</u>	n the organization's tax (B) Description of s		Com	(C) pensat	ion
			14(JIN.									
_													
								_					
						<u>.</u>							
	Total number of independent contractors (\$100,000 of compensation from the organ	_	ot li	mıte	d to		se li:	stec	d above) who received n	nore than			

Form 990 (2012) FOUNDATION, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse	to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
ra n	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar la	d		1d					
S,E	е	Government grants (contributions)	1e					
P.S.		All other contributions, gifts, grants, and						
돌		similar amounts not included above	1f	430,404.				
ĘŞ	g	Noncash contributions included in lines 1a-1f \$						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	430,404.			
				Business Code				
بو	2 a							
ره څخ	b							
Se	С							
Program Service Revenue	d			1 1				
P. P.	е					_		
ď	f	All other program service revenue			-		-	
	g	Total. Add lines 2a-2f		•			 -	
	3	Investment income (including dividend	ls, inter	est, and				
		other sımılar amounts)		▶	19.		19.	
·	4	Income from investment of tax-exemp	t bond p	oroceeds 🕨				
	5	Royalties		▶ [_		
		(i) F	Real	(ii) Personal	-			
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of (i) Sec	urities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
ļ	d	Net gain or (loss)		.				
nue	8 a	Gross income from fundraising events including \$	-					
Other Reve		contributions reported on line 1c) See	,					
Ę		Part IV, line 18	а					
‡	b	Less. direct expenses	b					
0		Net income or (loss) from fundraising e						
		Gross income from gaming activities.			-			
		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gaming activ		•				
		Gross sales of inventory, less returns						
		and allowances	а					
	b	Less cost of goods sold	b					İ
		Net income or (loss) from sales of inve	ntory					1
		Miscellaneous Revenue		Business Code		_		
	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ !				
	12	Total revenue. See instructions.			<u>430,423.</u>	0.	<u> </u>	0.

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Form 990 (2012) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon-	se to any question in thi		(0)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	22,037.	22,037.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	14,000.	14,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	2 024			· · · ·
С	Accounting	3,231.	3,231.	_	
d	Lobbying				
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 Sch O.)				
12	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology				
15 16	Royalties Occupancy			·	
16 17	Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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	STEWART HOWE ALUMNI SER	4,101.	4,101.		
b	ADMINISTRATIVE	164.	164.		
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24e	43,533.	43,533.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Infollowing SOP 98-2 (ASC 958-720)		i		

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		53,072.	1	439,962.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	-
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensation	ited employees Complete		.	
		Part II of Schedule L	į		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	, ,	<u>-</u>	9	0.
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a	;		
	l	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments other securities See Part IV, line 1		12		
	13	Investments program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		F2 072	15	420 060
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	53,072.	16	439,962.
	17	Accounts payable and accrued expenses	0.	17	0.	
	18	Grants payable	1		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	Part IV of Sahadula D		20	
Liabilities	21	Escrow or custodial account liability. Complete I Loans and other payables to current and former			21	
ΞĘ	22	key employees, highest compensated employee				
Ë		Complete Part II of Schedule L	s, and disquaimed persons		22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	· ·		24	
	25	Other liabilities (including federal income tax, pa	·		2-	
		parties, and other liabilities not included on lines				
		Schedule D	in a simple of all in a		25	
	26	Total liabilities, Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 an				
٥	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
B D	29	Permanently restricted net assets			29	
臣		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ X			
<u>5</u>		and complete lines 30 through 34.	-			
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
\$SS.	31	Paid-in or capital surplus, or land, building, or ed	uipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	53,072.	32	439,962.
Z	33	Total net assets or fund balances		53,072.		439,962.
	34	Total liabilities and net assets/fund balances	53,072.	34	439,962.	

	990-(2012) FOUNDATION, INC.	<u> 25-</u>	<u> 1911571</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>23.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>33.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>90.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53	<u>3,0</u>	<u>72.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		-		
	column (B))	10	439	9,9	62.
Pa	rt 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. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			
	consolidated basis, or both	•			
	X Separate basis Consolidated basis Both consolidated and separate basis				Ì
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			 -
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		1 1		
	Act and OMB Circular A-133?	J	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud			<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization KAPPA KAPPA GAMMA OF CORNELL Employer identification number FOUNDATION. INC. 25-1911571 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) A church, convention of churches, or association of churches described in 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). 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) 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 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). 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. __ Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes_ No the governing body of 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) Provide the following information about the supported organization(s) h (vi) is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Total

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION, INC. 25-1911571 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	fails to qualify under the tests			-	n railed to qualify t	under Part III II the	organization
Se	ction A. Public Support	,		,			•
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(4)	(0) 2000	(0) 2010	10/2011	(6) 2012	(i) rotar_
	membership fees received (Do not						
	include any "unusual grants.")	96,010.	98,951.	36,480.	105,222.	430,404.	767,067.
2	Tax revenues levied for the organ-		ľ			:	
	ization's benefit and either paid to					ı	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	06 010	00 051	36 400	105 000	420 404	B.C.B. 0.C.B.
	Total. Add lines 1 through 3	96,010.	98,951.	36,480.	105,222.	430,404.	767,067.
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)						133,662.
6	Public support. Subtract line 5 from line 4						633,405.
Se	ction B. Total Support	L		_			033,403.
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	96,010.	98,951.	36,480.	105,222.	430,404.	767,067.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					}	
	and income from similar sources	72.	53.	84.	36.	19.	264.
9	Net income from unrelated business					Ì	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	!					
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10						767,331.
	Gross receipts from related activities,	=	•			12	
13	First five years. If the Form 990 is for		first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	, []
Se	organization, check this box and stor ction C. Computation of Publ		centage		<u> </u>		
	Public support percentage for 2012 (olumn (fl)		14	82.55 %
	Public support percentage from 2011		•	(,,,		15	53.76 %
	33 1/3% support test - 2012. If the o			line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies			·		,	▶ X
k	33 1/3% support test - 2011. If the	organization did not	check a box on la	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	lifies as a publicly si	upported organiza	tion			
17 a	a 10% -facts-and-circumstances tes	t - 2012. If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	iization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	lorganization		▶□
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circum	nstances" test, ch	eck this box and	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ			•			▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	ind see instruction:	s ▶□□

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and				<u> </u>		
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 bus- iness under section 513		:				
4 Tax revenues levied for the organ-				·		
ization'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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					1	
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, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2012 (lir	ne 8, column (f) o	divided by line 13, o	column (f))		15	
16 Public support percentage from 2011	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 201	2 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 2	•	•	.,,		18	
19a 33 1/3% support tests - 2012. If the o		•	on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an	d stop here. Th	e organization qual	ifies as a publicly	supported organi	zation	
b 33 1/3% support tests - 2011. If the c	-				•	
line 18 is not more than 33 1/3%, chec					=	.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KAPPA KAPPA GAMMA OF CORNELL FOUNDATION TNC.

Employer identification number 25-1911571

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of	a conservation easement on the last
	day of the tax year		a constrainer cassmant on the last
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	```	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	
	year▶	, , , , , , , , , , , , , , , , , , , ,	3
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durir	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er 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 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, 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 tre-	asures, or other sımılar assets for financıal ga	ain, provide
	the following amounts required to be reported under SFAS 1	-	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	_	. > \$

	t III Organizations Maintaining C	Collections of A	rt Hiet	orical Tr	eacures (or Other				I Page Z
3										
3	Using the organization's acquisition, accessi	on, and other record	is, cneck	any or the	tollowing tha	at are a sig	Inmeant	use of its	collectio	n items
_	(check all that apply). Public exhibition	_	. —.							
a		d			hange progra	ams				
b	Scholarly research Preservation for future generations	е	الال	Other						
C A		alloations and synla	n haw th	au filimehan et				D.		
5	Provide a description of the organization's co During the year, did the organization solicit o							ose in Par	t XIII.	
3	to be sold to raise funds rather than to be ma					ei Siiriilai i	a55615		Yes	□ No
Par	t IV Escrow and Custodial Arran					"Ves" to E	orm 990	Part IV		1 110
	reported an amount on Form 990, Par		oto ii tiic	Organizatio	ii alisweled	163 (01	01111 990	, raitiv,	iii le 3, 0i	
1a	Is the organization an agent, trustee, custod		diary for o	contribution	s or other as	sets not u	ncluded			
	on Form 990, Part X?	an or ourse massing	, idi y	301111111111111111111111111111111111111	o or other ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ioladea		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.					_ 163	
_	and the second s								Amoun	<u> </u>
С	Beginning balance						1c		<u> </u>	
d	Additions during the year						1d		•	
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	□ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10)			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses	_	_							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								ļ	
g	End of year balance								1	
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a	i)) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c should be there endowment funds not in the peace.		ation tha	t ara bald a		حلف سما في مسا				
Ja	Are there endowment funds not in the posse by	ssion of the organiza	ation tha	i are rieiu a	no auministe	erea for the	e organi.	zation		Yes No
	(i) unrelated organizations								3a(i)	Yes No
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	ule B?					3b	
4	Describe in Part XIII the intended uses of the	•							_ 00	· · · · · ·
Par	t VI Land, Buildings, and Equipm									
_	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k value
		basis (investr			(other)	l ' '.	reciation	1	• • •	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u> e</u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B), line 1	0(c).)					0.

Schedule D (Form 990) 2012 FOUNDATION,	INC.		25-1911571	Page 3
Part VII Investments - Other Securities. Sec	e Form 990, Part X, II			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	<u>-</u>			
(G)				
(H)		-	 .	
(I)			· - · · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Se		l 10		
(a) Description of investment type	(b) Book value		ation Cost or end-of-year market v	value.
	(b) Book value	(C) Welliou of Value	ation Cost of end-of-year market v	aiue
(1) (2)				
(3)		-		
(4)		 -		
(5)				
(6)	_			
(7)				
(8)	# 11 ⁻¹			
(9)				
(10)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, line	15	 		
	Description	-	(b) Book va	lue
(1)				
(2)				
(3)		 .		
(4)				
(5)				
(6)		(=		
(7)				
(8)		_		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		>	
Part X Other Liabilities. See Form 990, Part X,	ine 25			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)	_			
(5)				
(6)				
(7)	- <u>-</u>			
(8)	-			
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin				
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tes				ation's
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the	e text of the footnote has be	en provided in Part XIII	

	dule D (Form 990) 2012 FOUNDATION, INC.			<u> 1911571</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return		
1	Total revenue, gains, and other support per audited financial statements		1	430	,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a	↓		
b	Donated services and use of facilities	2b	1 1		
C	Recoveries of prior year grants	2c	1 1		
d	Other (Describe in Part XIII.)	2d	.		
e	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	430	,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	430	,423.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	42	,493.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities				
b	Prior year adjustments	2b	1		
c	Other losses	2c	1		
d	Other (Describe in Part XIII.)	2d	1		
e	Add lines 2a through 2d	_20]	2e		0.
3	Subtract line 2e from line 1		3	42	,493.
_	Amounts included on Form 990, Part IX, line 25, but not on line 1		3		,433.
4		1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,040.	1		
þ	Other (Describe in Part XIII)	4b 1,040.	7 I	4	0.4.0
C	Add lines 4a and 4b		4c		,040.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information		5	43	,533.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	I, lines 1a and 4, Part IV, lines 1	b and 2	2b, Part V, line	e 4, Part
X, lın	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	tion.		
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
<u>AC(</u>	CRUAL TO CASH ADJUSTMENT	· · · · ·		1	,325.
AC	CRUAL TO CASH ADJUSTMENT				-285.
TOT	TAL TO SCHEDULE D, PART XII, LINE 4B			1	,040.
THI	ORGANIZATION WAS REQUIRED TO HAVE AN AUDI	IT OF THEIR F/S	FOR	THIS I	'AX
YE	עם דרים ואים פוסט מעול או או או או או או או או או או או או או	או א מאמיי האמדם	7 P.T.	MITT C	
10/	AR. THE TAX RETURN HAS ALWAYS BEEN FILED (JIN A CASH BASIS			
			Sched	lule D (Form	990) 2012

KAPPA KAPPA GAMMA OF CORNELL FOUNDATION, INC. 25-1911571 Page 5 Schedule D (Form 990) 2012 Part XIII | Supplemental Information (continued) RETURN IS ALSO ON A CASH BASIS. THE RECONCILIATION AMOUNTS ABOVE ARE TO ADJUST THE F/S REPORTING TO A CASH BASIS.

SCHEDULE I (Form 990) Department of the Treasury

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

Open to Public OMB No 1545-0047

2

X Yes

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

Employer identification number 25-1911571 Inspection 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 ► Attach to Form 990. CORNELL OF GAMMA General Information on Grants and Assistance INC KAPPA KAPPA FOUNDATION Name of the organization Internal Revenue Service

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

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

criteria used to award the grants or assistance?

Part II

Part I

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if additi	onal space is need	led	(f) Method of	And Descriptions	10. D. 100 00 00 00 00
1 (a) Name and address of organization or government	NIE (a)	(c) IRC section if applicable	cash grant	(e) Amount of non-cash	valuation (book,	(g) Description of non-cash assistance	(n) Purpose or grant or assistance
				assistance	riviv, appraisal, other)		
							REIMBURSEMENT FOR
08 THURSTON CORPORATION							FUNITURE, FIXTURE AND
08 THURSTON AVENUE							EQUIPMENT TO BE USED IN
THACA, NY 14850			22,037.	0.			THE EDUCATIONAL AREAS OF

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

232101 12-18-12

Page 2

25-1911571

INC. FOUNDATION,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012) Part III

(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
EDUCATIONAL GRANTS	1.4	14,000,	0,0		
Part IV Supplemental Information. Complete this part to provide the	de the information	n required in Part I, I	ine 2, Part III, colum	Information required in Part I, line 2, Part III, column (b), and any other additional information	ormation
SCHEDULE I, PART I, LINE 2: THEY PAY	- 1	ONEY OUT T	O THE INDI	THE MONEY OUT TO THE INDIVIDUAL TO PAY	
FOR EDUCATIONAL RELATED EXPENSES.					

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 508 THURSTON CORPORATION

FIXTURE (H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR FUNITURE,

AND EQUIPMENT TO BE USED IN THE EDUCATIONAL AREAS OF THE CHAPTER HOUSE.

Schedule t (Form 990)	KAPPA KAPPA GAMMA OF CORNELL FOUNDATION, INC.	25-1911571 Page 2
Schedule I (Form 990) Part IV Supplemental Info	rmation	ZJ-19113/1 Page 2
EDUCATIONAL GRANTS	ARE \$1,000 EACH.	
	-	
		-
. <u>-</u> .		
•		
222201		Schedule I (Form 990)

232291 05-01-12

SCHEDULE 0

4, 4 4

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization KAPPA KAPPA GAMMA OF CORNELL FOUNDATION, INC.

Employer identification number 25-1911571

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ATTENDING CORNELL UNIVERSITY.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD VOTES ANNUALLY ON ITS MEMBERS FOR THE GOVERNING BODY AT THEIR ANNUAL BOARD MEETING
FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE VOTED ON BY THE BOARD.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUBCOMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A COPY OF THE 990 TO THE MEMBERS BEFORE FILING THE FORM.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS THE MEMBERS REVIEW AND SIGN A POLICY ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19: THEY MAKE THEM AVAILABLE TO THE PUBLIC UPON REQUEST.