(Rev January 2020)

**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. Open to Public

	mal Revenu	e Service	► Go to www.irs.go	ov/Form990 for in	nstructions a	and the late	st informat	tion	$\mathcal{O}(\mathcal{O})$	Inspect	ion
A	For the 2	019 calend	dar year, or tax year beginning	07/01		19, and end		06/3		<b>20</b> 20	
В	Check if a	pplicable	C Name of organization Kuali Fou	ndation, Inc					D Employer ı	dentification	number
	Address cl	hange	Doing business as						20	0-5118023	
$\Box$	Name char	nge	Number and street (or P O box if	mail is not delivered	to street addre	ess)	Room/suite		E Telephone number		
百	Initial retur	•	2709 E 10th St						812-856-0562		
$\overline{\Box}$	Final return	/terminated	City or town, state or province, co	ountry, and ZIP or for	eign postal co	de					
Ħ	Amended		Bloomington, IN 47408	•					<b>G</b> Gross rece	pts\$ 3	,740,946
$\exists$	Application		F Name and address of principal offi	cer Katherine Ma	rlın		_ H(a) l	s this a gro	up return for subo	rdinates? 🔲 Ye	s 🗸 No
_		. •	2709 E. 10th St, Bloomington,	IN 47408			Н(b) /	Are all su	bordinates inc	luded? 🗌 <b>Y</b> e	s 🗌 No
$\overline{}$	Tax-exemp		✓ 501(c)(3)	) ◀ (insert no )	4947(a)(1	1) or 2 527	4	f "No," a	ttach a list (se	e instructions	)
J	Website:	➤ www.ku	alı org	1		1)	H(c) (	Group ex	emption numb	oer ▶	
ĸ	Form of org	ganization 🗸	Corporation Trust Associate	tion ☐ Other ►		L Year of for	mation 2	006	M State of leg	al domicile	IN
Р	art I	Summa	ry								
	1 E	Briefly des	cribe the organization's missi	on or most sign	ificant activ	ıtı <b>es</b> : To se	rve as a pr	opone	nt for collab	oration and	
8	1	-	pen source software for higher			••••					
ā											
/er	2	Check this	box ▶ ☐ If the organization	discontinued its	operations	or dispose	ed of more	than 2	25% of its r	net assets.	
ő	3 1	lumber of	voting members of the govern	rning body (Part	VI, line ta)	DEC	EIVE	Ð.	3		5
త	4 N	lumber of	independent voting member	s of the governing	ng body 🖓	art VI, line	B-IV-		4		5
ţį	5 T	otal numb	per of individuals employed in	n calendar year 2	2019 (Part <sub>c</sub> V	(, line 2a)	: = ::	و ا	3 5		2
Activities & Governance	6 T	otal numb	per of volunteers (estimate if i	necessary)		SI JUN	07 202	21	6		0
	7a T	otal unrel	ated business revenue from F	Part VIII, column	(C), line 12	<u> اد</u>	· · ·	ولنــن	I 7a		0
	b N	let unrelat	ted business taxable income	from Form 990-	T, line 39	OGI	JEN I	IT.	7b		0
					L			ior Year		Current Ye	ar
Revenue	8 0	Contributio	ons and grants (Part VIII, line	1h)				4	20,000		410,000
		•	ervice revenue (Part VIII, line :	•				5,5	04,117	3	,327,608
ě			t income (Part VIII, column (A)						3,942		3,338
	11 C	Other reve	nue (Part VIII, column (A), line	s 5, 6d, 8c, 9c,	10c, and 11	le)			0		0
	<del></del>		ue-add lines 8 through 11 (m					5,9	28,059	3	<u>,740,946</u>
			l similar amounts paid (Part I)						0		0
		•	s paid to or for members (Part IX, column (A), line 4)								0
es			her compensation, employee t					2	61,527		139,310
Expenses			al fundraising fees (Part IX, co						0		0
ğ	1		aising expenses (Part IX, colu			0					
ш		-	enses (Part IX, column (A), line						73,898		,262,798
:	I	•	nses. Add lines 13–17 (must	-					35,425	3	,402,108
<u> </u>		Revenue le	ess expenses. Subtract line 1	8 from line 12 .	· · · ·		<del></del>		92,634		338,838
S OF	l						Beginning			End of Yea	
Net Assets or Fund Balances	20 T		s (Part X, line 16)						73,370	3	3,256,435
E E	21 T		ties (Part X, line 26)						24,066		268,294
			or fund balances. Subtract li	ne 21 from line 2	20			2,6	49,304		2,988,141
	art II		re Block						hoot of my kn		haliaf et ia
tru	der penaitie e. correct. a	es of perjury, and complete	I declare that I have examined this re Declaration of preparer (other than	officer) is based on a	all information	of which prep	arements, an arer has any	knowled	ge	owieage and	beller, it is
_	<del></del>		·	•				Т			
Sig	n l		<del>രു Muldd</del> ure of officer			-	:	Date		<u>-</u>	
He	- 1								13/2021		
пе	16		NAGING DIRECTOR r print name and title						15/2021		<del></del>
		<del>/</del>	preparer's name	Preparer's signature	<u> </u>		Date	I	Charle 🗖 -	PTIN	
Pa		1	· ·	12 1	P		05/15/20	)21	Check if self-employed	ا،	0.475
	eparer	F	Fishback	7 mon 45 4	whback				<del></del>	1	
Us	e Only	Firm's nan		liananalia IN 400	04	·		1	EIN ►	44-01026	
Ma	v the IDS		fress ► 201 N Illinois Street, Ind this return with the preparer s			ions)	<del> </del>	Phone	110	317-383-400 <b>✓ Yes</b>	No
			ion Act Notice, see the separat		oo manach		t No 11282	<del></del>			90 (2019)
ror	raperwo	uk neduct	ion act Nouce. See the sebarat	ie ilibu učlivils.		Ca	1 NO 11202			- FUITH 3	<b>~~</b> (∠∪≀∂)

For Paperwork Reduction Act Notice, see the separate instructions.

orm 95	0 (201)	9)
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Brief	fly describe the organization's mission:
	Serv the e	e as a proponent and coordinating body for open source collaboration for software designed for higher education, and promote expansion, development, and implementation of open source and cloud-based software for higher education, in a cost-effective
	appi	oach for the benefit of Society
2	prior	the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?
3	serv	the organization cease conducting, or make significant changes in how it conducts, any program ices?
4	ехре	cribe the organization's program service accomplishments for each of its three largest program services, as measured by enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	The desi	de: ) (Expenses \$ 3.014,500 including grants of \$ ) (Revenue \$ 2,996,059)  Foundation provides direct support for the design of open source software for higher education, including best practices in gn and use. The Foundation provides a forum for communication of progress in the community and on open source software ects and best practices.
4b	The	de:) (Expenses \$
4c	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe on Schedule O.)
	(Ехр	penses \$ including grants of \$ ) (Revenue \$ )
4e	Tota	ll program service expenses ► 3,350,592
		Form <b>990</b> (2019)



orm 99	90 (2019)	7	\		Rage 3
Part	IV Checklist of Required Schedules			V	Nic
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If	"Yes,"		Yes	No_
2	complete Schedule A		1 2	<b>√</b>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in oppose candidates for public office? If "Yes," complete Schedule C, Part I	ition to	3		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section election in effect during the tax year? If "Yes," complete Schedule C, Part II	501(h)	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	dues,	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which have the right to provide advice on the distribution or investment of amounts in such funds or accounts account "Yes," complete Schedule D, Part I	donors	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	space,	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If complete Schedule D, Part III	f "Yes," 	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serioustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit redebt negotiation services? If "Yes," complete Schedule D, Part IV	pair, or	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowor in 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, P VII, VIII, IX, or X as applicable.	arts VI,			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If complete Schedule D, Part VI		11a		1
b	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% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c	1	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D Did the organization's separate or consolidated financial statements for the tax year include a footnote that ad		11e		<b>✓</b>
f 40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, H	Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co Schedule D, Parts XI and XII		12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax y "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is organized to the state of the s	ptional	12b	_	<b>√</b>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ Did the organization maintain an office, employees, or agents outside of the United States?		14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantr fundraising, business, investment, and program service activities outside the United States, or aggregate investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	gregate	14b		<b> </b> ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistant 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 of assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	or other	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising serv Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	ices on	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contribute Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	ons on	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line If "Yes," complete Schedule G, Part III		19		1
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	ation or	_		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>√</b>	
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
	F 4 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ĺ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Mar tiles v	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\$2.000 \$2.0000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.0000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.000 \$2.0000 \$2.000		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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)	逻辑		1100
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for 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		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			200
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	A TOTAL		
	and services provided to the payor?	7a		<b>✓</b>
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			
	required to file Form 8282?	7c	20. 000 2 2 2	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	では		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
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	J.N.1%	0.00
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	1000
	sponsoring organization have excess business holdings at any time during the year?	8	2300000	GE103.47
9	Sponsoring organizations maintaining donor advised funds.	1000	<u> </u>	100 m
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	J.,.698	en Jack
10	Section 501(c)(7) organizations. Enter:	771		12.7
a	Initiation fees and capital contributions included on Part VIII, line 12			
b		il.		82.0
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a		\$		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			3.4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	######################################
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		2/80	XWD S
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 400L 2	
4	Note: See the instructions for additional information the organization must report on Schedule O.	<b>107</b>		XXX
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	100	44	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_	
	excess parachute payment(s) during the year?	15		<b>/</b>
	If "Yes," see instructions and file Form 4720, Schedule N.	32. A.		\$ -2 4k/g
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>1</b>
	If "Yes," complete Form 4720, Schedule O.	<b>**</b>	6 B	提入

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on Schedule O.	See ın	for a struc	"No" tıons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			
Section	on A. Governing Body and Management			24	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a :	5	Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent .	1 <sub>b</sub>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	<u> </u>	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o	under the direct ther person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior For		4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?		6_	<b>✓</b>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	<b>√</b>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	✓	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses on Schedule	<u> </u>	9	-d- 1	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the	e iriterriai never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization of the or		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	<b>√</b>	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1000		W. 7
12a	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	ve rise to conflicts?	12b	<b>✓</b>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	✓	
13	Did the organization have a written whistleblower policy?		13	✓	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	<b>√</b> 3 ₩55,649	A.27579AG
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	3		
a	The organization's CEO, Executive Director, or top management official		15a	✓	
Ь	Other officers or key employees of the organization		15b		•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ılar arrangement	<u> </u>	<b>\</b>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	101		227
Coot:	organization's exempt status with respect to such arrangements?		16b	✓	Ь
<u>Section</u>	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ Indiana				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	e), 990, and 990.	T (Sec	tion f	501(a)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on S	at apply. chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.				olicy,
20	State the name, address, and telephone number of the person who possesses the organization of the person o	on's books and re	ecords	<b>P</b>	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compensated</b>	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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation hours compensation of other officer and a director/trustee) per week from the from related compensation employee Individual trustee institutional Highest compensated from the organization organizations (list any director (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and employee related organizations related rganizations l trustee below dotted line) 10 (1) Jennifer Foutty (July 2019 - Dec 2019) Consultant & Executive Director 116,742 7,690 (2) Katherine Marlin 40 21,756 Managing Director 0 88,124 (3) Patrick Burns 4 0 Chair (4) Steve Dowdy 4 Vice Chair 0 4 (5) Bill Sibert Treasurer 0 (6) Michael Hites (Jul 2019 - May 2020) 2\_\_\_\_ **Board Member** 0 (7) Christa Johnson 2 Board Member 0 2 (8) Brad Wheeler (9) (11)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					-	C)					
	(A)	(B)	Position (do not check more than one		one	(D)	(E)	(F)			
	Name and title	Average hours	box,	unles	ss pe	rson	ıs both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
		per week	-	$\overline{}$			or/trust	_	from the	from related	compensation
		(list any hours for	r div	ıstıtı	Officer	ey e	햜	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	from the organization and
		related	Individual to	tion	"	ğ	st co	역		•	related organizations
		organizations below	Individual trustee or director	altr		Key employee	) mp				
		dotted line)	l é	Institutional trustee			Highest compensated employee				
				Ľ	_	ļ	ă.				
(15)			ļ								
(16)			-	-	├				-		<del> </del>
(16)			ł								
(17)				<del>                                     </del>	<u> </u>						
31											
(18)					Ι.						
						<u> </u>		_		<u>.</u>	
(19)											
(20)						├		-		<u> </u>	<del> </del>
(20)		<b></b>							•		
(21)	······································				<del>                                     </del>						
35											
(22)											
				_	<u> </u>	ļ		_			
(23)											
(0.4)					$\vdash$	-					
(24)		<del> </del>									
(25)						┢┈					<del></del>
35.52			1						'		
1b	Subtotal							<b>&gt;</b>	204,866		29,446
С	Total from continuation sheets to Part							<b>&gt;</b>			
d	Total (add lines 1b and 1c)							<u> </u>	204,866		29,446
2	Total number of individuals (including but reportable compensation from the organi		to tr	iose	lis1	ted	above	e) w	no received mor	e than \$100,00	U of
	reportable compensation from the organi	Zation									Yes No
3	Did the organization list any former of	officer dire	ector	tru	ster	e k	ev e	mol	lovee or highes	t compensate	
	employee on line 1a? If "Yes," complete										3 🗸
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	n a	and other compe	nsation from th	ne 🗱 🖫
	organization and related organizations	greater th	an \$1	150,	000	)? /	f "Ye	s, "	complete Sched	dule J for suc	
_	indıvidual			•	•		٠				4 /
5	Did any person listed on line 1a receive of for services rendered to the organization						-		•	tion or individu	al 5 🗸
Secti	on B. Independent Contractors	: 11 163, 6	.umpi	CiC	00,	1000	110 0 1	0/ 3	sacri person :	<del></del>	<u> </u>
1	Complete this table for your five high	nest comp	ensate	ed	inde	eper	ndent	co	ontractors that r	eceived more	than \$100,000 of
-	compensation from the organization. Rep										
	(A)								(B)		(C)
	Name and business add	ress							Description of serv	rices	Compensation
	inc 3400 N Ashton Blvd, Suite 450, Lehi, UT							$\overline{}$	nsulting		2,800,827
	a University, 400 E 7th St, Bloomington, IN 4								nsulting		145,147
<u>zerma</u>	tt Utah Resort & Spa, 784 W Resort Dr, Midw	ay, UI 8404	<del>y</del>					COI	nference Services		115,347
							<del></del>	$\vdash$		<del></del> -	
2	Total number of independent contractor	rs (ıncludır	ng bu	ıt n	ot l	limit	ed to	th	nose listed abov	e) who	Marie M
	received more than \$100,000 of compens								3		

Form **990** (2019)

Par	VIII	Statement of Rev								
		Check if Schedule	O co	ntains a re	spon	se or note to ar			· · · · · · · · · · · · · · · · · · ·	· · · · <u>L</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaig	ns .		1a					
ran	b	Membership dues			1b	410,000			4	
Q E	С	Fundraising events			1c	_				
ifts ar A	d	Related organization			1d					
a; G	е	Government grants	•	-	1e					
Sir	f	All other contribution								
iti Per		and similar amounts no			1f					
걸걸	g	Noncash contribution			1g	<b> </b>				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-					410,000			140 Y (1)
	11	Total. Add lines Ta-	-11 .	· · ·	• •	Business Code	410,000		6 CO 8 7 CA	
ĕ	2a	Direct Support for Op	oen So	ource		541511	2,996,059	2,996,059	3550 22400000 CA - 11307	\$55492.17t. \$12500000000 4 5553
اہ ≧	ь	Kualı Days Events ar				541511	331,549			-
gram Ser Revenue	С				,					
an eve	d									
Program Service Revenue	е									
<u> </u>	f	All other program se	ervice	revenue				100 (001004000 (10000 V ) 5 770000	mon to a support which is the distance.	MPROMATER SACAL MEDICOLOGICA
	g	Total. Add lines 2a-					3,327,608			
	3	Investment income								2 222
		other similar amoun	•				3,338			3,338
	4 5	· '					· · · · · · · · · · · · · · · · · · ·			
	3	noyanies	· ·	(i) Rea		(ii) Personal	W		947 141244	
	6a	Gross rents	6a	, "-						
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							<b>数据信息</b>
	d	Net rental income o	r (loss	s)		▶				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				31
		sales of assets	_							
		other than inventory	7a		<del></del>					
Revenue	b	Less: cost or other basis	7b							
Ver	_	and sales expenses . Gain or (loss)	7c							
Re	d	Net gain or (loss)	10			<u> </u>	\$68.00 ATT 10 AND TO THE PARTY AND THE PARTY	a monteses and a sometime	Carron and Carron Carro	(SEC. 1)
her		Gross income from	n fu	ndraising	Ė	<u> </u>		\$ - 1 m		
Oth	, <b>ou</b>	events (not including								4.4
		of contributions rep		d on line						
		1c). See Part IV, line	18		8a			1		
	b	Less: direct expense			8b			4		
	С	Net income or (loss)			g eve	ents ▶	MARKET TOTAL		\$1.50 Section 100	ATTACA COMMISSIONAL
	9a	Gross income f			0-			120		
	_	activities. See Part I			9a 9b					
		Less: direct expense Net income or (loss)					10000000000000000000000000000000000000	((5,30,400,20,-71, 4,40,20,00)	#8.02/3/# <b>3/43#</b> 27- 15.00	MARCIA TA CHARACTERIA
	10a	Gross sales of in		-			1 10 20 20 20	1 1 1 1 1 1 1	144	3/4/2/2011
	IVa	returns and allowan			10a					
	b	Less: cost of goods			10b			65.34.63		
	С	Net income or (loss)			vento	ory ▶				
S						Business Code	7.24.2	X7 1 X X		
Miscellaneous Revenue	11a									
scellaneo Revenue	b					-	-			
e Se	C	All all and an arrangement					<u> </u>			
Mis	d	All other revenue	 . 442							
	12	Total revenue See			•	· · · · <u>F</u>	3 740 946	3 327 608	REPRESENTATION OF THE PROPERTY	3 2 2 3 8

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .			37.7	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			TUTO	
3	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		<u> </u> -		
5	Compensation of current officers, directors, trustees, and key employees	139,310	104,483	34,827	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<u>.</u>			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,469		4,469	
С	Accounting	5,148		5,148	
d	Lobbying		10.000 a. 201 a. 10.000 a. 200	Concession in the Control of 1985.	
e	Professional fundraising services. See Part IV, line 17			kääntääht änd	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,896,521	2,896,521		
12	Advertising and promotion				
13	Office expenses	620		620	
14	Information technology				
15	Royalties				
16	Occupancy				- ,
17	Travel	10,750	10,750		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· 
19	Conferences, conventions, and meetings .	336,092	336,092		
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				<del></del>
23	Insurance	3,658		3,658	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Operations expense	5,493	2.746	2,747	THE TO SHEET IN THE CONTRACTOR
b	Pank chargos	3,493		47	<del></del>
c	Dalik Cilaiyes	47			
d					<u> </u>
e	All other expenses		•		-
25	Total functional expenses. Add lines 1 through 24e	3,402,108	3,350,592	51,516	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)	2,.02,.00	-,		

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X <u></u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	_	0
	2	Savings and temporary cash investments	1,437,285	2	1,787,806
	3	Pledges and grants receivable, net	0	3	. 0
	4	Accounts receivable, net	20,235	4	14,019
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
ş	7	Notes and loans receivable, net	0	7	_ 0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	91,710	9	30,470
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	1,424,140	13	1,424,140
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,973,370		3,256,435
	17	Accounts payable and accrued expenses	23,459		26,203
	18	Grants payable	_0		0
	19	Deferred revenue	300,607		242,091
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	O Salara A Canada Canad	21 	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
<u>ā</u> .	00	Secured mortgages and notes payable to unrelated third parties	0	_	0
_	23 24	Unsecured notes and loans payable to unrelated third parties	0	<del></del>	0
	1	· ·	<u> </u>	27	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	o
	26	Total liabilities. Add lines 17 through 25	324,066	26	268,294
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	_
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
jet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et (	32	Total net assets or fund balances	2,649,304		2,988,141
Ž	33	Total liabilities and net assets/fund balances	2 973 370	33	3.256.435

Form **990** (2019)

raye	Page	1	2
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	50 (2019)			Page 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,740,946
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,402,108
3	Revenue less expenses. Subtract line 2 from line 1	3		338,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,649,304
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		. 0
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10		2,988,142
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>
			<u> </u>	res No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			44
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in Sign	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		7	V (4
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		2 2 2	
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		ية المنشقة	السنفة تسند
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		of 2c	
	the audit, review, or compilation of its financial statements and selection of an independent account.			ক্তে প্রসূত্র
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	храт	on Salah	
2-		اعديدالت	عُدُّا شَعَيْدًا ما	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rın in ti	ne   3a	
<b>L</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	· · ·	_ <del></del>	<del>-   •</del>
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b	
	required addit of addits, explain why on ochedule of and describe any steps taken to didergo such a	addits .		990 (2019)
			rorm :	<b>33U</b> (2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Kualı Foundation, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

· Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	788,958	572,292	<sup>′</sup> 470,2 <u>0</u> 8	420,000	410,000	2,661,458
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						
4	organization without charge	288,462	470,000				1,130,112
4	Total. Add lines 1 through 3	1,077,420	1,042,292	585,208	659,850	426,800	3,791,570
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	Service Control			<u> </u>	[5] 翻譯拉爾特別	3,791,570
	on B. Total Support  dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,077,420		<del>- ' '</del>			3,791,570
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,966					17,121
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.)						
11	Total support. Add lines 7 through 10		<b>不能一个的</b>	South Control	<b>新江湖</b> ,水野山		3,808,691
12	Gross receipts from related activities, etc					12	31,543,664
13	First five years. If the Form 990 is for the	-			,	ear as a sectio	n 501(c)(3)
Socti	organization, check this box and stop he on C. Computation of Public Suppor				<del></del>	· · · · ·	· · · ·
14	Public support percentage for 2019 (line 6			1 column (fl)	<del>- ,                                   </del>	14	99 55 %
15	Public support percentage from 2018 Sch		_			15	99 59 %
	331/3% support test—2019. If the organi						
	box and stop here. The organization qua						🕨 🗸
, b	33¹/₃% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18							
	instructions					<u> </u>	▶ 🗀

#### Schedule A (Form 990 or 990-EZ) 2019 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 5. . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b . . . . 8 Public support. (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 6 . . . . 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) . **′**. . . . Total support. (Add lines 9, 10c, 11, 13 and 12.) . . First five years / If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%
Secti	on D/Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18	investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a/	331/23% support tests-2019. If the organization did not check the box on line 14, and line 15 is more	re tha	n 331/3%, and line
	17 is not more than 331,2%, check this box and stop here. The organization qualifies as a publicly suppor	ted or	ganızation . 🕨 🗀

331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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 Supporting Organizations**

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status

under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported 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," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion 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 determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** Type I or Type II only. Was any added or substituted supported organization part of a class already 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) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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 contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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 more disqualified persons as defined in section 4946 (other than foundation managers and organizations described 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 which the supporting organization had an interest? *If "Yes," provide detail in Part VI.* 

c 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**.

10a 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 integrated 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, to determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)	
		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)	44-
_	below, the governing body of a supported organization?	11a   11b
	A family member of a person described in (a) above?  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
	on B. Type I Supporting Organizations	1
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	307
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
_		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III 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	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	
Socti	on E. Type III Functionally Integrated Supporting Organizations	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions)
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.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions).
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	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	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	
	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	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	32
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	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.	tru iizat	st on Nov. 20, 1970 (explai ions must complete Section	n in Part VI). <b>See</b> ns A through E.
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			<b>第</b> 2000年 (2000年)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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	3		
factors (explain in detail in Part VI):	200		
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	10000000000000000000000000000000000000	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	CARLES BUT SERVICE WAY	
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	y in	tegrated Type III supporting	organization (see
instructions)	-		- ·

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)		
Sect	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity	<del></del>			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	-	
	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.	<del></del>	-		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			4113	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		,		
3	Excess distributions carryover, if any, to 2019		Karana (Kabupatèn J		
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017	SECTION AND AND AND AND AND AND AND AND AND AN			
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount		の概念を認める概念を	TOTAL A STATE OF ARTS SO	
i_	Carryover from 2014 not applied (see instructions)		VERNOR PROPERTY.		
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		(秦代:秦八龙行(秦)		
4	Distributions for 2019 from				
	Section D, line 7:	7	THE CASE OF THE SECOND		
<u>a</u>	Applied to underdistributions of prior years		Through a Literature to National Control	San	
<u> </u>	Applied to 2019 distributable amount		A CONTRACTOR OF THE CONTRACTOR		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	PARTIES IN SERVICE SUPERIOR CONTROL			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c.	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
8	Breakdown of line 7:	X 2			
<u>_</u> _	Excess from 2015	5.00		SERVE TOPONO.	
_ <u>b</u>	Excess from 2016		STATE OF THE STATE		
	Excess from 2017				
<del>d</del>	Excess from 2018				
<u>_</u>	Excess from 2019		rate of the state		
		The second secon		A (Form 990 or 990 EZ) 2019	

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

2019

Open to Public Inspection

Name o	r the organization		Zimpioyer identification number
Kualı F	oundation, Inc		20-5118023
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
	Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal control	? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes 🗌 No
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		
•	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat		of a certified historic structure
			in a certified flistorio structuro
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	id a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements	S	. 2b
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in (	(c) acquired after 7/25/06, and not of	on a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy regulations, and enforcement of the conservation eas	arding the periodic monitoring, insp	pection, handling of
•	Staff and volunteer hours devoted to monitoring, inspec		
6	Starr and volunteer nours devoted to monitoring, inspec	sting, nanding of violations, and emorcing	g conservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
	If the organization elected, as permitted under FAS		e statement and halance sheet works
ıa	of art, historical treasures, or other similar assets	held for public exhibition, education	or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items
_	•		
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	statement and dalance sneet works of
	art, historical treasures, or other similar assets held		search in turtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
_	following amounts required to be reported under FA		<u>-</u> .
а	Revenue included on Form 990, Part VIII, line 1 .		<b>. ▶ \$</b>
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (	Form 990	2019
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Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures, or	Other S	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а	☐ Public exhibition d ☐ Loan or exchange program							
b	Scholarly research		e [	Other		<b></b>		
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections	and expla	n how t	hey further the	organiza	ition's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations ained as p	of art, art of the	historical treasi e organization's	res, or collection	other similar on? .	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing ta	able:			<del></del>
					-		Am	ount
C	Beginning balance				Г	1c		
đ	Additions during the year					1d	-	
e	Distributions during the year					1e		
f	Ending balance						ount liability?	☐ Yes ☐ No
2a h	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.							<del></del>
	Complete if the organization	answered "Yes	on Forn	n 990, F	Part IV, line 10	ī		
		(a) Current year	(b) Prio		(c) Two years bac		ree years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t			e (line 1g	ı, column (a)) he	d as:		
a	Board designated or quasi-endowmer	nt ▶	%					
b	Permanent endowment ▶							
С	Term endowment ►%  The percentages on lines 2a, 2b, and 2	2c should equal 1						
3a	Are there endowment funds not in the	e possession of the	ne organiz	ation the	at are held and	adminis	tered for the	Yes No
	organization by:							3a(i)
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>							3a(ii)
ь	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended uses							L.,
Part			=					
	Complete if the organization		on Forr	n 990, F	Part IV, line 11	a. See l	Form 990, F	Part X, line 10.
	Description of property	(a) Cost or o			or other basis (	c) Accum deprecia		(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
е	Other							
Total	Add lines 1a through 1e (Column (d) m	oust equal Form 9	90 Part X	column	(B) line 10c.)		▶ 🗆	

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" on For	rm 000 Part IV lin	a 11h See Form	000 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
			<del>  - · · · - · · · · · · · · · · · · · · </del>	
			<u> </u>	
(E) (F)				
(G)				
(H)			-	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments - Program Related.			<u></u>
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1) Investme	ent in Kuali, Inc. to accelerate software development	1,424,140	end-of-year market	value
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				<u> </u>
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .	1,424,140		
Part IX	Other Assets.	1,424,140	[L	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				<u>,</u>
(3)				
(4)				
(5)				
(6)				·
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<del></del>		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For line 25.	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)	<u>,</u>			
(8)				
(9)		<u>.</u>		<del>.</del>
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>.</b>	- 4 - 41 - 4
	uncertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FASB ASC 740. Check			

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	] ]	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	· · · · · · · · · · · · · · · · · · ·		er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	<del></del>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>	, . ,	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		_[
þ	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	
	XIII Supplemental Information.		- D- 4V   4 D- 4V
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
2, F QI	. Al, lines 20 and 40, and Fart All, lines 20 and 40. Also complete this part	to provide any additional in	normation.
			••••••
			<del></del>
			<del></del>
			••••••••••••••

Schedule D (Form 990) 2019 Page 5					
Part XIII	Supplemental Information (continued)				
	•••••••••••••••••••••••••••••••••••••••				

#### 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.

▶ Attach to Form 990 or 990-EZ.

201

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Internal Revenue Service P do to www.iis.govi oriiissa toi the latest information.	Employer identification number
Name of the organization  Kuali Foundation, Inc	20-5118023
readily our out out of the second of the second out of the second	
Form 990, Part V, Line 2a	
Employees reported on Form W-3	
The Kualı Foundation reimburses Indiana University for payroll services Therefore, the Kualı Foundation	n does not report its employees on
Form W-3 Indiana University is responsible for filing all required federal employment tax returns for the	e employees of the Kualı Foundation
Form 990, Part VI, Section A, Line 6	
Members join the organization by institutionally signing a membership agreement and paying annual du	es 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 Managing Director, the Board Treasurer, and an independent accounting	g firm The 990 is then given to the
December 2012 and 1012 and 101	
Board for review prior to filing	
Form 990, Part VI, Section B, Line 12c	
Fach words a fall a David and the law staff are required to sign a conflict of interest (COI) policy applies	Illy. This form vorifies they have read
Each member of the Board and the key staff are required to sign a conflict of interest (COI) policy annua	ny Triis form vernies they have read
and understand the COI policy in the bylaws and are in compliance. In addition, during the year, the Man	aging Director and Board review any
changes in role of these staff to evaluate potential conflicts. If a conflict arises, the specifics of such are	disclosed, and the person with the
conflict is recused from discussion and decision. All completed COI forms are made available to all Boar	rd members for review
Form 990, Part VI, Section B, Line 15a	
Review of the Managing Director's compensation is completed annually and follows Indiana University's	policies and procedures
The Treasurer and members of the Board provide input into this process when requested	

Schedule O (Form 990 or 990-EZ) (2	2019)			Page 2
Name of the organization				Employer identification number
Kualı Foundation, Inc				20-5118023
Form 990, Part VI, Section B,	Lines16a & 16b			
Kualı Foundation (Foundation	າ) co-founded Kualı,	Inc (Company) on Octobe	r 10, 2014 and made an initia	I investment of \$1,000,000 in the
Company The Foundation ha	as a seat on the Boar	d of Directors of the Comp	any but does not control the	organization The Foundation and
Company work together on a	ctivities to design, de	evelop, and deliver open s	ource and cloud based softw	vare for higher education
Each project within the Foun	dation has an Execut	uve Sponsor Team (EST), v	which decides whether to co	ntract with the Company for delivery
of the software priorities If th	ney do contract with 1	the Company, an agreeme	nt is executed that outlines c	leliverables, timelines, and payments
The Foundation maintains co	ntrol over these con	tracts, and all are on very (	avorable terms	
		····		
Form 990, Part VI, Section C,	Line 19			·····
Kualı Foundation makes pub	lic all agendas and m	ninutes of Board meetings	on its public web site. Finan	cials are also posted on the web site
Bylaws are posted as well on	the public web site			
Form 990, Part IX, Line 11g				
Description	(A)	(B)	(C)	
	Total	Program/Service	Management/General	
Consulting	2,686,434	2,686,434		
Hosting & Infrastructure	210,087	210,087		
TOTALS	2,896,521	2,896,521	0	
				······
				······
			·	
		·		
				<del></del>