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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

		of the Treasur	y	The organizati	on may hay	e to use	a copy of	this return	n to satis	or Sty state rec	ortina rea	uirements		o Public ection	
A				year, or tax			Augus			nd ending		ly 31	, 20 09	Otton	
B		applicable	Please	C Name of org									yer identifica	tion number	
		s change	use IRS label or									62	04	79545	
	Name c		print or	Number and s	street (or PO b	ox if mail is	not delivered	I to street add	dress)	Room/suite		E Teleph	one number		
_	Initial re		type. See	PO Box 26	697							(865)	546	-4578	
$\overline{}$	Termina		Specific Instruc-	City or town	n, state or cou	untry, and a	ZIP + 4				-				
$\overline{}$		ed return	tions	Knoxville,	TN 37901	-2697						G Gross re	eceipts \$ (1,699,555)	
		on pending	F Nar	me and address	of principal of	officer J	ames D.	Froula,	P.E.		H(a) is the	s a oroup retur	n for affiliates?		
	* / · · · · · · · · · · · · · · · · · · ·		same	as above				,					included?	. –	
1	Tax-ex	empt status	<u> </u>	501(c) (3) ∢ (insert no)	4947(a))(1) or [527					list (see inst		
J	Websi	ite: ► wv	vw.tbp	.org				_			H(c) Group	exemption nu	mber >	0782	
<u>K</u>	Type of	organization	☑ Corpo	oration 🔲 Trust [Association	Other	•		L Year	of formation.	1885	M State o	f legal domici	le TN	
Pa	art I	Summ	ary												
	1	Briefly de	scribe	the organiza	ation's mis	sion or r	nost sig	nificant a	ctivities	:					
•				ellence in en											
ĕ	.	-													
Governance															
Š	2	Check this	box ►	☐ If the orga	nızatıon disc	ontinued i	ts operati	ons or disp	osed of r	more than 25	5% of its a	ssets			
∞ಶ	3	Number (of votir	ng members	of the gov	erning b	ody (Pa	rt VI, line	1a)			3		5	
ies	4	Number (of inde	pendent vot	ing membe	ers of the	e govern	ing body	(Part V	I, line 1b)		4		5	
Activities	5	Total nun	nber o	f employees	(Part V, Iır	ne 2a).						5		11	
Aci	6	Total nun	nber of	f volunteers	(estimate i	f necess	ary) .					. 6		95	
	7a `	Total gro	ss unre	elated busine usiness taxa	ess revenu	e (from-P	OCT YILL	ing 12-c	qlamn (©)		. 7a		0	
	b.	Net unrel	ated b	usiness taxa	ble income	e from F	d44F360	ET) WEST	<u> </u>	 		. 7b		0	
						\perp			—၂ပ္က	:	Prior Y		Currer	nt Year	
Φ	8	Contribut	Program service revenue (Part VIII, line 29)						345,123		1,409,775				
Revenue	9	Program							639,755		665,772				
æ								(i	361,158)	(;	3,883,209)				
_	11 9	Other rev	enue (Part VIII, col	umn (A), lii	neks 5, 60	OGB	Eller, au	d 11e)	<u> </u>		6,561		11,041	
	12	lotal reve	nue—a	add lines 8 th	rough 11 (n	nu st equ a	al-Part-VI	ii, column	(A), line	972)	5	130,281	(1,796,621)	
	1			ılar amounts								569,275		673,308	
s	1			or for mem								0		0	
Expenses				ompensation,			•	•), lines 5	⊢10) <u> </u>		705,014		746,448	
ğ	1			draising fees						0 -		4,000		4,000	
ш	1		_	expenses (P							۱۰. <u>۱</u> ۰ ۲			4 550 507	
	1	-		(Part IX, col					:	· ·		460,961		1,552,567	
				Add lines 1				column (A	s), line 2	⁽⁵⁾ . ·		739,250		2,976,323	
r s	19 1	neveriue i	622 EX	penses. Subt	ract line to	HOITI III	6 12 .		<u> </u>		Beginning	391,031	End o	4,772,944) 1 Year	
Net Assets or Fund Balances	00 -	Takal asa	ata (Da							<u> </u>		634,655		6,918,963	
Ass	20			irt X, line 16)						· ·		185,918		2,243,170	
E E	21 22 1			Part X, line 2 ind balances		 line 21 :	 from line	20		• • -		448.737		4,675,793	
Đ.	rt II			Block	. Cabildot	11110 21	110111 11110		<u> </u>			440,131		4,013,133	
				penury, I declar	re that I have	examined t	his return,	including ad	company	ing schedules	and staten	nents, and to	the best of m	ıv knowledge	
		and belief	, it is tru	e, correct, and	complete De	1 - L	1 /		officer) is	based on all	information		•		
Sig	ın			Han	nes X	1.Th	ma,	P.E.			- 1	9 D	ec. 20	09	
He		Signa	ature of o	officer							Dat				
			ل	lames D	s. Frank	. P.E.	Exe	svitus	Din	ector					
		Туре		name and title		1									
	•	Preparer's	: \			-			Date	Check	c if		dentifying num	ber	
Paid	ı	signature						(see instruc	tions)						
	oarer's	1													
	Only		m's name (or yours self-employed),					EIN	>						
	July	address,	and ZIP	+ 4							Phone n	o > ()		
Ma	v tha I			return with	the prepar	rer show	n above	? (see ind	struction	ne)				No Dia	

Form **990** (2008)

Par	t III Statement of Program Service Accomplishments (see instructions)
,1	Briefly describe the organization's mission: The mission of the engineering honor society is to mark in a fitting manner those who have conferred honor upon their Alma Mater by distinguished scholarship and exemplary character as students in engineering, or by their attainments as alumni in the field of engineering, and to foster a spirit of liberal culture in engineering colleges.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 724,995 including grants of \$ 650,500) (Revenue \$ 152,284) Fellowship/Scholarship Program
	Awarded \$10,000 fellowships to 17 students for a year of graduate study, \$2,000 scholarships to 234 college seniors, and \$200-to-500 scholarships to ~19 undergraduate engineering students.
4b	(Code:) (Expenses \$ 585,020 including grants of \$ 0) (Revenue \$ 331,164) Publications
	Published a quarterly magazine with circulation of 88,000 for members. Features include news of the Association, Chapters, and members and articles on engineering. Also published is an online newsletter on collegiate activities with a circulation of 11,000.
	on conegrate activities with a circulation of 11,000.
4c	(Code:) (Expenses \$ 963,657 including grants of \$ 0) (Revenue \$ 163,216) Convention, District, Engineering Futures
	Held national/regional meetings of its members where collegiate chapter officers study service activities including tutoring students, counseling high-schoolers, & providing volunteers and funds to other charities.
	······································
	Other program services. (Describe in Schedule O.) (Expenses \$ 380,273 including grants of \$ 17,250) (Revenue \$ 109,530) Total program service expenses \$ \$ 2,653,945 (Must equal Part IX line 25 column (R))

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	\	
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		~
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		~
9	Did the organization report an amount in Part X, line 21; 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		V
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	~	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		~
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		~
20 21	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	21		~
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III	22	~	,
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c 24d		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	∠→u		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27 	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~

Pa	t IV Checklist of Required Schedules (continued)			
$\overline{}$			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		٧
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		~
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		V
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		V

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 11 16 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
	Enter the name of the transfer			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	~	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		V
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		~
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		<i>y</i>
	Did the organization solicit any contributions that were not tax deductible?	6a		-
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		~
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7-		.,
	\$75?	7a 7b		7
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes" indicate the number of Forms 8282 filed during the year.	7c		~
	Too, incloded the flambol of Forms 5252 mod during the year.			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		~
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	_	~
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	90		1
	Did the organization make any taxable distributions under section 4966?	9a 9b		~
	Did the organization make a distribution to a donor, donor advisor, or related person?	30	_	
	Initiation fees and capital contributions included on Part VIII, line 12	l		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A	İ		
	Section 501(c)(12) organizations. Enter:	İ		
	Gross income from members or shareholders	ŀ		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b N/A	_		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion'A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	_6_	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	~	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	/	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
	Does the organization have local chapters, branches, or affiliates?	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	~	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		~
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
500	tion B. Policies	11		
			Voc	No
		122	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		Yes	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	~	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	2 2 2	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	2 2 2 2	No
12a b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	2 2 2	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	2 2 2 2	No
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > > > > > > > > > > > > > > > > > >	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	2 2 2 2 2 2	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > > > > > > > > > > > > > > > > > >	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	2 2 2 2 2 2	
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	2 2 2 2 2 2	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b	2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Indiana	12b 12c 13 14 15a 15b	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure	12b 12c 13 14 15a 15b	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Indiana	12b 12c 13 14 15a 15b	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply.	12c 13 14 15a 15b 16a 16b	v v v	
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12c 13 14 15a 15b 16a 16b	v v v	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b of interest	v v v	

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

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

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

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

Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	stee, or key em	ployee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per				_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Larry D. Simonson, President PO Box 2697, Knoxville, TN 37901-2697	10			1		<u> </u>		0	0	0
Solange Dao, Vice President PO Box 2697, Knoxville, TN 37901-2697	5			/				0	0	0
James D. Froula, Secretary-Treasurer PO Box 2697, Knoxville, TN 37901-2697	45			√				130,537	0	0
Roger E. Hawks, Asst. Secretary-Treasurer PO Box 2697, Knoxville, TN 37901-2697	40			1				73,533	0	0
Jason Huggins, Executive Councillor PO Box 2697, Knoxville, TN 37901-2697	5			1				0	0	0
Norman Pih, Executive Councillor PO Box 2697, Knoxville, TN 37901-2697	5			1				0	0	0
Jonathan F. K. Earle, Executive Councillor PO Box 2697, Knoxville, TN 37901-2697	5			1				0	0	0
Russel Pierce, Dir of Engineering Futures PO Box 2697, Knoxville, TN 37901-2697	5			✓				0	0	0
D. Stephen Pierre, Dir of Fellowships PO Box 2697, Knoxville, TN 37901-2697	5			1	_			0	0	0
Edward J. D'Avignon, Dir of Rituals PO Box 2697, Knoxville, TN 37901-2697	5			1				0	0	0
						ļ				
										-

Pa	Section A. Oπicers, Directors, Tru		Emp	loy			d Hig	nest			(contini		
	(A) Name and title	(B) Average	Pociti	on /	-	C) kalli	that ap	DIV)	(D) Reportable	(E) Reportable		(F) Estimated	
•	, traile die tale	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	SC)	amount of other ompensation from the organization and related rganization	n n
									-				
									·				
										·			
<u>1b</u>	<u>Total</u>		<u> </u>			<u>.</u>		▶_	204,070		0	_	0
2	Total number of individuals (including those organization ▶ 2	e ın 1a) wh	o rec	eive	ed n	nore	than	\$10	00,000 in repo	rtable comp	ensatio	1 from th	ne
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oyee	e, or highest c	ompensated 	3	Yes	No ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.												√
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp comp lete s	pens S <i>ch</i>	satıd edu	on f le J	rom a for s	any <i>uch</i>	unrelated org	anızation for			√
Sec	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
1	Complete this table for your five highest co- compensation from the organization.	ompensate	d indi	epe	nde	nt c	ontra	ctor	s that received	d more than	\$100,0	00 of	
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) pensation	
N/A													
_													
													
2	Total number of independent contractors (compensation from the organization ► N		hose	in	1) w	ho	receiv	/ed	more than \$10	00,000 in	1	Age of Sight of	~.*

Par	: VIII	Statement of Revenue					T
•	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d	6,723 508,617 0				
itributions, other sim	e f	All other contributions, gifts, grants, and similar amounts not included above	894,435 0				
a Co	g	Noncash contributions included in lines 1a-1f: \$	······································	1,409,775			
Program Service Revenue	2a	Advertisements in THE BENT	Business Code	210,016	210,016		
2	b	Split-interest agreement		44,882	44,882		
Š	С	Program related investments		410,874	410,874		
n Se	d						
grar	f	All other program service revenue .					
Pro	g	Total. Add lines 2a-2f	▶	665,772	-		
	3	Investment income (including dividends, other similar amounts)		150,699	150,699		
	4	Income from investment of tax-exempt bond	proceeds >	0	0		ļ. <u> </u>
	5	Royalties	> (ii) Personal	0	0		
		<u> </u>	(ii) Personal				
	ı	Gross Rents	0				
		Rental income or (loss) 0	-				
		Net rental income or (loss)	•	0	0		
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
		Gain or (loss)	>	(4,033,908)	(4,033,908)		
r Revenue	8a	Gross income from fundraising events (not including \$	0				
Other		Less: direct expenses b L Net income or (loss) from fundraising ev	ents ►	0	0		
		Gross income from gaming activities. See Part IV, line 19 a	0				
		Less: direct expenses b \(\) Net income or (loss) from gaming activities.	0 ies ▶	0	0		
	Ι.	Gross sales of inventory, less returns and allowances a	108,107	-	Ţ,		
	b	Less: cost of goods sold b	97,066				
	С	Net income or (loss) from sales of inventor		11,041	11,041		
			Business Code				
	11a					•	
	b						
	C	All other revenue					
		Total. Add lines 11a-11d	▶	0		.	
	1	Total Revenue. Add lines 1h, 2g, 3, 4, 5	5, 6d, 7d, 8c,				
	<u> </u>	9c, 10c, and 11e	▶	(1,796,621)	(1,796,621)		<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

•	All other organizations must complete coll				C), and (D).
	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 governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	673,308	673,308		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	204,069	179,173	24,896	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	377,047	331,047	46,000	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,338	17,857	2,481	0
9	Other employee benefits	103,471	90,848	12,624	. 0
10	Payroll taxes	41,523	36,457	5,066	0
11	Fees for services (non-employees):				•
	Management	530	0	0	0
	Legal	8.105	0	530 8,105	0
	Accounting	0,103	0	0,105	0
	Lobbying	4.000			4,000
	Professional fundraising services See Part IV, line 17	0	0	0	4,000
	Investment management fees	9,701	0	9,701	0
g 12	Advertising and promotion	81,175	81,175	0	0
13	Office expenses	315,418	295,969	19,449	0
14	Information technology	6,001	5,631	370	
15	Royalties	0	0	0	0
16	Occupancy	33,170	31,125	2,045	0
17	Travel	46,188	43,340	2,848	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	503,739	503,739	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	9,768	0	9,768	0
22	Depreciation, depletion, and amortization.	9,708	0	9,768	0
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Processing gifts	156,088	0	156,088	0
b	Insignia & certificates for new members	84,179	84,179	0	0
c	Chapter program services	298,505	280,097	18,407	0
d		0	0	0	0
е		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	2,976,323	2,653,945	318,378	4,000
26	Joint Costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet							
			(A) Beginning of year		End	(B) of year			
	1	Cash—non-interest-bearing	0	1			0		
	2	Savings and temporary cash investments	356,472	2		22€	6,652		
	з	Pledges and grants receivable, net	0	3			0		
	4	Accounts receivable, net	49,476	4	_	47	7,772		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	_		0		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	\rightarrow			. 0		
şţ	7	Notes and loans receivable, net	38,260	7		24	4,709		
Assets	8	Inventories for sale or use	20,734	8	<u>-</u>	_	7,942		
4	9	Prepaid expenses and deferred charges	17,393	9		15	5,138		
	10a	Land, buildings, and equipment cost basis 10a 202,366							
	ь	Less ⁻ accumulated depreciation. Complete							
	ĺ	Part VI of Schedule D 10b 175,098	36,549				7,268		
	11	Investments—publicly traded securities	20,415,386			15,804			
	12	Investments—other securities See Part IV, line 11	700,385	12 13		745	<u>0</u> 5,267		
	13	Investments—program-related See Part IV, line 11	700,383	14		743	0,207		
	14	Intangible assets	0	15	 		0		
	15 16	Other assets. See Part IV, line 11	21,634,655			16,918			
	17		137,294				5,094		
	18	Accounts payable and accrued expenses	562,500	$\overline{}$			3,000		
	19		185,235			188			
	20 Tax-exempt bond liabilities								
S									
Liabilities	22	22			0				
	23	Secured mortgages and notes payable to unrelated third parties	0	23			0		
	24	Unsecured notes and loans payable	0	24			0		
	25	Other liabilities. Complete Part X of Schedule D	1,300,889			1,271			
	26	Total liabilities. Add lines 17 through 25	2,185,918	26		2,243	<u>3,170</u>		
Balances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.							
ᇐ	27	Unrestricted net assets	8,567,874			_	2,385		
	28	Temporarily restricted net assets	5,727,508			4,355			
Ę	29	Permanently restricted net assets	5,153,355	29		5,198	3,237		
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds	0	30			0		
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31			0 0		
je /	32	Retained earnings, endowment, accumulated income, or other funds		32 33		14 676			
ž	33 34	Total net assets or fund balances	19,448,737 21,634,655	34		<u>14,675</u> 16,918			
Pa	rt XI		21,034,033	34		10,310	,,303		
		Titlanoidi Otatomorito ana Troporting	· ·			Yes	No		
1		ounting method used to prepare the Form 990: Cash Accrual	☐ Other		2a		~		
2a		the organization's financial statements compiled or reviewed by an independent account to organization's financial statements audited by an independent account		ır,	. 2a 2b	V	<u> </u>		
b		e the organization's financial statements audited by an independent accords to lines 2a or 2b, does the organization have a committee that assumes in		 eiaht a		† <u> </u>			
C		es" to lines 2a or 2b, does the organization have a committee that assumes a audit, review, or compilation of its financial statements and selection of an inc				\ \r	1		
32		audit, review, or compliation of its finalicial statements and selection of an inc a result of a federal award, was the organization required to undergo an a				 - 			
Ja		Single Audit Act and OMB Circular A-133?			." за		1		
b		es," did the organization undergo the required audit or audits?			. 3b				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

S. Inspection
Employer identification number

The	Tai	ı Beta Pi As:	sociation, Inc						62		0479545
Pa	rt I	Reason	for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) (s	ee instru	ictions)
The	orga	anızation is n	ot a private four	ndation because it is:	(Please	check on	ly one or	ganızatio	n.)		
1		A church, co	onvention of chu	irches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in <mark>secti</mark> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service organ	nization d	lescribed	ın sectio	on 170(b)	(1)(A)(iii).	. (Attach	Schedule H.)
4				ation operated in conjuste:			-			n 170(b)(1	I)(A)(iii). Enter the
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the place of the colle	ge or un	versity o	wned or (operated	by a gov	ernmenta	al unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v	·).	
7		-		y receives a substantii (1)(A)(vi). (Complete F	-	its suppo	ort from a	governn	nental un	ıt or from	the general public
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II)				
9				/ receives: (1) more the ed to its exempt function							
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable inc	ome (les	s section		
10			_	nd operated exclusive				•	-	(a)(A) (co	e instructions)
11	\Box	-	-	and operated exclusive	-	-	_				· ·
•		-	-	blicly supported organ	•						•
				at describes the type							
		a 🗌 Type	ı ь □] Type II	: □ Typ	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	led direc	tly or inc	directly b	y one or	more disqualified
				n managers and other							
		509(a)(1) or	section 509(a)(2)	•							
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	а Туре	I, Type II	, or Type	III supporting
		organization	, check this box								🗆
g		-		the organization acce	epted any	gift or c	ontribution	on from a	any of the	•	
		following per									<u> </u>
				r indirectly controls, ending body of the supp				th persor	ns descril 	bed in (ii)	Yes No
			_	rson described in (i) a							11g(ii)
				of a person describéd		(II) above	?				11g(iii)
h		Provide the	following informa	ation about the organ	izations t	the organ	ization s	upports			
(i)		of supported	(II) EIN	(iii) Type of organization (described on lines 1-9		organization		ou notify		ls the	(vii) Amount of
	org	anization		above or IRC section		sted in your document?		nization in of your		tion in col ized in the	support
				(see instructions))		r	sup	port?	 	S?	
					Yes	No	Yes	No	Yes	No	
N/A											
				<u> </u>			 		 	 	
								ļ			
					-						
											1
						-	-				
							l		1		

Total

Par	Support Schedule for Org (Complete only if you chec	janizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and	170(b)(1	4/N(iv)(A)(I
Sec	tion A. Public Support					,		<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3		<u> </u>			-		
5 6	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) Public support. Subtract line 5 from line 4							
	tion B. Total Support							_
_	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total
7	Amounts from line 4					<u> </u>		<u>,,,</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 IV.)							
11	Total support. Add lines 7 through 10 .					<u> </u>		
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re						
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage			1		
14	Public support percentage for 2008 (line	6, column (f) d	ivided by line 1	1, column (f))		14		%
15	Public support percentage from 2007 Sci					15		<u>%</u>
16a	331/3 % support test—2008. If the organiand stop here. The organization qualifies				line 14 is 33%	% or 1	nore, che	ck this box ► □
b	331/3 % support test—2007. If the organization qua							_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Expla	ain in Part	IV how the
b 10	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	acts-and-circur ances" test The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . bly supported or	Expla rganıza	in in Part ition	IV how the ▶ □
18	rivate iounidation. Il the organization did	THUL CHECK & DO	UA UIT III IB 13, 10	a, 100, 11a, 01	TO, CHECK HIS	DOX di	14 366 IIIS	il deligns -

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

	(Complete only if you checke	ed the box or	n line 9 of Pa	rt I.)		<u></u>	
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,355,301	1,293,388	1,312,449	1,523,504	1,408,738	6,893,380
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	272,772	307,818	292,967	319,595	318,123	930,685
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0 :	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1-5	1,628,073	1,601,206	1,605,416	1,843,099	1,726,861	7,824,065
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the	0	0	0	0	0	0
	year or \$5,000	0	0	0	0	0	0
	Add lines 7a and 7b			-		•	
8	line 6.)						7,824,065
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1,628,073	1,601,206	1,605,416	1,843,099	1,726,861	7,824,065
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173,920	325,062	328,731	375,077	410,874	1,114,682
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	173,920	325,062	328,731	375,077	410,874	1,114,682
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	. 0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	830	705	1,415	820	1,037	1,857
13	Total support. (Add lines 9, 10c, 11, and 12.)						10,023,126
14	First five years. If the Form 990 is for toganization, check this box and stop		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2008 (lin				(f))	15	78 %
16	Public support percentage from 2007 S			⁷ g <u>.</u>		16	86 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage		· 		
17	Investment income percentage for 2008	•		-	olumn (f)) .	17	11 %
18	Investment income percentage from 20					18	14 %
19a	17 is not more than 331/3 %, check this b	ox and stop h e	e re. The organi	zation qualifies	as a publicly s	supported orga	ınızatıon 🕨 🗹
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The organ	nızation qualifie:	s as a publicly	supported orga	nization 🕨 🗹
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions 🕨 📋

Part IV	orm 990 or 990-EZ) 2008 Supplemental Information. Complete this part to provide the explanation required by P Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see in	Page 4 art II, line 10; estructions)
<u> </u>		
Part III Lin	ie 12 - Chapter fines	
	••••••	
•••••	•••••••••••••••••••••••••••••••••••••••	
•		
•••••		
••		
	······································	
•		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

<u>2008</u>

Department of the Treasury* Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

ı vaiii	o or the organization		Employer identification number
	Tau Beta Pi Association, Inc	· 	62 0479545
Pa	organizations Maintaining Doi the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	N/A	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subj		
6	Did the organization inform all grantees, do used only for charitable purposes and not impermissible private benefit?	onors, and donor advisors in writing that g for the benefit of the donor or donor advis	sor or other
Pa	rt II Conservation Easements. Comp	plete if the organization answered "Yes"	to Form 990, Part IV, line 7. NIF
1 2	Purpose(s) of conservation easements held Preservation of land for public use (e.g Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization held	., recreation or pleasure)	n of an historically important land area on of certified historic structure
	on the last day of the tax year.		<u> </u>
			Held at the End of the Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation ea		
С	Number of conservation easements on a c	ertified historic structure included in (a).	
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the taxable year ▶	ed, transferred, released, extinguished, or t	terminated by the organization during
4	Number of states where property subject t	o conservation easement is located ▶	
5	Does the organization have a written policy enforcement of the conservation easement		tion, violations, and
6	Staff or volunteer hours devoted to monito	ring, inspecting, and enforcing easements	during the year ▶
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing easements dui	ring the year▶ \$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? .	d on line 2(d) above satisfy the requiremen	ts of section
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	he text of the footnote to the organization's	
Pai		ections of Art, Historical Treasures, or vered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted un art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or re	esearch in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or re- nese items:	search in furtherance of public service,
	(i) Revenues included in Form 990, Part V		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simila	
	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X	ine 1	

Pa	ae.	2

	dule D (Form 990) 2008								Page Z
Pai	t III Organizations Maintain	ing Collections	of Art, H	istoric	al Treasure:	s, or C	ther Similar As	sets (conti	nued)
3	Using the organization's accession items (check all that apply):	and other record	s, check	any of t	the following	that ar	e a significant us	se of its col	lection
а	Public exhibition		d		Loan or exch	ange p	rograms		
b	Scholarly research		е						
С	Preservation for future general	tions							
4	Provide a description of the organize Part XIV.		s and exp	olain hov	w they furthe	r the o	rganızatıon's exe	mpt purpos	e in
5	During the year, did the organization assets to be sold to raise funds rathe							Yes [☐ No
Pai	Trust, Escrow and Cust Part IV, line 9, or reported					on ans	wered "Yes" to	Form 990,	NA
	Is the organization an agent, trusted included on Form 990, Part X?					ions or	other assets no	t 🗌 Yes [□ No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e follow	ing table:		1		
	_					4.0		nount	NI/A
С						1c	<u> </u>		N/A
d	Additions during the year					. 1d		 .	
е	Distributions during the year					. <u>1e</u>			
f	Ending balance					. <u>1f</u>		<u></u>	
2a	Did the organization include an am), Part X,	line 21?				∐ Yes L	No
	If "Yes," explain the arrangement in tV Endowment Funds. Co		-ation o		d "Voo" to [OO Dort IV Jun	2.10	
Pa	rt V Endowment Funds. Co				1	T	990, Part IV, IIII (d) Three years back	_	n book
		(a) Current year	(b) Pro	or year	(c) Two years	BOACK	(b) Three years back	(e) Four year	S Dack
1a	Beginning of year balance	N/A			+				
b	Contributions				 			+	
С	Investment earnings or losses .				1				
d	Grants or scholarships						······································		
е	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of	of the year end ba	lance hel	d as:					
а	Board designated or quasi-endown	nent ▶	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶9	6							
За	Are there endowment funds not in th	e possession of th	ne organiz	ation th	at are held ar	nd adm	inistered for the		
	organization by·							Yes	No
	(i) unrelated organizations							3a(i)	—
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(II), are the related org							3b	
4_	Describe in Part XIV the intended us								
Par	t VI Investments—Land, Bu	ildings, and Eq	uipmen	t. See F	<u>-orm 990, P</u>	art X,	line 10.		
	Description of investment	(a) Cost or ot (investm			ost or other sis (other)	(c) [Depreciation	(d) Book val	ue
1a	Land	0			0			0	
b	Buildings	. 0			0		0	0	
С	Leasehold improvements	. 0		_	0		0	0	
d	Equipment	. 0		20	2,366	1	75,098	27,268	
е	Other				0		0	0	
Tota	I. Add lines 1a-1e. (Column (d) should e	equal Form 990, Pa	rt X, colur	nn (B), In	ne 10(c).) .		▶	2	7,268

Part VII Investments—Other Securitie	s. See Form 990, Part X	, line 12.	N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Financial derivatives and other financial products Closely-held equity interests		N/A	
Other			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	-		
Part VIII Investments—Program Relate	ed. See Form 990. Part X	. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Beneficial interest in assets held by others	745,267	End-of-year market value	
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	745,267		·
Part IX Other Assets. See Form 990, Pa			N/A
N/A	(a) Description		(b) Book value
N/A	140		
			
			_
			
			·-
			
Total. (Column (b) should equal Form 990, Part X, co Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
Federal income taxes		0	
BENT life subscriptions	1,271,61	<u>9 </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	1,271,61	9	

_	ule D (Form 990) 2008 Reconciliation of Change in Net Assets from Form 99	0 to Financial	Statement	s	Page 4
1				1	N/A
2	Total expenses (Form 990, Part IX, column (A), line 25)		[2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		[3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities		[5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4-8			9	
0_	Excess or (deficit) for the year per financial statements. Combine line			10	•
Par	Reconciliation of Revenue per Audited Financial St		n Kevenue	1 1	
1	Total revenue, gains, and other support per audited financial stateme	ents		1	(1,699,555)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	l o = 1			
a	Net unrealized gains on investments	2a 2b		- l	
b	Donated services and use of facilities	26 2c		1	
C	Recoveries of prior year grants	2d	97,066	1	
d	Other (Describe in Part XIV)		37,000	2e	97,066
	Add lines 2a through 2d			3	(1,796,621)
3 4	Subtract line 2e from line 1				(1,750,021)
•		4a	0		
a b	Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIV)	4b	0	⊣ ।	
	Add been As and Ab	L	<u>`</u>	4c	0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, I			5	(1,796,621)
Par	Reconciliation of Expenses per Audited Financial S			es per l	
1	Total expenses and losses per audited financial statements			1	3,073,389
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a		J	
а	Donated Services and use of facilities				
a b]	
	Prior year adjustments	2b 2c		1	
b	Prior year adjustments	2b 2c	97,066		
b c d	Prior year adjustments	2b 2c 2d	97,066	2e	97,066
b c d	Prior year adjustments	2b 2c 2d	97,066	- 1	97,066 2,976,323
b c d	Prior year adjustments	2b 2c 2d		2e 3	
b c d e 3	Prior year adjustments	2b 2c 2d 4a		2e 3	
b c d e 3	Prior year adjustments	2b 2c 2d		2e 3	2,976,323
b c d e 3 4 a b c	Prior year adjustments	2b 2c 2d 4a 4b	0	2e 3 4c	2,976,323
b c d e 3 4 a b c 5	Prior year adjustments	2b 2c 2d 4a 4b	0	2e 3	2,976,323
b c d e 3 4 a b c 5	Prior year adjustments	2b 2c 2d 4a 4b	0	2e 3 4c 5	2,976,323 0 2,976,323
b c d e 3 4 a b c 5 Par	Prior year adjustments	2b 2c 2d 4a 4b	0 0 	2e 3 4c 5	2,976,323 0 2,976,323
b c d e 3 4 a b c 5 Par	Prior year adjustments	2b 2c 2d 4a 4b	0 0 	2e 3 4c 5	2,976,323 0 2,976,323
b c d e 3 4 a b c 5 Par	Prior year adjustments	2b 2c 2d 4a 4b	0 0 	2e 3 4c 5	2,976,323
b c d e 3 4 a b c 5 Par nd :	Prior year adjustments	2b 2c 2d 4a 4bart I, line 18). 5, and 9; Part III	0 0 , lines 1a an	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b
b c d e 3 4 a b c 5 Par nd :	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part XIV) Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and	2b 2c 2d 4a 4bart I, line 18). 5, and 9; Part III	0 0 , lines 1a an	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b
b c d e 3 4 a b c 5 Par nd :	Prior year adjustments	2b 2c 2d 4a 4b	0 0 , lines 1a an 2d and 4b.	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b
b c d e 3 4 a b c 5 Par nd :	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part XIV) Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and 3 XII Line 2d and Part XIII Line 2d	2b 2c 2d 4a 4b	0 0 , lines 1a an 2d and 4b.	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b
b c d e 3 4 a b c 5 Par nd :	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part XIV) Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and 3t XII Line 2d and Part XIII Line 2d At of individual and chapter sales. 97,066	2b 2c 2d 4a 4b	0 0 , lines 1a an 2d and 4b.	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b
b c d e 3 4 a b c 5 Parronnd :	Prior year adjustments	2b 2c 2d 4a 4b	0 0 , lines 1a an 2d and 4b.	2e 3 4c 5	2,976,323 0 2,976,323 IV, lines 1b

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization					1	Employer ident	Employer identification number
The Tau Beta Pi Association, Inc						62	0479545
Part General Information on Grants and Assistance	n Grants and A	\ssistance					
1 Does the organization maintain records to substantiate	records to subst	antiate the amou	nt of the grants or as	sistance, the grantees	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nts or assistance, ar	1
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ward the grants or	r assistance? s for monitoring th	ne use of grant funds	in the United States.			☑ Yes ☐ No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	istance to Gov 21, for any recip	ernments and pient that received	Organizations in the	ne United States. O	complete if the orgaif no one recipient r	nization answered eceived more than	"Yes" on \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	-1 (Form 990) if	additional spac	e is needed				■
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N/A							
2 Enter total number of section 501(c)(3) and government3 Enter total number of other organizations	01(c)(3) and gove panizations	rnment organizations	suoi				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice, se	e the Instructions	for Form 990.		Cat No 50055P	S	Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants a

OSC OCILEGATIC I (I OTILI OSC) II ACCITICITAL SPACE IS INCOCACU.	ioliai space is iic				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Graduate Fellowship	17	10,000	0		. N/A
Tau Beta Pı Undergraduate Scholarship	234	2,000	0		N/A
SAE scholarship	9	1,000	0		N/A
Chapter scholarships	20	7,250	0		N/A
Laureate	4	2,500	0		N/A
Alumnus awards	2	2,000	0		N/A
					N/A
Part IV Supplemental Information. Complete this		part to provide the information required in Part I, line 2,	in required in Part I	, line 2, and any other	and any other additional information.
Chapter scholarships: Chapter performance (19 for 6,500)		& Greater Interest in Government (1 for 750)	ıent (1 for 750)		
Alumnus awards: Outstanding Advisor (1 for 1,000) & McDonald Mentor (1 for 1,000)	00) & McDonald M	entor (1 for 1,000)			
Grant funds are given to recipients who are chosen by national committees named by the board of directors and who are identified in the national publication and	e chosen by national con	nmittees named by th	ne board of directors	and who are identified	in the national publication and
website					

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

The Tau Beta Pi Association, Inc 62 0479545 Part III Line 4d A total of 8,087 members received material to denote their affiliation with Tau Beta Pi. Various national awards were presented to selected members and chapters for outstanding service and achievements. Part IV Section A Lines 6, 7a, 7b -The Association has members. Delegates to the Convention elect all 5 members of the governing board every 4 years. Decisions of the board are subject to review by the Convention. Part VI Section A Line 10 -The 990 is prepared by the Assistant Secretary-Treasurer and reviewed and approved by the Secretary-Treasurer. Part VI Section B Line 12c -The signed disclosures are maintained by the Executive Council in the office of the Executive Director. Each individual subject to conflict of interest policy shall update the record annually. Part VI Section B Line 15b -The salary program is reviewed periodically by a national compensation consultant who compares Tau Beta Pi salaries with data reported by similar organizations. Salaries are indexed periodically by the CPI-W. Recommendations are made annually by the Executive Director for all other key employees. The Executive Council approves all compensation. Part VI Section C Line 19 -The Constitution & Bylaws are published at www.tbp.org. Conflict of interest policy is published internally on the National Officials website. Financial statements are published in THE BENT for 88,000 subscribers annually. The Executive Director's annual report includes the financial statement and is published at www.tbp.org.