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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2008**

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>ALPHA ZETA FOUNDATION, INC</b>		<b>D</b> Employer identification number <b>31-1110069</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>636-449-5050</b>
		<b>16020 SWINGLEY RIDGE ROAD</b>		<b>F</b> Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 <b>CHESTERFIELD, MO 63017</b>		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ **HTTP://WWW.ALPHAZETA.ORG/**

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **311,006.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>50,686.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>14,064.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory <b>STMT 4</b>	<b>5a</b>	<b>246,256.</b>
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	<b>359,981.</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	<b>-113,725.</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not included in 1) of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>-48,975.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) <b>STMT 6</b>	<b>10</b>	<b>18,250.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>7,328.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>255.</b>
	<b>16</b> Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	<b>16</b>	<b>41,850.</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>67,683.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-116,658.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>467,554.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	<b>20</b>	<b>72,158.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>423,054.</b>

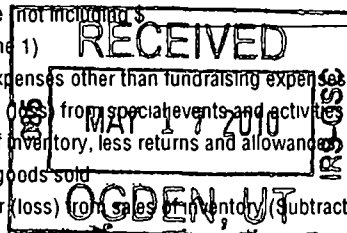
**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>443,098.</b>	<b>396,984.</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	<b>54,732.</b>	<b>26,667.</b>
<b>25</b> <b>Total assets</b>	<b>497,830.</b>	<b>423,651.</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	<b>30,276.</b>	<b>597.</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>467,554.</b>	<b>423,054.</b>

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)SCANNED JUN 29 2010  
Revenue15  
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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 513(c)(3) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	N/A
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
section 4912	0.	
section 4955	0.	
<b>b</b> Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	<b>40b</b>	X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed	IN	
<b>42a</b> The books are in care of	DIANNE BRNCIC Telephone no	
Located at	16020 SWINGLEY RIDGE ROAD, CHESTERFIELD, MO ZIP + 4	
	636-449-5050 63017	
<b>b</b> 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)?	<b>42b</b>	X
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.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	X
If "Yes," enter the name of the foreign country		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	N/A
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

Form 990-EZ (2008)

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

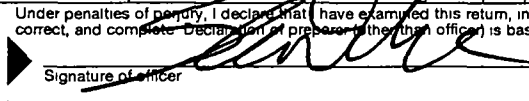
	Yes	No
46		X
47		X
48		X
49a	X	
49b		X

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000	0			

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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 Here:  Date: 5/12/10

STEVEN C. DRAKE, PRESIDENT, MANAGEMENT COMPANY  
Type or print name and title

Paid Preparer's Use Only: Preparer's signature: MARY JANE PIERONI Date: Check if self-employed: ☐ Preparer's Identifying Number (See instr):

Firm's name (or yours if self-employed), address, and ZIP + 4: HUBER, RING, HELM & CO., P.C.  
2897 HIGHWAY K, SUITE 201  
O'FALLON, MO 63368-7863

EIN: Phone no: (314) 962-0300

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,862.	74,610.	44,316.	95,497.	50,686.	322,971.
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	57,862.	74,610.	44,316.	95,497.	50,686.	322,971.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons		1,000.				1,000.
<b>b</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 year or \$5,000						
<b>c</b> Add lines 7a and 7b		1,000.				1,000.
<b>8 Public support.</b> (Subtract line 7c from line 6)						321,971.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	57,862.	74,610.	44,316.	95,497.	50,686.	322,971.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,731.	13,148.	54,488.	20,034.	14,064.	109,465.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	7,731.	13,148.	54,488.	20,034.	14,064.	109,465.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,974.	3,788.		2,000.		8,762.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						441,198.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	72.98 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	76.81 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	24.81 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	20.90 %

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
ADMINISTRATION EXPENSE	2,369.
BANK FEES	51.
TRAVEL	366.
INSURANCE	900.
STAFF TIME	9,051.
VENDOR	6,562.
IMPLEMENTATION	2,551.
CONFERENCES, CONVENTIONS, AND MEETINGS	20,000.
TOTAL TO FORM 990-EZ, LINE 16	41,850.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	21,500.	0.
DUE FROM THE FRATERNITY OF ALPHA ZETA	33,232.	26,667.
TOTAL TO FORM 990-EZ, LINE 24	54,732.	26,667.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	10,276.	553.
DUE TO THE FRATERNITY OF ALPHA ZETA	0.	44.
DEFERRED REVENUE	20,000.	0.
TOTAL TO FORM 990-EZ, LINE 26	30,276.	597.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	4
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SOLD 50000 WASHINGTON MUT INC SUB NT	688.	46,989.	0.	-46,301.	
SOLD 250 SHS BANK OF AMERICA CORP COM	8,136.	4,919.	0.	3,217.	
SOLD 280 SHS INTERNATIONAL GAME TECHNOLOGY COM	4,788.	6,972.	0.	-2,184.	
SOLD 50 SHS BHP BILLITON LTD SPONSORED ADR	2,520.	3,433.	0.	-913.	
SOLD 500 SHS PROSHARES TR ULTRA FINLS PROSHARES	8,465.	10,860.	0.	-2,395.	
SOLD 60 SHS ISHARES TR MSCI EMERGING MKTS INDEX	1,918.	1,757.	0.	161.	
SOLD 600 SHS AIRCATTLE LTD COM	5,488.	13,485.	0.	-7,997.	
SOLD 75 SHS BARCLAYS BK PLC IPATH INDEX LKD SECS	3,460.	4,465.	0.	-1,005.	
SOLD 170 SHS EMERSON ELEC CO COM	5,898.	7,405.	0.	-1,507.	
SOLD 230 SHS SUNTRUST BKS INC COM	8,425.	8,033.	0.	392.	
SOLD 50 SHS ALCON INC	4,782.	5,080.	0.	-298.	
SOLD 170 SHS CARNIVAL CORP PAIRED CTF 1 COM	4,267.	6,707.	0.	-2,440.	
SOLD 260 SHS SPDR TR UNIT SER 1 STANDARD & POORS	24,492.	23,941.	0.	551.	
SOLD 350 SHS ISHARES TR MSCI EMERGING MKTS INDEX	8,353.	9,517.	0.	-1,164.	
SOLD 220 SHS AVON PRODS INC COM	4,590.	8,149.	0.	-3,559.	
SOLD 150 SHS AKAMAI TECHNOLOGIES INC COM	1,698.	8,199.	0.	-6,501.	
SOLD 190 SHS SPDR TR UNIT SER 1 STANDARD & POORS	16,254.	17,495.	0.	-1,241.	
SOLD 370 SHS DIAMONDS TR UNIT SER 1	30,858.	33,207.	0.	-2,349.	

SOLD 149 SHS TEVA PHARMACEUTICAL INDS LTD ADR	6,504.	6,527.	0.	-23.
SOLD 140 SHS WALGREEN CO COM	3,732.	4,639.	0.	-907.
SOLD 70 SHS EDCO HEALTH SOLUTIONS INC COM	2,906.	1,799.	0.	1,107.
SOLD 70 SHS PRAXAIR INC COM	4,544.	5,677.	0.	-1,133.
SOLD 430 SHS ISHARES TR DOW JONES SELECT DIVID	14,684.	18,150.	0.	-3,466.
LD 170 SHS ISHARES TR DOW JONES SELECT DIVID	4,706.	7,176.	0.	-2,470.
SOLD 180 SHS SPDR TR UNIT SER 1 STANDARD & POORS	12,726.	15,887.	0.	-3,161.
SOLD 130 SHS WEYERHAEUSER CO COM	2,671.	7,801.	0.	-5,130.
SOLD 120 SHS NOKIA CORP SPONSORED ADR	1,040.	3,342.	0.	-2,302.
SOLD 150 SHS CISCO SYS INC COM	2,139.	2,850.	0.	-711.
SOLD 150 SHS INTEL CORP COM	1,827.	2,840.	0.	-1,013.
SOLD 200 SHS MICROCHIP TECHNOLOGY INC COM	3,582.	5,939.	0.	-2,357.
SOLD 240 SHS ISHARES TR SMLL VAL INDX	7,567.	11,696.	0.	-4,129.
SOLD 280 SHS ISHARES TR RUSSELL MIDCAP GROWTH	7,176.	14,595.	0.	-7,419.
SOLD 80 SHS PNC FINL SVCS GROUP INC COM	1,445.	5,678.	0.	-4,233.
SOLD 90 SHS UNITED TECHNOLOGIES CORP COM	4,667.	6,360.	0.	-1,693.
SOLD 970 SHS AIRCATTLE LTD COM	6,788.	4,416.	0.	2,372.
SOLD 190 SHS ISHARES TR DOW JONES SELECT DIVID	6,587.	8,020.	0.	-1,433.
SOLD 100 SHS ISHARES TR MSCI EMERGING MKTS INDEX	3,065.	2,719.	0.	346.
SOLD 60 SHS KELLOGG CO COM	2,820.	3,257.	0.	-437.
TO FORM 990-EZ, LINE 5	246,256.	359,981.	0.	-113,725.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	72,158.
TOTAL TO FORM 990-EZ, LINE 20	72,158.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP MONTANA STATE UNIVERSITY PO BOX 172860 BOZEMAN, MT 59717-2860	NONE	1,000.
SCHOLARSHIP JAMES BROWN PO BOX 172860 BOZEMAN, MT 59717-2860	NONE	3,000.
SCHOLARSHIP DAEL HOUSEHOLDER MONTANA STATE UNIVERSITY BOZEMAN, MT 59717-2860	NONE	3,000.
SCHOLARSHIP KARE GILLESPIE MONTANA STATE UNIVERSITY BOZEMAN, MT 59717-2860	NONE	3,000.
SCHOLARSHIP HEATHER TAYLOR MONTANA STATE UNIVERSITY BOZEMAN, MT 59717-2860	NONE	3,000.
SCHOLARSHIP CASSIE BACON 12852 ROSE CEMETARY ROAD PRAIRE GROVE, AR 72753	NONE	1,500.
SCHOLARSHIP BRITTANY MOSHER 214 THURSTON AVE. ITHACA, NY 14850	NONE	1,000.

ALPHA`ZETA FOUNDATION, INC

31-1110069

SCHOLARSHIP  
MONICA GALLI  
101 OGLE AVE.  
RIO DELL, CA 95562

NONE

1,000.

SCHOLARSHIP  
LAURA MERRIMAN  
RR1, BOX 122  
KENNEY, IL 61749

NONE

750.

SCHOLARSHIP  
MARK LOWERY  
360 NORTH BURROWES ROAD  
STATE COLLEGE, PA 16802

NONE

750.

SCHOLARSHIP  
JOHN ORLOWSKI  
214 THURSTON AVE.  
ITHACA, NY 14850

NONE

250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

18,250.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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990-EZ PG 2

STATEMENT 8

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PROMOTION OF AGRICULTURAL EDUCATION AT INSTITUTIONS OF HIGHER LEARNING

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ► ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	ALPHA ZETA FOUNDATION, INC	31-1110069
	Number, street, and room or suite no. If a P.O. box, see instructions. 16020 SWINGLEY RIDGE ROAD	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHESTERFIELD, MO 63017	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**DIANNE BRNCIC**

- The books are in the care of ► **16020 SWINGLEY RIDGE ROAD - CHESTERFIELD, MO 63017**  
Telephone No. ► **636-449-5050** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 17, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)