Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service

Open to Public

A	For the	e 2017 calendar year, or tax year beginning 07/01 , 2017, and er	nding 0	6/30	, 20 18
В	Check	f applicable C Name of organization Kuali Foundation, Inc		D Employ	er identification number
	Address	s change Doing business as			20-5118023
	Name c		n/suite	E Telephor	ne number
$\overline{\Box}$	Initial re			812-345-3948	
$\overline{\Box}$		um/terminated City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$		ed return Bloomington, IN 47408		G Gross re	eceipts \$ 1,802,648
$\overline{\Box}$		tion pending F Name and address of principal officer	H(a) Is this a	roup return for	subordinates? Yes No
_	7 (00.00	2709 E 10th Street, Bloomington, IN 47408			s included? Yes No
$\overline{}$	Tax-exe	empt status	71 1		list (see instructions)
J	Website		*****	exemption	number ▶
ĸ	Form of	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	rmation 2006	M State	of legal domicile [N
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: To	serve as a prop	onent for	collaboration and
ė		design of open source software for higher education			
Governance		•••••			
ern	2	Check this box ▶☐ if the organization discontinued its operations or dispos	ed of more tha	n 25% of	its net assets
્ટ્ર	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	6
	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	6
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	2
Activities &	6	Total number of volunteers (estimate if necessary)		. 6	
Act	7a	Total unrelated business revenue from Part VIII, rcolumn (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 995 Ene 34 VED.		7b	0
			Pnor Y	ear	Current Year
as	8	Contributions and grants (Part VIII, line 1h)	SI	572,292	470,208
Revenue	9	Program service revenue (Part VIII, line 2g)	1	6,491,776	1,329,605
eve	10	Investment income (Part VIII, column (A), lines \$, 4, and 7d)		3,040	2,835
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d 8c, 90 00 00 00 11 11 1		0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	7 1	7,067,108	1,802,648
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		290,780	295,274
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
ij	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,019,742	8,833,822
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,310,522	9,129,096
	19	Revenue less expenses. Subtract line 18 from line 12		7,756,586	7,326,448
Net Assets or Fund Balances			Beginning of C	urrent Year	End of Year
sets	20	Total assets (Part X, line 16)	1	4,985,765	6,565,684
ASB	21	Total liabilities (Part X, line 26)		1,042,430	837,155
ž	22	Net assets or fund balances. Subtract line 21 from line 20	1	<u>3,943,335</u>	5,728,529
P	art II	Signature Block			
Ur	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to	the best of n	ny knowledge and belief, it is
tru	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any know	reage ,	
		Jenny L Telle		2-1	8-2019
Sig	-	Signature of officer	Di	ate	
He	re	Jenniter Fourty Executive Dhie	+0/-		
_		Type or print name and title	I Date		DTIN
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [₹ .
	epare	NICOLE B FISHBACK MICOL 43. FISH DOCK	2/14/19	self-emp	P01279475
	e On	IV Firm's name ► BKD, LLP	Fin	n's EIN ▶	44-0160260
		Firm's address ► 201 N ILLINOIS STREET, INDIANAPOLIS, IN 46204	Ph	one no	317-383-4000
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions) .			V Yes No

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art	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,683,262 including grants of \$) (Revenue \$ 1,031,590)
	The Foundation provides direct support for the design of open source software for higher education, including best practices in design and use. The Foundation provides a forum for communication of progress in the community and on open source software.
	projects and best practices
4b	
	(Code:) (Expenses \$ 353,581 including grants of \$) (Revenue \$ 298,015)
	The Foundation holds Kuali Days conferences, workshops, and meetings to support the members, partners, and interested parties, to
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4c	The Foundation holds Kuali Days conferences, workshops, and meetings to support the members, partners, and interested parties, to
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	011	(D b Oabad	1- 0)			
на	Other program service	ces (Describe in Schedi				
	(Expenses \$	including gran	ts of \$) (Revenue \$)	
ŀе	Total program service	e expenses ►	9,036,843			
						Form 990 (2017)
						101111000 (2011)



Part	Checklist of Required Schedules		T V	1 81-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ-	Yes	No
	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		√
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		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		✓
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		✓
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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		✓
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	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 11f		√
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		✓
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 b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a 14b	√	/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
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		1

Palit	Checklist of Required Schedules (Continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		√
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	205		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>√</u>
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	√	
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 25a	24a	_	1
b c	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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		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	28b 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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		√
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		√
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		✓
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 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		✓
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,			_
38	Part VI	37	√	√
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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes,	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ŢŢ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	197, 191 191, 191
	reportable gaming (gambling) winnings to prize winners?	1c	/	" W W E
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 2	2 11 2		
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)	dita in t		1,7,42
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	ľ		
	account)?	4a		V
b	If "Yes," enter the name of the foreign country: ▶		:W	MI
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
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		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
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		✓
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).	14.3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,
	required to file Form 8282?	7c	11 11	√
d	If "Yes," indicate the number of Forms 8282 filed during the year		Transport	140
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	51,151 t, 101	3817 92
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	114401111	on tot end o
9	Sponsoring organizations maintaining donor advised funds.	144,74		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	en a hidelei e	3 1955 01 5
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	(A)		
40	· · · · · · · · · · · · · · · · · · ·	120	11 14 er 14	ree :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	dere:	14.
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.	13a		J*#155
а	Is the organization licensed to issue qualified health plans in more than one state?	्वित्रते अल	, b.(1/24)	,1,"].III
h	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			
b	the organization is licensed to issue qualified health plans		#1.671 #454	
^	Enter the amount of reserves on hand		145	
C 140	L	14a	1 = 985,552	# FA (4
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	<u> </u>	+
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	עדיון	L	L

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.		struct	_
Conti	Check if Schedule O contains a response or note to any line in this Part VI		• •	<u>. ∠</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6	1. 1. 4.	. Este est
Ia	If there are material differences in voting rights among members of the governing body, or	45		
	if the governing body delegated broad authority to an executive committee or similar	11,44.4		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	6		1 111 142 1,4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-S. African	*************	مانوسي أباء
	any other officer, director, trustee, or key employee?	2	L	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	1	\ <u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<u> </u>	
	one or more members of the governing body?	7a		/
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	ļ	/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	# \$1,5% ## 145		
	the year by the following.	1 1 1 1 1		14 20 10
a	The governing body?	8a 8b	√	
ь 9	Each committee with authority to act on behalf of the governing body?	80	V	ļ
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ.,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√ He%të.	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		•	<u> </u>
_	describe in Schedule O how this was done	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 approval by	Laufnywa	continues.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	njividasib		द्विक्रमस्य
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	"j.,hp.	√ John Cl
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	d elle		
	with a taxable entity during the year?	16a	<u> </u>	استاستسا
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3-119 3-13 341	7 (4) (4) (6) 9. (194 - 10)	140 mil
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	gale as ray s.	s contribution	ravadraucr
	organization's exempt status with respect to such arrangements?	16b	✓_	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Indiana	n E04	(a)/(2)-	001.3
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	11 301(ပ)(၁)S	only)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	v. and
. •	financial statements available to the public during the tax year			,,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	John For J. Foulthy Evaputura Director 2700 E 10th St. Bloomington IN 47409 912 245 2049			

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Form		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 n	or any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
					C)					
(A) Name and Title	(B) Average			neck	more	e than one		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any		officer and a					compensation from	compensation from related	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) Patrick Burns	4									
Chair	0	✓		✓			_	0	O	0
(2) Steve Dowdy	2			_						
Vice Chair	0	/	_	✓			_	0	0	0
(3) Susan Lin	4	,		,			1			_
Treasurer	0	✓		✓	_	<u> </u>	_	0	0	0
(4) Mike Allred (Jul - Dec 2017)		,		,						•
Treasurer	0	✓	<u> </u>	✓	 	 	├—	0	0	0
(5) Michael Hites	2	,					1			
Board Member	0	✓	_		-			0	0	0
(6) Christa Johnson	22	1								
Board Member	0	-	⊢	-	├		┢	0	0	0
(7) Brad Wheeler	2	1					-	0	o	0
Board Member	0	-	┢	-						
(8) Jennifer Foutty				1				156,294	0	26,770
Executive Director	0			Ť	┢╌		 	150,294		20,110
(9) Bruce Alexander (Jul - Dec 2017)	2 0	1								
Board Member	2	<u> </u>			\vdash		\vdash			
(10) Scott Mabury (Jul - Dec 2017)	0	1								
Board Member (11) Kellı Trosvig (Jul - Dec 2017)	2	-	 	\vdash	\vdash		┢┈			
	0	1								
Board Member (12) Aimee Turner (Jul - Dec 2017)		Ť	┢┈	┢	-			-		
Board Member	0	1								
(13)	 	<u> </u>			\vdash	-	\vdash			
119)		1								
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (con	tinuec	d)		
			İ		•	C)								
	(B)	Position (do not check more than o						(D)	(E)		(F)			
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from	_		mated ount of	
	week (list any		1-		_	_	,	from	related		of	ther		
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organizations (W-2/1099-MISC	,	compe	ensatic m the	on
		organizations	dual	ţ	"	買	st c	<u>¤</u>	(W-2/1099-MISC)	,			nization	
		below dotted line)	֓֞֓֓֓֓֓֓֟֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓	nal tr		oyee) mp						related ization	
			stee	uste		"	ensa					Ū		
			İ	ñ	ļ		l ed							
(15)										ē				
(16)														
(17)														
(18)														
								<u> </u>			+			
(20)			<u> </u>			<u> </u>					-			
(21)			-	_	ļ			<u></u>			+		—	
								ļ			-			
									<u> </u>					
(23)														
(24)														
(25)														<u>-</u>
1b	Sub-total		<u> </u>	٠		· .			156,294		0		:	26,770
C	Total from continuation sheets to Part	VII, Sectio	n A					>	0	i	0			(
d	Total (add lines 1b and 1c)							>	156,294		0			26,770
2	Total number of individuals (including but		d to th	ose	e list	ted	abov	e) w	ho received m	ore than \$100,	000 o	f		
	reportable compensation from the organ	zation >							1_					1
•	Did the consensation but any favoren of	d		4					alaysa ay biah		tod		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete a							emp	ployee, or nigr	iest compensa	itea	3		1
4	For any individual listed on line 1a, is the							nn a	nd other comr	ensation from	the	-		\ <u> </u>
7	organization and related organizations	greater th	an \$1	150,	000)? <i>I</i> :	f "Ye	s, "	complete Sch	edule J for s	uch			
	ındıvıdual								·			4	√	
5	Did any person listed on line 1a receive of									ation or individ	laut			
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ule J	for s	such person		•	5	L	✓
Section	on B. Independent Contractors											4		
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed ind nsatio	depo on fo	end or th	ent ne c	contr alenc	act dar y	ors that receive year ending wit	ed more than \$ th or within the	orgai	ioo of nizatio	n's t	ax
	(A) Name and business add	Iress							(B) Description of s	ervices	———	(C)	ation	
Kualı							-	Co	nsulting			,		18,731
	Inc 330 N Ashton Blvd, Suite 300, Lehi, UT 8 a University, 400 E 7th Street, Bloomington,							$\overline{}$	nsulting					04,265
	Austin, 500 East 4th Street, Austin, TX 78701							-	nference Servic	es				26,110
	The state of the s							Ľ						
								\prod						
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	lımıt	ed to	o th	nose listed ab	ove) who				

received more than \$100,000 of compensation from the organization ▶

Form **990** (2017)

Par	VIII	Statement of Reve						···	
		Check if Schedule C	contains	a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt	(C) , Unrelated business	(D) Revenue excluded from tax
							function	revenue	under sections 512-514
\$ \$	1a	Federated campaigns	3	1a	A 141 PROTEIN REPUBLICATION		MAR ANGENT		
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		¹1b	470,208				
s, G Ame	С	Fundraising events		1c					
Gift Iar,	d	Related organizations		1d					
ıs, imi	е	Government grants (con	•	1e					
ntio er S	f	All other contributions, g		ĺ					
현환		and similar amounts not inc		1f_					
ng P	9	Noncash contributions includ		-11 \$		470.200			
	h	Total. Add lines 1a-1	1	<u>· · · </u>	Business Code	470,208	The state of the second of the	Table of the table of	
Program Service Revenue	2a	Direct Support for Ope	n Source		541511	1,031,590	1,031,590	his in the second second	in the state of th
Æ	Ь	Kualı Days Events and		- S	541511	298,015			
ဋ	c								
Šeī	d								
Ē	e				,				•
ogra	f	All other program sen		ie.			Travel at the former to the state	re	# 5.606
<u>~</u>	9	Total. Add lines 2a-2		· .	<u> ▶</u>	1,329,605			
	3	Investment income and other similar amo		divid	ends, interest,		<u> </u>		
	١.		•	 		2,835	<u>'</u>		. 2,835
	4	Income from investmen	t of tax-exer	npi bo	ona proceeas				, , , , , , , , , , , , , , , , , , ,
	5	Royalties	(i) Real	· ·	(ii) Personal				
	6a	Gross rents .	· · · · ·						
	Ь	Less rental expenses			3				
	C	Rental income or (loss)							
	d	Net rental income or ((loss) .		>	the state of the s			
	7a	Gross amount from sales of	(i) Secunt	ies	(ii) Other	Paringeran			
		assets other than inventory	,						
	b	Less' cost or other basis							
		and sales expenses .							
	C	Gain or (loss) .							
	d	Net gain or (loss) .		•	<u> ▶</u>	No. of the property of the second	Finantikonery (# 1911)	THE STATE OF THE S	landa in in in in in in in in in in in in in
ē	 8a	Gross income from fu	ındraising						
en	Oa	events (not including \$	nuraising						
ě		of contributions reporte	ed on line 1	c).					
<u>.</u>		See Part IV, line 18		-,· . а					
Other Reven	Ь	Less: direct expenses	3	. · b					
U	c	Net income or (loss) f		iising	events . ►			-	
	9a	Gross income from ga	amıng actıvı	ties.					
		See Part IV, line 19		· a					
	b	Less: direct expenses		. b			The Carlot of th	C-FURBULE	
	С	Net income or (loss) f	-		vities ▶	1 # 1 5 5 m of 5 11 street of 10 10 11 12 left .	with tearity 1.4 7 ffeethildsof aim at 8 cs	School School of the Color	Street the ad Sedi. SS. a Sed of Saturdak beautiful
	10a	Gross sales of in							
	.	returns and allowance		a	· · · · · · · · · · · · · · · · · · ·				
	b	Less: cost of goods s Net income or (loss) f		b of invi	L		Left Combet College	e incerción de la constitue de la constitue de la constitue de la constitue de la constitue de la constitue de	
	С	Miscellaneous R			Business Code			Therefore an experience of the first of the second of the	
	11a	ocharcous II				749. 41451 Hadinist	#47 L 920 L00 90 NEW YORK	Grada Man Dar See Carle of S	12 CONTRACTOR TWO SERVICES
	b								
	C						•		
	ď	All other revenue	· ·						
	e	Total. Add lines 11a-	11d		▶	L		arcaparata	MERTINGGEN
	12	Total revenue See in			•	1 000 040	1 220 000		2 025

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraisino Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 227.665 170,749 56,916 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 13,522 7 54,087 40,565 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) 5.409 4.057 1.352 9 Other employee benefits 8,113 6,085 2,028 10 Payroll taxes Fees for services (non-employees): 11 Management а b Legal 497 497 Accounting 2.392 2,392 С d Lobbving . THE REPORT OF THE PROPERTY OF FIRST WINGS Professional fundraising services. See Part IV, line 17 e Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 8,177,401 8,177,401 12 Advertising and promotion 13 Office expenses . . . 0 1,240 14 Information technology 1,240 Royalties 15 16 Occupancy . ol 17 Travel 10,844 10,844 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 353,581 353,581 20 . . . 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . 23 Insurance . 9 596 9.596 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) Bad Debt Expense 266,416 266,416 5,905 Operating Expense 11,810 5,905 C Bank Charges 45 45 d е All other expenses Total functional expenses. Add lines 1 through 24e 92.253 9.129.096 9.036.843 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

In the following SOP 98-2 (ASC 958-720)

In the following SOP 98-2 (

Form 990 (2017) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 0 2 Savings and temporary cash investments . 2 1,716,309 746 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . 11,837,435 3,806,359 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net . 7 8 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges 19,439 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation . 10b 10c 0 Investments—publicly traded securities 11 11 0 0 12 Investments—other securities. See Part IV, line 11 12 ol 0 13 Investments-program-related See Part IV, line 11. 1,424,140 13 1,424,140 14 14 Intangible assets . . . ol 0 15 Other assets. See Part IV, line 11. 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,985,765 16 6,565,684 17 Accounts payable and accrued expenses . . . 387,855 17 40,402 18 Grants payable. 18 0 19 Deferred revenue 19 796,753 654,575 20 Tax-exempt bond liabilities 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 0 Unsecured notes and loans payable to unrelated third parties 24 0 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 1,042,430 Organizations that follow SFAS 117 (ASC 958), check here **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31

Retained earnings, endowment, accumulated income, or other funds .

Total net assets or fund balances

Total liabilities and net assets/fund balances .

32

Net 33

5.728.529

6,565,684

32

33

13,943,335

14.985.765

_	4	
Page		4

	90 (2017)		Page	e 12
Par	t XI Reconciliation of Net Assets			(2)
	Check if Schedule O contains a response or note to any line in this Part XI	11		
1	Total revenue (must equal Part VIII, column (A), line 12)	2	1,802,	
2	Total expenses (must equal Part IX, column (A), line 25)	3	9,129,	
3	Revenue less expenses Subtract line 2 from line 1	4	-7,326,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	13,943,	
5	Net unrealized gains (losses) on investments	6	-584,	,60
6	Donated services and use of facilities	7		
7	Investment expenses	8		
8	Prior period adjustments	9		
9 10	Other changes in net assets or fund balances (explain in Schedule O)	9	-303,	, /50
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5 700	
Dor	XII Financial Statements and Reporting	1 10 1	5,728,	,,,,,,,
· ₁	Check if Schedule O contains a response or note to any line in this Part XII	· · · <u>· </u>	Yes	No
·	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	xplaın in	Yes I	No
2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were commercial expansion as separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	xplain in npiled or		□ <u>No</u>
2a b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were commeviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	xplain innpiled orted on a .versight untant?	2a	No.
2a b	Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for coffithe audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expenses the selection of the selection of the selection of the selection of the tax year, expenses the selection of the selectio	xplain innpiled orted on a .ted on a .ted on a	2a 2b	
2a b c c	Accounting method used to prepare the Form 990:	xplain in npiled or red on a oversight untant? xplain in forth in	2a , 2b , 2c	S The state of the

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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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Kualı	Foundation, Inc					20-51	18023	
Pa	t I Reason for Public Cha	rity Status (All	organizations must	comple	ete this p	art.) See instruction	ons.	
The o	organization is not a private founda	ation because it i	is: (For lines 1 through	12, che	ck only o	ne box.)	1	
1	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 (Form 990 or 990-EZ))							
3	A hospital or a cooperative hos	spital service or	ganization described i	n sectio i	n 170(b)(1)(A)(iii). $igcup igcup $	' (
4	A medical research organization	•	onjunction with a hosp	oital desc	cribed in	section 170(b)(1)(A)	(iii). Ente	r the
_	hospital's name, city, and state		llana ar vanvarant.				ما الما	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	ownea c	or operate	ed by a government	ai unit o	escribea ir
6	A federal, state, or local govern							
7	An organization that normally described in section 170(b)(1)			port fron	n a gover	nmental unit or fron	n the ger	neral public
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II)				
9	An agricultural research organi							
	or university or a non-land-gra university:	-				-		_
10	An organization that normally r	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, a	nd gross
	receipts from activities related support from gross investment	to its exempt iu t income and un	related business taxa	ertain exi ble incon	ceptions, ne (less s	ection 511 tax) from	business	OF ILS Ses
	acquired by the organization a							
11	An organization organized and	l operated exclus	sively to test for public	c safety	See sect	ion 509(a)(4).		
12	An organization organized and	•	•				-	
	of one or more publicly suppo							
	Check the box in lines 12a thro	-	• • • • • • • • • • • • • • • • • • • •		_			-
а	., .		· · · · · · · · · · · · · · · · · · ·	-		- · · · ·		
	the supported organization		• • • •			the directors or trust	ees of th	е
	supporting organization Yo	•	-					
b								
	control or management of		_		e persons	that control or man	age the s	supported
_	organization(s) You must	-			onnootio	n with and function	albu intoni	ratad with
С	its supported organization(any integr	rated with,
d	☐ Type III non-functionally i	i ntegrated. A su	ipporting organization	operate	d in conn	ection with its suppo	orted orga	anızatıon(s)
	that is not functionally integ						id an atte	entiveness
	requirement (see instruction	ns) You must c	complete Part IV, Sec	tions A	and D, ar	nd Part V.		
е							e II, Type	111
_	functionally integrated, or T	• •	tionally integrated sur	oporting	organızat	ion.	_	
Ť	Enter the number of supported of	•		•			· L	
9	Provide the following information	· · ·	(iii) Type of organization				6.2.4	
	(i) Name of supported organization	(11) EIN	(described on lines 1–10	listed in yo	organization ur governing	(v) Amount of monetary support (see		mount of upport (see
			above (see instructions))	docu	ment?	instructions)		uctions)
				Yes	No	1		
(A) 								
(B)								
(C)			-				_	
					-			
(D) 								
(E)								
Tatal				l	I			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,352,190	_1,125,441	788,958	572,292	470,208	4,309,089
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge	8,450,000	4,317,500	288,462	470,000	115,000	13, <u>640,962</u>
4	Total. Add lines 1 through 3	9,802,190					17,950,051
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			Transfer of the Article			17,950,051
	on B. Total Support	The Hara of Sandalla sed also	B. B. Late, Personal Control of the Con-	Premiume as a constraint	etholitic exists, Land to New Start	ametis is a distantible in receive	17,550,051
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	9,802,190	5,442,941	1,077,420	1,042,292	585,208	17,950,051
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,073	22,443	3,966	3,040	2,835	44,357
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) .	1.5(1.7)	, , , , , , , , , , , , , , , , , , ,	To the second the second state of	16. mg 15. mg. 19. mg. 11. mg.	E. J. Levier, 2 of E. et	
11	• • • • • • • • • • • • • • • • • • • •					1 1	17,994,408
12	Gross receipts from related activities, etc			,		12	44,315,881
13	First five years. If the Form 990 is for the organization, check this box and stop he						> 🗆
C+:	on C. Computation of Public Support			<u> </u>			· · · <u> </u>
<u>3ecu</u>	Public support percentage for 2017 (line			1 column (fl)		14	99 75 %
15	Public support percentage from 2016 Sci			1, 001011111 (1))		15	99,85 %
	331/3% support test—2017. If the organ			k on line 13, ar	nd line 14 is 33		
	box and stop here. The organization qua						▶ ☑
ь	331/3% support test-2016. If the organ						ore, check
	this box and stop here. The organization						🕨 🗀
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the forganization in the organization in the organization is a second control of the factor	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization.	ation meets th	e "facts-and-o ts-and-circum	circumstances' stances" test.	" test, check The organızatı	this box and son qualifies as	stop here.
18	Private foundation. If the organization d instructions						

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	le A (Form 990 or 990-EZ) 2017		<u> </u>				Page 3
Part	Support Schedule for Organiz	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked t						nder Part II.
C43	If the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tótál
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2014	(6) 2013	(u) 2010	(e) 2017	(i) 10tai
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				//	/	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5				,		
	received from disqualified persons .			,		<u> </u>	
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		L				
С	Add lines 7a and 7b		//				
8	Public support. (Subtract line 7c from line 6)						
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.				: •		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	<u>/</u>					
11	Net income from unrelated business/ activities not included in line 10b, whether or not the business is regularly carried on		3				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for to organization, check this box and stop he		n's first, secon			ear as a section	on 501(c)(3)
Socti	on C. Computation of Public Suppo			· · · ·	•		· · ·
15	Public support percentage for 2017 (line			3 column (fl)		15	%
16	Public support percentage from 2016 Sc			13, COIDITIT (1))		16	
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·			
17	Investment/income/percentage for 2017			y line 13, colu	mn (f)) .	17	%
18	Investment income percentage from 201	6 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2017. If the organ	nization did not	t check the box	x on line 14, a	ind line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organi						
b	line 18 is not more than 331/3%, check this						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Suppo	orting Orga	nizations

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and be numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such activities (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the act was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- · c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu (defined in section 4958(e)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or me disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

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Part	IV Supporting Organizations (continued)			
		Sec. Sec.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	iinaan mariidik	L.T.	فتقديا
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	- No.
		Best a re	Yes	No stepholist
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 117,7	1477 C. C.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	KH:		
	controlled the organization's activities. If the organization had more than one supported organization,		44,4	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Talogia.	41 (5 '4.1). 1 (64)	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		4, 44
•		15.567	. Triming	. 10 T. 10
2	Did the organization operate for the benefit of any supported organization other than the supported			N.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		4. I.	
	supervised, or controlled the supporting organization.	2	steered	الأدائاطيي
Coati	on C. Type II Supporting Organizations			
Secu	on c. Type if Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Induction in	# G	(A. 33)
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Allin	-Fig.	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4	I Education	
Socti	on D. All Type III Supporting Organizations			
Jecu	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1955	71 '4 71 '4	
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		143 T. (
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		đđ.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1255	Eaulk	January 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Grand Control	34. 5	Tak M
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	line in Alder	.m.simmilumit
3	By reason of the relationship described in (2), did the organization's supported organizations have a	d de l	1 52 eg 5 . 166	月電影
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	ines allendericus.	utitibli
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•/
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	(000 101		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	Struct	ioris).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	41/11/2/ 14/11/2/	*51	1527
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			inge j
	how the organization was responsive to those supported organizations, and how the organization determined			الآلوزار، المعارض الرار معارض المار
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	14 L		د التي الله الله الله الله الله الله الله الل
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		(*) 47	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		13	4,4
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	" " " " " " " " " " " " " " " " " " "	اب رسار ۱۹۰۰ - ۱۹۰۰ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ - ۱۹۰۱ -	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Functio	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	dgg.tr		
instructions for short tax year or assets held for part of year):	7 1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	14.1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	[1] [A. 198] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly in		organization (see

Part		s) Supporting Organ	izations (continued)	
Sect	on D - Distributions		and the second s	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	th the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6	agreement havened		
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		PERSONAL PROPERTY OF THE PROPE	
a	人們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們們	持续的政策。因此是不是		BUTTIN 19175
b	From 2013	MUNICEPTALE DE LA CONTROL DE L	a Participation of the contraction of the contracti	KANGGAN ARAKATA
С	From 2014	AND THE PROPERTY OF THE	计扩泛系数数数字 有中的	企業的工作。在2018年的工作
d	From 2015			机铁铁铁矿 医甲基甲基甲基
е	From 2016	THE SUPPLEMENTAL SERVICES		THE PROPERTY OF THE PROPERTY O
f	Total of lines 3a through e			等。 等等 等的 中期的 整数 等等 等等 等等 等等 等等 等等 等等 等等 等等 等
g	Applied to underdistributions of prior years		<u> </u>	
h	Applied to 2017 distributable amount	TO THE SECONDARY		
i	Carryover from 2012 not applied (see instructions)	自己是不是是不是	CHARLEVALUEFACE	THE STATE OF THE S
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.		ACM CONTRACTOR OF A	
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years	ATTACK TEEN WAS		TWENT THE
b	Applied to 2017 distributable amount	normangang	arence and the company of the compan	,
С	Remainder. Subtract lines 4a and 4b from 4		THE CONTRACTOR	
5	Remaining underdistributions for years prior to 2017, if			51421134151777
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			Call on the state of the state
c	Excess from 2015 . · .			
d	Excess from 2016 .			建筑是是基础的是可以在 现
e	Excess from 2017			
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

SCHEDULE D ·(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name (r the organization		Employer identification humber
<u>Ku</u> alı I	oundation, Inc		20-5118023
Par		vised Funds or Other Similar Fun	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		<u> </u>
1	•		·-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to ti		
6	Did the organization inform all grantees, donors,	_	
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
			· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year	icia a quamica conscitation commutation	Held at the End of the Tax Year
			<u> </u>
a	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation easemen	nts	2b
C	Number of conservation easements on a certified	• • • • • • • • • • • • • • • • • • • •	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, trans	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	envation easement is located >	
5	Does the organization have a written policy re		enection handling of
3	violations, and enforcement of the conservation ea		_
_			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		ianolar statements that assemble the
100	•		Other Cimilar Accets
Pari			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	it describes these items
ь	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other simila		
	public service, provide the following amounts relati		,
		-	. •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art		r assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	tems:
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Par	III Organizations Maintaining	Collections of	Art, His	torical	reasures	s, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c						
а	☐ Public exhibition		ď	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research		е	□ Other	r			
С	☐ Preservation for future generation	IS						
4	Provide a description of the organiza XIII.	ation's collections	and expla	ain how t	hey furthe	r the or	ganızatıon's exe	empt purpose in Pari
5	During the year, did the organization	solicit or receive	donation	s of art,	historical 1	treasure	s, or other simi	lar
_	assets to be sold to raise funds rathe	r than to be maint	ained as j	part of the	e organiza	tion's co	ollection?	☐ Yes ☐ No
Par								
	Complete if the organization 990, Part X, line 21.							
1a							r other assets r	not Yes No
b	If "Yes," explain the arrangement in P	Part XIII and comp	lete the fo	llowing to	able:			
						-	<i>'</i>	Amount
C	Beginning balance					10		
ď	Additions during the year		•			10		
е	Distributions during the year					16		
f								
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	Part XIII. Check he	re if the ex	kplanatio	n has beer	provid	ed on Part XIII .	<u> </u>
_Par				000 [5 18 / June	- 10		
	Complete if the organization				(c) Two yea		(d) There were been	ck (e) Four years back
	D. C. C. Lat	(a) Current year	(B) Pri	or year	(c) Two yea	I/S Dack	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance		<u> </u>					
b	Contributions		<u> </u>		<u> </u>			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs						_	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of			e (line 1g	, column (a	a)) held	as	
а	Board designated or quasi-endowme	ent 🕨	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t	
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	()							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	•	•			٠		3b
4	Describe in Part XIII the intended use:		on's endo	wment fu	unds			
Part								
	Complete if the organization	n answered "Yes	on For					, Part X, line 10.
	Description of property	(a) Cost or o			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other					L		
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 9	90, Part)	(, column	(B), line 1	0c)	>	

	(a) Description of security or categor (including name of security)	у	(1) Book value		thod of valuation I-of-year market value
(1) Financial			-			
• -	neld equity interests					
						· <u> </u>
(B)						· · · · · · · · · · · · · · · · · · ·
(C)						
(D)						
(E)						
(F)				•		
(G)				·		
(H)			<u> </u>	- 	arius s successi a suc	the section of the se
	b) must equal Form 990, Part X, col (B) line 12) ▶	-4	<u> </u>	_	Take the state of the first of the state of the	
Part VIII	Investments — Program Relate Complete if the organization ans		rm 00	O Port IV Ju	o 11a Soo Form	000 Part V line 12
	· · · · · · · · · · · · · · · · · · ·	wered tes on Fo	T	Book value		thod of valuation
	(a) Description of investment		") Book value		l-of-year market value
(1) Investme	ent in Kuali, Inc. to accelerate software o	development		\$1,424,140	end-of-year marke	t value
(2)			<u> </u>		<u> </u>	
(3)			<u> </u>			
(4)			 			
(5)		-	-		ļ	
<u>(6)</u> (7)			 			
(8)						
(9)				·		
Total. (Column (I	b) must equal Form 990, Part X, col (B) line 13)		†	\$1,424,140	MARKET STATES	
Part IX	Other Assets.		.1			
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description				(b) Book value
	· · · · · · · · · · · · · · · · · · ·			 	·	
(2)						
(3)						
(4)		 				
(5)						
<u>(6)</u> <u>(7)</u>						
(8)	<u></u>					
(9)					· · ·	
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			•	
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, Iir	e 11e or 11f. See	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)					ir arays	
(3)		-				
(4)						
(5)	· ····					
(6)						
(8)						
(9)						
	o) must equal Form 990, Part X, col (B) line 25)					
	uncertain tax positions. In Part XIII, prov	I de the text of the footr	note to	A Manager to the country of	1 11 1 11 1 1 12 11 1 1 1 1 1 1 1 1 1 1	ents that renorts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	4

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		T 4 T
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains (losses) on investments	2a	↓.
þ	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	-{
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		'
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5			5
Part			er neturn.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	'
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	1 1
C	Other losses	2c	
đ	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		1
С 5	Add lines 4a and 4b		4c 5
Part		5 70.) 	9
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4 Part IV lines 1b and 2b	Part V. line 4. Part X. line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
,	·		
	•		
			•••••
	-		
<i>-</i>	-		
	-		
	-		

Schedule D (For	n 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

•••		

SCHEDULE F .(Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

20-5118023 Kualı Foundation, Inc General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in the (e) If activity listed in (d) is (f) Total expenditures for (a) Region (b) Number of (c) Number of a program service, describe specific type of offices in the region employees, agents, and region (by type) (such as, fundraising, program services and investments in the region investments, grants to recipients located in the region) service(s) in the region independent contractors in the region 3,500,000 (1) North America Program Services Software Development (2) (3) (4)(5) (6)(7) (8)(9) (10)(11) (12)(13) (14)(15)(16)(17)Sub-total . . . 3,500,000 Total from continuation sheets to Part I . . .

Totals (add lines 3a and 3b)

3,500,000

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Gebursement assistance Chook. Filtw Chook. Fi	(c) Region
	grant

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

3 Enter total number of other organizations or entities

N

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2017

Part III Grants ar

(f) Amount of (g) Description (h) Method of noncash of noncash assistance (book, FMV, appraisal, other)																		
(d) Amount of (e) Manner of (f) A cash grant disbursement as																		
of grant or assistance (b) Region (c) Number of recipients																		
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(11)	(18)

Pag	e	4
rau	_	_

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) .	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990).	☐ Yes	☑ No

Schedule F (Form 990) 2017

Scriedule i	(1 01111 330) 201
Part V	Suppler

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 3
Kualı Foundation receives direct support and in-kind services from foreign universities to design open source software for higher education
Column C represents the number of universities providing this support. Column F represents direct support provided to the Foundation, but
does not include in-kind services. Those in-kind services amounts are. North America \$68,750

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 20-5118023 Kualı Foundation, Inc.

'art	Questions Regarding Compensation			
		Si 1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		연배	
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	(A-41) m	1,111	
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			42
		⁴ 9		10
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	151 114 1	, , , , , , , , , , , , , , , , , , ,	
	explain	1b		J.H.A.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	· · · · · · · · · · · · · · · · · · ·	
		<u>ح</u> ب بها ۳۰ ر. اماری های	(14 (14)) (14)	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	ET.N		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	*()		
	_ _		54 E	
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study	Art is		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	350	引用第二 [1]	
•	compensation contingent on the revenues of:			
а	The organization?	5a	أنأفسنا أثبياهم	<u> </u>
b	Any related organization?	5b		1
U	If "Yes" on line 5a or 5b, describe in Part III.		1 12T 1 12 5	~ 'ta4.1
	The solution of the second of			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ū	compensation contingent on the net earnings of:			
а	The organization?	6a	hand heli hale a 15	
b	Any related organization?	6b		7
U	If "Yes" on line 6a or 6b, describe in Part III.	397	(Spine)	366.25
	If tes off line oa of ob, describe in that in.	19.39E-		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	'lal Tiliz`	<u> </u>	المثالث المثال
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	- <u>'</u> -		<u> </u>
8	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	1	1	
		1	1	1
	ın Part III	8	Ja (fig.ls, it	
_	If WALLEY and live O which the appropriate plan follows the websittable assessment on propositive decombed to		495	ما الأساد
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or each	Ilsted Individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable columi	n (U) and (E) amount	s for that individual.
		(B) Breakdown of W-2	t W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
Jonnifor Fourth	3	156,294			16,095	10,675	183,064	
1Executive Director	Ξ	0	0	0		0		
	ε							
2	(ii)							
	3							
3	3							
	Ξ							
4	€		4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	ε							
9	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7	: : : : : : : : : : : : : : : : : : :
	8							
7	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		: : : : : : : : : : : : : : : : : : :
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6	(ii)							
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15	<u>(i)</u>							
	3				1		100000000000000000000000000000000000000	
16	Ξ							

Schedule J (Form 990) 2017

Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for an explanation.
tor any additional information.
Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Kuali Foundation, Inc	20-5118023
Form 990, Part III, Line 1	
Serve as a proponent and coordinating body for open source collaboration for software designed for h	nigher education, and promote the
expansion, development, and implementation of open source and cloud-based software for higher edu	ication, in a cost-effective approach
for the benefit of society	
Form 990, Part V, Line 2a	
Employees reported on Form W-3	
The Kuali Foundation reimburses Indiana University for payroll services. Therefore, the Kuali Foundat	ion does report its employees on Form
W-3 Indiana University is responsible for filing all required federal employment tax returns for the em	ployees of the Kualı Foundation
Form 990, Part VI, Section A, Line 4 and 6	
4 - Changes to the Bylaws were made and approved by the members and the Board. Changes include	d removing section on Core Values and
Business Practices, changing Board Member seats from member elected to Board appointed, and cha	nged information available on website
6 - Members join the organization by institutionally signing a membership agreement and paying annual	ual dues. Any changes to the bylaws
or other significant organizational or structural changes are shared with the members	
Form 990, Part VI, Section B, Line 11b	
The Form 990 is reviewed by the Accountant, Executive Director, the Board Treasurer, and an indepen	dent accounting firm
The 990 is then given to the Board for review prior to filing	
Form 990, Part VI, Section B, Line 12c	
Each member of the Board and the key staff are required to sign a conflict of interest (COI) policy annual	ually This form verifies they have
read and understand the COI policy in the bylaws and are in compliance. In addition, during the year,	The Executive Director and Board
review any changes in role of these staff to evaluate potential conflicts. If a conflict arises, the specific	es of such are disclosed, and the person
with the conflict is recused from discussion and decision. All completed COI forms are made available	e to all Board members for review

Schedule O (Form 990 or 990-EZ) (2	2017)			Page 2
Name of the organization				Employer identification number
Kualı Foundation, Inc				20-5118023
Form 990, Part VI, Section B,	Line 15a			
Review of the Executive Direct	tor's compensation	ıs completed annually and	follow Indiana University's	s policies and procedures
The Treasurer and members o	of the Board provide	e input into this process wh	en requested	<u> </u>
Form 990, Part VI, Section B,	Lines16 a & b			
Kualı Foundation (Foundation) co-founded Kualı,	Inc. (Company) on Octobe	r 10, 2014 and made an init	cial investment of \$1,000,000 in the
Company The Foundation ha	s a seat on the Boa	rd of Directors of the Comp	any but does not control th	he organization. The Foundation and
Company work together on ac	ctivities to design, o	levelop, and deliver open s	ource and cloud based sof	tware for higher education
Each project within the Found	lation has an Execu	itive Sponsor Team (EST), v	which decides whether to c	ontract with the Company for delivery
of the software priorities If th	ey do contract with	the Company, an agreeme	nt is executed that outlines	deliverables, timelines, and payments
The Foundation maintains coi	ntrol over these cor	itracts, and all are on very f	avorable terms	
···				
Form 990, Part VI, Section C, I	_ine 19			
Kualı Foundation makes publi	c all agendas and n	ninutes of Board meetings	on its public web site. Fina	ncials are also posted on the web site
Bylaws are posted as well on				

Form 990, Part IX, Line 11g				`
Description	(A)	(B)	(C)	
	Total	Program/Service		
Consulting	7,906,531	7,906,531		
	270,870	270,870		
TOTALS	8,177,401	8,177,401	0	
Form 990, Part XI, Line 9				
Other change in net assets				
In-Kınd Services -303,750		·····		
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