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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

KAPPA DELTA RHO FOUNDATION PO BOX 699 GREENSBURG, PA 15601

PREPARED BY:

BROWN, EDWARDS & COMPANY, LLP 3906 ELECTRIC ROAD ROANOKE, VA 24018

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2022

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о					xpayer identification number (TIN)		
print	INT KAPPA DELTA RHO FOUNDATION					9252	
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
return. See instructior		oreign addi	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1	
Applica	ition	Return	Application			Return	
<u>Is For</u>		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) BARBARA ROSSI	07					
 If the If this box 1 the the	request an automatic 6-month extension of time until ne organization named above. The extension is for the orga	Group Exe and atta MAX anization's , an	mption Number (GEN) .ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	If this is fo all memb	r the whole gro ers the extensi npt organizatio	on is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.	
 Balance due. Subtract line 3b from line 3a. Include your pa 							
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	n: If you are going to make an electronic funds withdrawal			453-TE an	d Form 8879-T	E for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 88	68 (Rev. 1-2022)	

Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.



Department of the Treasury Internal Revenue Service		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and	d the latest	information.	Inspection	
Α	For the	e 2021 calend	ar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022		
	Check if applicabl	C Name o	forganization		D Employer identificati	on number	
	Addre chang Name chang	es KAPP	A DELTA RHO FOUNDATION usiness as	25-1449252			
	Initial return Final return	PO B	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 724-838-71	00	
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	0.	
	Amen	GREE	NSBURG, PA 15601		H(a) Is this a group retur		
	Applic tion pendii		nd address of principal officer: BRIAN J. STUMM		for subordinates?	Yes X No	
		SAME	AS C ABOVE		H(b) Are all subordinates includ	ed? Yes No	
		empt status: [or 🗌 527	If "No," attach a list	. See instructions	
J	Websi	te: 🕨 WWW 🛛	KDR.COM		H(c) Group exemption n	umber 🕨	
K	Form of	organization: [X Corporation Trust Association Other ►	L Year	of formation: 1983 M St	tate of legal domicile: PA	
P	art I	Summary					
-	1	Briefly describ	be the organization's mission or most significant activities: PRIM	ARY PU	RPOSE IS CHAR	ITABLE	
Ű	AND EDUCATIONAL. THE FOUNDATION PROVIDES STUDENT SCHOLARSHIPS						
rna	AND EDUCATIONAL. THE FOUNDATION PROVIDES STUDENT SCHOLARSHIPS 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)						
ove		16					
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)			16	
s S	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)			0	
ctivities	6	Total number	of volunteers (estimate if necessary)		6	0	
lcti,	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.	

b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	0.
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 476, 522.	0.
9 Program service revenue (Part VIII, line 2g) 0.	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 155, 224.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
30,468.	0.
2 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 .	0.
b Total fundraising expenses (Part IX, column (D), line 25)	
🛍 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.
19 Revenue less expenses. Subtract line 18 from line 12	0.
ㅎ筠	End of Year
6월 20 Total assets (Part X, line 16) 5,720,099.	0.
20 Total assets (Part X, line 16) 5,720,099. 21 Total liabilities (Part X, line 26) 40,336.	0.
² ∃ 22 Net assets or fund balances. Subtract line 21 from line 20	0.

Part II Signature Block

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

Sign	Signature of officer	Date				
Here	BRIAN J. STUMM, TREASURER					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check DTIN				
Paid	PATRICK PITTMAN PATRICK PI					
Preparer	Firm's name 🕨 BROWN, EDWARDS & COMPANY, I	LP Firm's EIN ► 54-0504608				
Use Only	Firm's address 3906 ELECTRIC ROAD					
	ROANOKE, VA 24018	Phone no. 540 - 345 - 0936				
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) KAPPA DELTA RHO FOUNDATION	25-1449252	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission: PRIMARY PURPOSE IS CHARITABLE AND EDUCATIONAL. THE FO		יפ
	STUDENT SCHOLARSHIPS DIRECTLY TO WORTHY STUDENTS INCL		
	THE NATIONAL FRATERNITY OF KAPPA DELTA RHO, INC. TO C		
	COMPLETE THEIR COLLEGE EDUCATION. THE FOUNDATION PRO		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	PRIMARY PURPOSE IS CHARITABLE AND EDUCATIONAL. THE FO	UNDATION PROVIDE	IS
	STUDENT SCHOLARSHIPS DIRECTLY TO WORTHY STUDENTS INCL	UDING MEMBERS OF	7
	THE NATIONAL FRATERNITY OF KAPPA DELTA RHO, INC. TO C		
	COMPLETE THEIR COLLEGE EDUCATION. THE FOUNDATION PRO		
	DIRECTLY TO THE NATIONAL FRATERNITY OF KAPPA DELTHA R	•	
	SUPPORT THEIR LEADERSHIP AND EDUCATIONAL PROGRAMS FOR	THEIR MEMBERS W	VHO
	ARE ENROLLED IN COLLEGES AND UNIVERSITIES.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4			
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
<u></u>	Other program convisos (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	١	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		90 (2021)
130000	2 12 00 21		- - (2021)
132002	2 12-09-21 3		

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 Form 990 (2021)
 KAPPA
 DELTA
 RHO
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	21		Х
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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Form	990	(2021)
	330	

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		x
06	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			x
~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		x
~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X X
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			v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ^	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
~ =	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	50	27	I
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	↓ 12-09-21	Form	990	(2021)
	5			

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	990 (2021) KAPPA DELTA RHO FOUNDATION	25-	144925	2 г	Page \$
Jar	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			165	
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5</u> a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5</u> c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solid	cit		
	any contributions that were not tax deductible as charitable contributions?		<u>6</u> a		<u> x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the	payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as require	ed? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 109	98-C? 7 h		
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		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9</u> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
D	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12:	3	
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13	3	
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
-	Enter the amount of reserves on hand	13c			77
4a					X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14)	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
_	If "Yes," see the instructions and file Form 4720, Schedule N.				v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
_	Section 501(a)(21) organizations. Did the trust any disqualified person, or mine operator operator	any			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		1		
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

132005 12-09-21 16331031 700842 0617455.000

Form	990	(2021)
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KAPPA DELTA RHO FOUNDATION

25-144<u>9252 Page 6</u>

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship							
_	officer, director, trustee, or key employee?			2		х		
3	Did the organization delegate control over management duties customarily performed by or under th							
	of officers, directors, trustees, or key employees to a management company or other person?		·	3	х			
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х			
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe					
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					v		
	taxable entity during the year?			<u>16a</u>		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	•	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104				
Sec	exempt status with respect to such arrangements?			16b		L		
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$							
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000	T (continue 501(c)(2))		ovoilat			
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990		ority)	avallai	JIE		
	Own website Another's website X Upon request Other (explain		badula ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			l finan	tial			
	statements available to the public during the tax year.		and policy, and	man				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	t records					
_0	BARBARA ROSSI - 724-838-7100							
	331 SOUTH MAIN STREET, GREENSBURG, PA 15601							
132006	12-09-21			Form	990	(2021)		
	7					()		

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable Reportable		
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) J. HALL JONES, JR.	12.00	_			-		-			
PRESIDENT				х				0.	0.	0.
(2) GREGG R. STEAMER	6.00									
VICE PRESIDENT OF INVESTME				Х				0.	0.	0.
(3) MARK S. WEST	6.00									
VICE PRESIDENT OF DEVELOPM				Х				0.	0.	0.
(4) DANIEL LAPLACA	2.00									
SECRETARY				Х				0.	0.	0.
(5) BRIAN J. STUMM	20.00									
TREASURER				х				0.	0.	0.
(6) JAMES C. HUBBARD	2.00									
MEMBER TRUSTEE		Х						0.	0.	0.
(7) ALOK K. KAPOOR	2.00									_
MEMBER TRUSTEE		Х						0.	0.	0.
(8) GERALD L. MURRAY	2.00									-
MEMBER TRUSTEE		Х						0.	0.	0.
(9) WILLIAM J. PARIS	2.00									-
MEMBER TRUSTEE		Х						0.	0.	0.
(10) ARTHUR H. SMITH	2.00									_
MEMBER TRUSTEE		Х						0.	0.	0.
(11) ALAN S. PETERSON	2.00									-
MEMBER TRUSTEE		Х						0.	0.	0.
(12) STEVEN M. STASTNY	2.00									•
MEMBER TRUSTEE		Х						0.	0.	0.
(13) THOMAS V. MCCOMB	2.00									•
MEMBER TRUSTEE EMERITUS		Х						0.	0.	0.
(14) PAUL A. DOWNES	2.00									•
MEMBER TRUSTEE EMERITUS		Х						0.	0.	0.
(15) GREGG M. KLEIN	2.00							_	_	<u>^</u>
MEMBER TRUSTEE	0.00	Х						0.	0.	0.
(16) BRIAN WINTERS	2.00								•	<u>^</u>
MEMBER TRUSTEE		Х				<u> </u>		0.	0.	0.
400007 40 00 04								1		Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

	990 (2021) KAPPA DEL									25-14	492	252	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(do box	not c , unle:	(C Posi heck i ss per	C) ition more rson is	l than c s both	one 1 an	ompensated Employee (D) Reportable compensation	s (continued) (E) Reportable compensatior	n		(F) stimate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	I	com fr org and	other pensa rom the anizat d relate	e ion ed
			-											
			-											
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A	·····						0.0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		-	•	-		Ŭ	•	•		3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue comper	Isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor									, ,	ensat	ion fro	om	
	the organization. Report compensation for t (A) Name and business						or wi		(B) Description of s		C	(C ompe	C) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	niteo	d to f	thos		ted	above) who received mo	ore than				
							-					_	000 //	0004)

132008 12-09-21

		0 (2021) KAPPA DELTA RHO) FOUNDA	TION		25-1449	252 Page 9
Pa	rt V						
		Check if Schedule O contains a response or n	ote to any line	in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ي ق		c Fundraising events 1c					
ifts ar A		d Related organizations 11					
s, G Dila		e Government grants (contributions) 1e					
rion		f All other contributions, gifts, grants, and					
ibut		similar amounts not included above 1f					
ontr of O		g Noncash contributions included in lines 1a-1f					
<u>ਹ ਸ</u>		h Total. Add lines 1a-1f					
	_		usiness Code				
/ice	2	2 a [
Serv		b					
E S La S		c					
Program Service Revenue		a					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f	►				
	3						
		other similar amounts)	►				
	4	Income from investment of tax-exempt bond proce	eeds 🕨 📘				
	5						
			(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c d d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
en		and sales expenses 7b					
venue		c Gain or (loss)					
		d Net gain or (loss)	►				
Other Re	8	a Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
			►				
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns	····· •				
	10	and allowances <u>10a</u>					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	►				
			usiness Code				
Miscellaneous Revenue	11	a					
evenue:		b					
Sev		c					
Mis		d All other revenue					
		e Total. Add lines 11a-11d		0.	0.	0.	0.
13200	12 9 12-0	2 Total revenue. See instructions	►	5.			Form 990 (2021)

KAPPA DELTA RHO FOUNDATION 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 respons			•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		· · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disgualified				
	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				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
a L	Management				
b					
C	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а					
b					
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fifthere if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202)

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132010 12-09-21

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Form 990 (2021)

16331031 700842 0617455.000

KAPPA	DELTA	RHO	FOUNDATION
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25-1449252 Page 11

Pa	πΧ	Balance Sneet						
		Check if Schedule O contains a response or	note to a	ny line in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				201,499.	1	
	2	Savings and temporary cash investments			[186,984.	2	
	3	Pledges and grants receivable, net				689,269.	3	
	4	Accounts receivable, net				3,740.	4	
	5		ins and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, su	bstantia	l contributor, or 35%				
		controlled entity or family member of any of t	hese pei	sons	L		5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined				
		under section 4958(f)(1)), and persons descril	oed in se	ection 4958(c)(3)(B)	L		6	
ŝ	7	Notes and loans receivable, net			L	228,110.	7	
Assets	8	Inventories for sale or use			L		8	
Ř	9	Prepaid expenses and deferred charges			L		9	
	10a	Land, buildings, and equipment: cost or othe	r					
		basis. Complete Part VI of Schedule D	10a	1	0.			
	b	Less: accumulated depreciation	10			0.	10c	
	11	Investments - publicly traded securities			L	4,410,497.	11	
	12	Investments - other securities. See Part IV, lin	ne 11		L		12	
	13	Investments - program-related. See Part IV, lin	ne 11		L		13	
	14	Intangible assets			L		14	
	15	Other assets. See Part IV, line 11			L		15	
	16	Total assets. Add lines 1 through 15 (must e	qual line	933)		5,720,099.	16	0 .
	17	Accounts payable and accrued expenses			L	23,872.	17	
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple	te Part I	V of Schedule D			21	
es	22	Loans and other payables to any current or fo						
Ē		trustee, key employee, creator or founder, su						
Liabilities		controlled entity or family member of any of t			-		22	
-	23	Secured mortgages and notes payable to uni					23	
	24	Unsecured notes and loans payable to unrela			-		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin	nes 17-2	4). Complete Part X		10 404		•
		of Schedule D			····· -	16,464.		0.
	26	Total liabilities. Add lines 17 through 25				40,336.	26	0.
s		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🔼				
ЭСС		and complete lines 27, 28, 32, and 33.				1 210 761		1 210 761
alaı	27					<u>1,210,761.</u> 4,469,002.	27	<u>1,210,761</u> 4,469,002
d B	28	Net assets with donor restrictions			····· -	4,409,002.	28	4,409,002
'n		Organizations that do not follow FASB ASC	, 958, C					
ъ Ц		and complete lines 29 through 33.					00	
ets	29	Capital stock or trust principal, or current fun					29 20	
SSE	30	Paid-in or capital surplus, or land, building, or			Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				5,679,763.	31 32	5,679,763.
ž	32	Total net assets or fund balances				5,720,099.		5,679,763
	33	Total liabilities and net assets/fund balances				5,120,033.	33	5,019,105

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

	990 (2021) KAPPA DELTA RHO FOUNDATION	25-1	449252	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0.
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses. Subtract line 2 from line 1	3			0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,679	<u>),7</u>	63.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	5,679	<u>),7</u>	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	·····	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the organization	
--------------------------	--

Nam	e of	the organization							identification number
_				D FOUNDATION					5-1449252
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	nction 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							
	[चच ा	university:							
10	X	X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	-						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section {	5 09(a)(3). (Check the box on
	_	_lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
	_	_ organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)
		that is not functionally inte			•			an attentiv	reness
		requirement (see instructi	,	•	-				
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[]
f		er the number of supported o	•						
g		vide the following informatior (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)
		0.94		above (see instructions))	Yes	No			
Tota	1								

Schedule A	(Form	990	202
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Part II

KAPPA DELTA RHO FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	<u>c Support Per</u>	centage				
	Public support percentage for 2021 (I		•			14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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KAPPA DELTA RHO FOUNDATION

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	252,373.	723,577.	528,294.	476,522.		1980766.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge	252,373.	723,577.	528,294.	476,522.		1980766.
	Total. Add lines 1 through 5	252,573.	143,577.	520,294.	4/0,522.		1900/00.
78	Amounts included on lines 1, 2, and						0.
k	3 received from disqualified persons 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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1980766.
	ction B. Total Support				[[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	252,373.	723,577.	528,294.	476,522.		1980766.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69,111.	75,941.	72,044.	49,079.		266,175.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	69,111.	75,941.	72,044.	49,079.		266,175.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	321,484.	799,518.	600,338.	525,601.		2246941.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	88.15 %
	Public support percentage from 2020					16	87.11 %
Se	ction D. Computation of Inves	tment Income	Percentage			r - r	
17	Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	11.85 %
	Investment income percentage from 2					18	12.89 %
19 a	1 33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	► X
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		▶∟
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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 6 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.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

17

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 KAPPA DELTA RHO FOUNDATION

1

Pa	art IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
á	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
t	A family member of a person described on line 11a above? 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Se	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the supported organization and when the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and when the tax year.</i>		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
_	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,		
	supervised, or controlled the supporting organization.		
Se	ction 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 **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section 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			
	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		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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 instructions).
- 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 governmental entity (see instructions).	
	 	besche in the set of how you supported a governmental entity (see instruction	-

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 **Part VI identify those supported organizations and explain** 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b 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 Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
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		

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

KAPPA DELTA RHO FOUNDATION

 Schedule A (Form 990) 2021
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions

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e Excess from 2021

Schedule A (Form 990) 2021

Current Year Section D - Distributions 1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D,

line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	КАРРА	DELTA	RHO	FOUNDAT	TION		25-1449252	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	ovide the ex , 4c, 5a, 6, 9 Part IV, Seo	planatio 9a, 9b, 9 ction E,	ons required b Oc, 11a, 11b, a lines 1c, 2a, 2	y Part II, line 10 and 11c; Part IV b, 3a, and 3b; I	V, Section B, lines 1 Part V, line 1; Part \	[·] 17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	Section E,	lines 2,	5, and 6. Also	complete this	part for any addition	nal information.	
	_							Oskadula A /m	00) 000 -
132028 01-04-2	2				21			Schedule A (Form 9	90) 2021

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.



Employer identification number

25-1449252

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

Name of th	e organization
------------	----------------

Department of the Treasury

Internal Revenue Service

KAPPA DELTA RHO FOUNDATION

Par			Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(10) [
		(a) Donor advised funds	(D) Fur	nds and other accounts
1	Total number at end of year			
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 donor advisors in v	-		
	are the organization's property, subject to the organization's e			X Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose co	nferring	
D				
Par			t IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		-	important land area
	Protection of natural habitat	Preservation of a	certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2 a	
b	Total acreage restricted by conservation easements		2 b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization	during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conser	ation ease	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easemen	ts during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement an	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	s that desc	cribes the
D	organization's accounting for conservation easements.		0	
Par	t III Organizations Maintaining Collections of		er Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of	public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of pu	blic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea	· · ·	ain, provide	9
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
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Sche		ELTA RHO FO				25 - 14	49252	<u>2</u> P	'age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	contir	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang				n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets not	included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			-				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XIII					
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	' years	back
1a	Beginning of year balance	3,302,887.	2,759,710.	2,686,424.	2,	715,167.	2	,146,	,762.
b	Contributions		44,725.	20,210.		29,498.		482,	,270.
с	Net investment earnings, gains, and losses		655,133.	181,226.		122,841.		158,	,435.
d	Grants or scholarships		56,024.	56,450.		66,534.		-48,	,300.
е	Other expenditures for facilities								
	and programs		100,657.	71,700.		114,548.		-24,	,000.
f	Administrative expenses								
g	End of year balance	3,302,887.	3,302,887.	2,759,710.	2,	686,424.	2	,715,	,167.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	d administered for t	he organi:	zation			
	by:	C C			0]	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumula	ted	(d) Boo	k valu	ie
		basis (investm	ent) basis		epreciatio				
1a	Land								
b	Buildings								
с	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		(. column (B). line 1			. 🕨			0.
						Schedule	D (Forn	n 990)) 2021

132052 10-28-21

Schedule D (Form 990) 2021	KAPPA	DELTA	RHO	FOUNDATION
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Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 25.)</u>		
• • • • • • • • • • • • • • • • • • •			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 KAPPA DELTA RHO FOUNDAT		25-1449252 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
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	
с	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	
	rt XIII Supplemental Information.	-	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Uni ' on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For rs.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization KAPPA	DELTA RHO FO	· · · · ·					Employer identification number $25-1449252$
Part I General Information on G							
1 Does the organization maintain recriteria used to award the grants	or assistance?				-		
2 Describe in Part IV the organization Part II Grants and Other Assistan recipient that received more	nce to Domestic Organia	zations and Domestic	Governments. (Complete if the org	anization answered "א	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organiz or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501 3 Enter total number of other organ 	nizations listed in the line [.]	1 table					

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KAPPA DELTA RHO FOUNDATIO)N
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Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
0	0.	0.	воок	
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

2021
Open to Public Inspection

Employer identification number

25-1449252

Name of the organization	
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KAPPA DELTA RHO FOUNDATION

Pa	τI	Types of Property						
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of dete	erminina	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contributi	•	s
1	Art -	Works of art			,,,			
2		Historical treasures						
3		Fractional interests						
4		ks and publications						
5		ning and household goods						
6		and other vehicles						
7		s and planes						
8		lectual property						
9		urities - Publicly traded	Х	5		FMV		
10		urities - Closely held stock						
11		urities - Partnership, LLC, or						
••								
12		interests urities - Miscellaneous						
13		ified conservation contribution -						
10		pric structures						
14		ified conservation contribution - Other						
15		estate - Residential						
16		estate - Commercial						
17		estate - Other						
18		ectibles						
19		d inventory						
20		is and medical supplies						
21		dermy						
22		prical artifacts						
23		ntific specimens						
20 24		eological artifacts						
25		er ()						
26		er ()						
27		er ()						
 28		er ()						
29		ber of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions			
		hich the organization completed Form 828	-					
		5	, , ,	5			Yes	No
30a	Durir	ng the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
		t hold for at least three years from the date						
		npt purposes for the entire holding period?			-		30a	X
b		es," describe the arrangement in Part II.						
31		s the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	X
32a	Does	s the organization hire or use third parties o	or related or	ganizations to solid	t, process, or sell noncash			

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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Schedule M (Form 990) 2021

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Schedule I	M (Form 990) 2021	KAPPA	DELTA	RHO	FOUNDAT	ION	
Part II	Supplementa	Informat	ion. Provid	de the in	formation requir	red by I	Part

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2021

2021.05030 KAPPA DELTA RHO FOUNDATIO 06174551

SCHEDULE O

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



25 - 1449252

KAPPA DELTA RHO FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECTLY TO WORTHY STUDENTS INCLUDING MEMBERS OF THE NATIONAL

FRATERNITY OF KAPPA DELTA RHO, INC. TO CONTINUE AND COMPLETE THEIR

COLLEGE EDUCATION. THE FOUNDATION PROVIDES GRANTS DIRECTLY TO THE

NATIONAL FRATERNITY OF KAPPA DELTHA RHO, INC. TO SUPPORT THEIR

LEADERSHIP AND EDUCATIONAL PROGRAMS FOR THEIR MEMBERS WHO ARE ENROLLED

IN COLLEGES AND UNIVERSITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECTLY TO THE NATIONAL FRATERNITY OF KAPPA DELTHA RHO, INC. TO

SUPPORT THEIR LEADERSHIP AND EDUCATIONAL PROGRAMS FOR THEIR MEMBERS WHO

ARE ENROLLED IN COLLEGES AND UNIVERSITIES.

FORM 990, PART VI, SECTION A, LINE 3:

THE NATIONAL FATERNITY OF KAPPA DELTA RHO, INC. PROVIDED ACCOUNTING,

ADMINISTRATIVE, AND DATABASE MAINTENANCE SERVICES FOR THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 DISTRIBUTED TO BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL REVIEW AT BOARD MEETINGS OF CONFLICT OF INTEREST SITUATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC DURING REGULAR BUSINESS HOURS IN THE

OFFICE.

Schedule O (Form 990) 2021

36

2021.05030 KAPPA DELTA RHO FOUNDATIO 06174551

Name of the organization

FORM 990, PART XII, LINE 2C

THE PROCESS IS UNCHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

132212 11-11-21