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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning	and	ending					
	Check if applicable				D Employer io	lentifica	ation number		
	Addre								
	Name chang	type Doing Business As		·	80-0244485				
	linitial return	Number and street (or P 0 box ii maii is not delivered to street ad	idress)	Room/suite					
L	Termii ated	Instruct 3905 VINCENNES ROAD			3	<u>17-3</u>	34-1898		
Ļ	Amen	City or town, state or country, and ZIP + 4			G Gross receipts \$		3,359,649.		
L	Application pendication	INDIANAPOLIS, IN 46268			H(a) Is this a gr	-			
	·	F Name and address of principal officer: FARON LEWITT SAME AS C ABOVE			for affiliate		Yes X No		
_		empt status:	527	-	H(b) Are all affilia				
		te: ► WWW.ZBT.ORG	321	-	H(c) Group exe		st. (see instructions)		
		forganization X Corporation Trust Association Other	>	L Yea			State of legal domicile IN		
	art I	Summary					otato or logar dormono == -		
	1 4	Briefly describe the organization's mission or most significant activities.	TO P	ROVID	E COLLEGE	SCH	OLARSHIPS,		
Activities & Governance	1	FUNDING FOR LIBRARY FACILITIES AND L							
3rus	2	Check this box ▶ ☐ if the organization discontinued its operations	or dispo	sed of mo	re than 25% of its	net ass	ets		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)				3	11		
∞ ∞	4	Number of independent voting members of the governing body (Part VI, I	line 1b)			4	11		
ies	5	Total number of employees (Part V, line 2a)				5	5		
Ξ	6	Total number of volunteers (estimate if necessary)		•		6	0		
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12			•	7a	0.		
	Ь	Net unrelated business taxable income from Form 990-T, line 34		-	D-i V	7Ь			
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 867,4	35.	Current Year 636, 396.				
ΞĒ	9	Program service revenue (Part VIII, line 2g)		-	001/1		030,350.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			<268,9	97.	16,976.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	2,6		<6,351.>		
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)		601,1		647,021.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			201,5		158,880.		
		Benefits paid to or for members (Part IX, column (A), line 4)		· · · · · · · · · · · · · · · · · · ·					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5-10)		222,3	77.	261,439.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
×	ь	Total fundraising expenses (Part Qoolymr 11) (Inc 25)	37 , 9	23.			—Ha. addad		
ш	17	Other expenses (Part IX, column (A), lines 173-11d, 171-24)			461,4		250,805.		
	18	Total expenses. Add lines (must equal Part IX, column (A), line 25)			885,3		671,124.		
	19	Revenue less expenses. Subtract line 18 from line 12 9			<284,2				
Net Assets or	3			<u> B</u>	Reginning of Current		End of Year		
SSB	20	Total assets (Part X, line 16) OGDEN UT	•		2,550,4 85,0		2,970,493.		
et :	21	Total liabilities (Part X, line be) Net assets or fund balances. Subtract line 21 from line 20		-	2,465,3		64,894. 2,905,599.		
	art II		-		2,403,3	37.	2,000,000.		
		Under penalties of penury, I declare that I have examined this return, including accompanying so and complete Declaration of preparer (other than officer) is based on all information of which pre	hedules a	nd 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 pre	parer has	any knowledg	e /	, ,			
Sig	ın	X Tum & build			6/1	1/10			
He		Signature of officer			Date	<i></i>			
		FARON LEWITT, EXECUTIVE DIRECTOR							
		Type or print name and title							
Pai	id	Preparer's 21 34	Date		heck if elf	Preparer' (see instr	s identifying number ructions)		
_	parer's	signature / Lell CPA	6-1		mployed 🕨 🔛	Poc	846149		
	Only	yours if B. PARRISH & CO. LLP			EIN ►				
	•	self-employed), address, and TND TANA DOLLS. TN 46254				L / 2	171247 5200		
_		INDIANAPOLIS, IN 46254			Phone no	P (3	17)347-5200 X Yes No		
		RS discuss this return with the preparer shown above? (see instructions)			otmietie				
932	001 02-0	04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, se	e ine s	charate w	อน นับนับกรี.		Form 990 (2009)		

4e

Other program services (Describe in Schedule O)

Total program service expenses > \$

including grants of \$

216,054.

Pa	rt 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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 similar funds or 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	}	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	ł		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	-		
	Part X, line 16º If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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		X
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		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	i		

Form **990** (2009)

20

complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009)	ZETA BETA	TAU FOUNDATION,	INC.	80-0244485
Part IV Checklist of	of Required Schedul	es (continued)		

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ <u>.</u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		١,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-	•	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		х
20	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	<u> </u>	X
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? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J.		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3° If "Yes," complete Schedule R, Part I	33		Х
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	Х	
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		Х
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	Х	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
		Form	990 (2009)

Part V

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 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 5a 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 X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Se 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		•			Yes	No
b Enter the number of Forms W2G included in line 1 a Enter 0-f in of applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, life of for the calendary year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to effect this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, *I set at filed a Form 90 off for this year? if Note, *Provide an explanation in Schedule** O b if Yes, *I set at filed a Form 90 off for this year? If Note *Provided in the organization is a foreign country be seen in instructions for exceptions and filing requirements for Form 1D F 90/22.1, Report of Foreign Bank and Financial Accounts b if Yes, *I to line Sa or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any travelable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any travelable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Dissenting that may receive deductible contributions under section 170(c). 8d If Yes, *I did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 9d Organizations that may receive deductible contributions under section 170(c). 9d Organization	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
Count the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 5 If all least one is reported on line 2a, did the organization file life required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, issee instructions) 2 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If 'Yes,' has it filed a Form 990°T for this year? If 'No," provide an explanation in Schedule O 4 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)? 4 If 'Yes,' there the name of the foreign country ► 5 See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible? 5 If 'Yes,' to the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible? 6 If 'Yes,' to the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization netify the donor of the value of the goods or services provided? 7 If If the organization of qualified intellectual property, did the organization file Form 1809 as required? 8 Sponsoring organizations and		U.S. Information Returns. Enter -0- if not applicable	1a 4			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 1'Yes, 1'Ass it filed a Form 990-1' for the year of 1' fiv.'', p'rowed an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if 1'Yes, 1'Ass it is a filed a Form 990-1' for the year of 1' fiv.'', p'rowed an explanation in Schedule O 5b if 1'Yes, 1'Ass it is a filed a Form 990-1' filed in the organization have an interest in, or a signature or other authority over, a financial account? 5c if 1'Yes, 1'Ass it is a filed a Form 990-1' filed in the organization file and explanation in Schedule O 5b if 1'Yes, 1'Ass it is a filed a Form 990-1' filed in the organization file and previously in the filed in the previously in the organization file form 8961, Declosure by 1'ax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c if 1'Yes, 1' to his 5 or 5b, did the organization file Form 88651, Declosure by 1'ax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c if 1'Yes, 1' to his 5 or 5b, did the organization file Form 88651, Declosure by 1'ax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c if 1'Yes, 1' to his 5 or 5b, did the organization file Form 88651, Declosure by 1'ax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c if 1'Yes, 1'As a file or 5 or 5b, did the organization file form 88820 in the organization solicit any co	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file ell required foe-file this return. Gee instructions) b If at least one is reported on line 2a, did the organization file ell required foe-file this return. Gee instructions of the state o	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bif 1'Yes, 1 has 1 filed a Form 1990. For this year? If 1'No, 1 provide an explanation in Schedule 0. bif 1'Yes, 1 has 1 filed a Form 1990. For this year? bif 1'Yes, 1 has 1 filed a Form 1990. For this year? See the instructions for exceptions and filing requirements for Form 1DF 90·22.1, Report of Foreign Bank and Financial Accounts If 1'Yes, 1 to line 5 and 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? See the instructions for exceptions and filing requirements for Form 1DF 90·22.1, Report of Foreign Bank and Financial Accounts See Was the organization a party to a prohibited tax shelter transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? By 1'Yes, 1'O line 5 and 5b, did the organization file Form 8896 as required? By 1'Yes, 1'O line 5 and 5b, did the file file file file file file file		(gambling) winnings to prize winners?		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes." has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have wan 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 If "Yes." enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90.22.1, fleport of Foreign Bank and Financial Accounts See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes." to line 5a or 5b, did the organization file Form 8868.7, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," indicate the number of Forms 8282 filed during the year b of the organization sell, exchange, or otherwise dispose of tangetle personal property for which it was required? f Do the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Do the organization make any taxable distributions unde	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes', that filed a form 990. For this year?' If 'No', 'provide an explanation in Schedule O 3b J 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country yeuch as a bank account, securities account, or other financial account? b If 'Yes', enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TDF 90·22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes', to line 5a of 5b, did the organization file Form 8886*1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes', to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? But the organizations that may receive deductible contributions under section 170(c). But the organization secure a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 1c of the Form 8282? If 'Yes,' indicate the number of Forms 8282 filed during the year to the organization file form 899 as required? 7c		filed for the calendar year ending with or within the year covered by this return	2a 5	ļ		
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11b 12a 12a	_			6b		
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	40	·	h	4.6		
b it res, enter the amount of tax-exempt interest received or accrued during the year 12b		* * * * * * * * * * * * * * * * * * * *	1	12a		
	b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 11	4		
b	Enter the number of voting members that are independent 11	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			1,7
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		.,	
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
ь	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?	10b	v	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A			v	
12a		12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		v	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Х	
a	The organization's CEO, Executive Director, or top management official	15a	Λ	X
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
_	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
Ь	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	1 100		
	List the states with which a copy of this Form 990 is required to be filed ►IN			
17		for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	101		
10	·	nd 6	noisi	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iiu tina	ncial	
20	statements available to the public.	tion: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza FARON LEWITT - 317-334-1898	uon. 🕨		
	3905 VINCENNES ROAD, INDIANAPOLIS, IN 46268		 	
_	5505 VINCENIED ROAD, INDIANALOLIO, IN 40200			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not o		у си	rren			, dire	ecto	T			
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated	
	hours	(C	neci	all	that	nat apply)		compensation from	compensation from related	amount of other	
	per week	ector						the	organizations	compensation	
	Week	o di	₽ ₹			ated	ŀ	organization	(W-2/1099-MISC)	from the	
		ustee	fust		88	bens		(W·2/1099·MISC)	,	organization	
		ndividual trustee or director	nstitutional trustæe		olg.	15 85 78 60	_			and related	
		Individ	Institu	Officer	Кеу етріоуве	Highest compensated employee	Former			organizations	
BARRY M. AARONS											
PRESIDENT	1.00	Х	L	Х		ļ	_	0.	0.	0.	
GREGG F. WITT		İ							_		
VICE PRESIDENT	1.00	X		Х				0.	0.	0.	
CRAIG J. WILD									_	_	
TREASURER	1.00	X	ļ	X		ļ	_	0.	0.	0.	
ALLAN C. BELL							ĺ				
SECRETARY	1.00	Х	ļ	Х	ļ		ļ	0.	0.	0.	
SCOTT E. SILBERFEIN	1 00									•	
DIRECTOR	1.00	Х			ļ	ļ	_	0.	0.	0.	
JAMES B. DROTMAN	1 00				ŀ					0	
DIRECTOR	1.00	Х	_	<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0.	
ROBERT B. SILVERMAN	1 00	.,							0	0	
DIRECTOR	1.00	Х	-		_	├-		0.	0.	0.	
ELLIOTT D. FREDLAND	1 00	Х						0.	0.	0	
DIRECTOR BRIAN D. RUBEN	1.00	^	-			-	\vdash	0.	0.	0.	
DIRECTOR	1.00	Х		İ				0.	0.	0.	
RICHARD S. SIMON	1.00	^	-			<u> </u>	\vdash	· ·	0.	<u></u>	
DIRECTOR	1.00	Х						0.	0.	0.	
MICHAEL F. ZARB	1.00	1	-		┝─	├		<u> </u>			
DIRECTOR	1.00	Х						0.	0.	0.	
IRVING M. CHASE	1.00					 			0.		
DIRECTOR	1.00	Х				•		0.	0.	0.	
FARON LEWITT	1 2000				_						
EXECUTIVE DIRECTOR	40.00	х		Х				0.	88,273.	6,481.	
MARTIN D. BRAVER		<u> </u>				\vdash	<u> </u>		00,2,00		
DIRECTOR	1.00	X				ŀ		0.	0.	0.	
SAUL A. FERN				-			\vdash				
DIRECTOR	1.00	Х					İ	0.	0.	0.	
BRUCE H. WEINSTEIN						<u> </u>					
DIRECTOR	1.00	Х					ŀ	0.	0.	0.	
LEONARD S. MALMUD								1			
DIRECTOR	1.00	X		L				0.	0.	0.	

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Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
` (A)	(B)			(C				(D)			(F)		
Name and title	Average	Position (check all that apply)					J. A	Reportable	Reportable compensation				-
	hours per week	Individual trustee or director	onal frustæ			Highest compensated O employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		com fr org	other pensa om the anizated relations	ition e ion ed
BERNARD S. KAPLAN	1.00	x				-		0.		0.			0.
DIRECTOR ARTHUR S. WEINSTOCK	1.00	^	\vdash	_		╁		0.		- ' 			
DIRECTOR	1.00	X	ļ <u>.</u>			_		0.		0.			0.
1b Total		<u> </u>	J	L	L	<u> </u>	l	0.	88,27	73.		6,4	81.
Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) w	ho re	eceived more than \$100	,000 in reportable	e			
compensation from the organization												Yes	0 No
3 Did the organization list any former officer,	director or tru	stee	e, ke	y em	nplo	yee,	or h	nighest compensated er	mployee on	ſ		.03	110
Inne 1a ⁹ If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	m of reportab	le c							the organization		3		Х
and related organizations greater than \$150									lana randarad ta		4		Х
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	-			rom	any	y uni	elat	ed organization for serv			5		Х
Section B. Independent Contractors									A 400 000 f				
Complete this table for your five highest co the organization NONE	mpensated in	аер	enae	ent c	ont	racto	ors t	nat received more than	\$100,000 of com	ipensa	tion i	rom	
(A) Name and business							(B) Description of s	services	C	ompe	;) nsatio	n	
Total number of independent contractors (i \$100,000 in compensation from the organization)		not li	mite	d to		se li 0	stec	d above) who received n	nore than			990 (

Pa	rt VII	I Statement of Rever	nue					
	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
<u> </u>		Fundraising events	1c					
ra		Related organizations	1d					
e ie								
sin	_	Government grants (contribut	·					
iğ a	f	All other contributions, gifts, gran		26 206				
흔히		similar amounts not included abo	ove 11 6	36,396.				
2 B		Noncash contributions included in lines	s 1a-1f \$	1,687.	626 206			
0 8	<u>h</u>	Total. Add lines 1a-1f		•	636,396.			
				Business Code				
ဗ	2 a							
Program Service Revenue	b							
	С							
e a	d							
<u>6</u> —	е							
۵.	f	All other program service reve	enue					-
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ '	57,049.			57,049.
	4	Income from investment of ta	x-exempt bond p	oroceeds ►				
	5	Royalties		•			-	
	-	,	(i) Real	(ii) Personal				
	6 a	Gross Rents	(7 : 100	(.,, : 0,00,1.0.				
İ		Less. rental expenses						
		Rental income or (loss)						
1		, ,		•				
1		Net rental income or (loss)	(A) C=====t===					
	/ a	Gross amount from sales of	(i) Securities 2672555.	(ii) Other				
		assets other than inventory	2072333.	 				
	b	Less cost or other basis	2712620					
		and sales expenses	2712628.					
		Gain or (loss)	<40,073.		140 073	.40 072		1
	d	Net gain or (loss)		<u> </u>	<40,0/3.	<40 , 073.	>	ļ
e l	8 a	Gross income from fundraising	ng events (not					
ē		including \$	of					
è		contributions reported on line	e 1c) See					
er		Part IV, line 18	а					
Other Revenue	Ь	Less direct expenses	b	L				
~	С	Net income or (loss) from fun-	draising events	<u> </u>		····		
ŀ	9 a	Gross income from gaming a	ctivities See	İ				
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	>				
ŀ	10 a	Gross sales of inventory, less	returns					
ŀ		and allowances	а	i				
ŀ	ь	Less cost of goods sold	b					
		Net income or (loss) from sale	_	•				
t		Miscellaneous Revenu		Business Code				
ŀ	11 ~	MISCELLANEOUS		900099	650.	650.		1
ŀ		CHANGE IN PLEDO	E DISC	900099	<7,001.		>	
		CHAROL IN FUEDO	TI DIDC.	10000	~/,001.	· // 001 •		-
	C	All -Ab	-					
	d				/6 251			
		Total. Add lines 11a-11d			<6,351.	<46,424.	> 0.	57 040
93200	12 9	Total revenue. See instructions			647,021.	<u>\40,424.</u>	/ 0.	
93200 02-04	-10							Form 990 (2009)

Part IX Statement of Functional Expenses

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

Total oxponses Program servoe Management and general expenses Program servoe Management and general expenses Program servoe Management and general expenses		All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			D).
organizations in the U.S. See Part IV, line 21 10 10 10 10 10 10 10		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to individuals in the US See Part IV, line 23 Grants and other sessistance to governments, organizations, and individuals outside the U S See Part IV, line 25 fand 16 4 Benefits paut to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of trusteed above, to disquaritied persons (sectified under section 4988(f)(11) and persons discretified in section	1		91,670.	91,670.		
The US See Part V, Inee 22 67, 210 67,	2	- 1		-		······································
3 Grants and other assistance to povernments, organizations, and individuals outset the U.S See Part N. Inters 15 and 16 4 Benefits paid to or for members Compensation of currient officers, directors, trustees, and key employees Compensation of included above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion an encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion an encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to dequalified persons (set elimed under section 4958(ff(1)) and persons discretion and encluded above, to declare the encluded under the encluded	-		67,210.	67,210.		
organizations, and individuals culside the U.S. See Part IV. lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to designabled persons (as defined under section 4958((r))) and persons described in section 4958((r)) and persons described in section 4958((r))) and persons described in section 4958((r	3	1		-		
See Part IV, lines 15 and 16		-				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 495(t)) in persons described in section 495(t)(1) and persons described in section 495(t) employer centributions) 7 Other salaries and wages 8 Penson plan contributions (include section 401(k) and section 493(t)) employer centributions) 9 Other employee benefits 10 Payroll takes 11 Pees for services (non-employees) 11 Pees for services (non-employees) 12 Advantagement 13 Legal 14 Lobbyring 15 Royalties 16 Cocupancy 17 Investimat management fees 11 1,097 . 11 Investimating and promotion 17 Office expenses 18 Payments of travel or entertainment expenses for any feedral, state, or local public officials 19 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses for any feedral, state, or local public officials 10 Payments of stravel or entertainment expenses and covered above (Expenses grouped forther and liberial missississississississississississississ		See Part IV, lines 15 and 16				
139,572. 330. 13,500. 118,742.	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persions (as defined under section 4958(ft))) and persons described in section 4958(ft))) and persons described in section 4958(ft))) and persons described in section 4958(ft))) and persons described in section 4958(ft))) and section 405(b) employer contributions) 9 Cliner employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 11 Rese for services (non-employees) 12 Advantaging envices See Part IV, line 17 Investment management fees 12 Advantaging and promotion 12 Advantaging and promotion 13 Office expenses 13,730. 6,230. 11,097. 12 Advantaging and promotion 12 Advantaging and promotion 12 Advantaging and promotion 13,730. 6,230. 7,500. 12 Advantaging and promotion 14 Information technology 15 Filts. 3,836. 1,279. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 10 Conferences, conventions, and meetings interest 10 Insurance 10 Expenses illemize expenses not covered above (Expenses grouped together and tabeled miscellaesons may not accessed 5% oftotal expenses shown on line 25 below) 19 PRINTINI GN AND POSTAGE 10 BAD DEBTS 11 FLEPHONE 10,243. 10,243. 10,243. 10,243. 10,243. 11,353. 11,10. 11,243. 12,137. 13,110. 11,147. 13,153. 11,10. 11,147. 11,147. 126. 2,674. 2,137. 2,137. 2,137. 2,137. 2,137. 2,137. 2,137. 3,137. 3,14. 3,14. 3,14. 3,150. 3,186. 3,24. 3,26. 3,26. 3,26. 3,26. 3,27. 3,20. 3,	5	Compensation of current officers, directors,				
persons (as defined under section 498R(f(1)) and persons described in section 498R(f(1)) and persons described in section 498R(f(1)) and persons described in section 498R(f(1)) and section 401(k) persons or contributions (include section 401(k)) and section 405(k) pemplore contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 12 Legal 13 Lobbying 14 Lobbying 15 Protessional fundrating services See Part IV, line 17 for investment management fees 13 7730. 6, 230. 7, 590. 14 Lobbying 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest termize syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses themse syenases and coverage for any federal, state, or local public officials expenses from one for the symmetry of the symmetry of the coverage for any federal, state, or local public officials expenses flower of the symmetry of the symmetry of		trustees, and key employees	93,994.	4,700.	23,498.	65,796.
Persons described in section 4958(c)(3)(8) 139,572. 7,330. 13,500. 118,742.	6	Compensation not included above, to disqualified				
139,572.		persons (as defined under section 4958(f)(1)) and				
Person plan contributions (include section 401(k) and section 403(h) employer contributions) 2 , 947		persons described in section 4958(c)(3)(B)			12.500	110 740
and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 6 Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other 10 Office expenses 11 Information technology 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 11 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14 BaD DEBTS 15 ELEPHONE 16 BANK AND C.C. FEES 17 Tatal Innetional expenses Add lines 1 through 241 18 Joint casts check here	7		139,572.	7,330.	13,500.	118,742.
10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundratising services See Part IV, line 17 f Investment management fees g Other 24,861. 24,861. 24,861. 24,861. 24,861.	8	Pension plan contributions (include section 401(k)	2 247	1 4 7	100	2 674
10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundratising services See Part IV, line 17 f Investment management fees g Other 24,861. 24,861. 24,861. 24,861. 24,861.		and section 403(b) employer contributions)	2,947.			2,6/4.
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 13,730. 6,230. 7,500. 24,861. 24,861. 24,861. 34,86	9	Other employee benefits	6,434.			5,320.
a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 12 Advertising and promotion 13 Office expenses 11,097. 14 Information technology 15,115. 16 Occupancy 17,754. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses flurize expenses not covered above (Expenses grouped logether and labeled miscellaneous may not exceed 5% offolial expenses shown on line 25 below) 2 PRINTING AND POSTAGE 2 BAD DEBTS 2 1,090. 2 1,090. 2 1,090. 2 TELEMARKETING CAMPAIGN 3 BANK AND C.C. FEES 4,274. 4 John expenses 5 Total functional expenses 2 2,756. 3 Isolational expenses Add lines 1 through 241 5 Idl other expenses 5 Complete this line only if the organization reported in column (8) joint costs from a combined educational campagin and fundraising solicitation 2 Post Complete this line only if the organization reported in column (8) joint costs from a combined educational campagin and fundraising solicitation	10	Payroll taxes	18,492.	951.	2,886.	14,633.
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other g Other 13,730. 6,230. 7,500. 12 Advertising and promotion 13 Office expenses 1,730. 6,230. 7,500. 14 Information technology 15,115. 3,836. 1,279. 15 Royalties 16 Occupancy 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,754. 1,755. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses illemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 PRINTING AND POSTAGE 3 BAD DEBTS 4 TELEMARKETING CAMPAIGN 4 BANK AND C.C. FEES 5,554. 5,554. 5,554. 5,115. 5,554. 5,756. 7,750.	11	Fees for services (non-employees)				
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d Lobbying e Professional fundrating services See Part IV, line 17 f Investment management fees g Other 11,097. 11,097. 11,097. 2 Advertising and promotion 22,636. 383		Ť	24 061		24 961	
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 13,730. 6,230. 7,500. 12 Advertising and promotion 13 Office expenses 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Insurance 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses flemize expenses not covered above (Expenses grouped logether and labeled miscellaneus may not exceed 5% of total expenses shown on line 25 below) 28 PRINTING AND POSTAGE 39 BAD DEBTS 21,090.	С	Accounting	24,861.		24,001.	
1 Investment management fees 11 , 0 97 .	d	, ,				
g Other Advertising and promotion 12 Advertising and promotion 13 Office expenses 2,636. 659. 1,977. 14 Information technology 5,115. 3,836. 1,279. 15 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization insurance 12 Depreciation, depletion, and amortization insurance 14 Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PRINTING AND POSTAGE b BAD DEBTS c TELEMARKETING CAMPAIGN d BANK AND C.C. FEES f All other expenses 1 All other expenses 2 7,756. 825. 1,110. 821. 5 Total functional expenses Add lines 1 through 24f 671,124. 216,054. 117,147. 337,923.	е	·	11 007		11 007	
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 13 Insurance 14 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) 20 PRINTING AND POSTAGE 21 BAD DEBTS 21,090. 21,090. 3 PRINTING AND POSTAGE 48,120. 48,120. 51,110. 51,243. 48,120. 51,110. 51,243. 51,110. 51,243. 51,110. 5	f	-		6 220	11,097.	7 500
13 Office expenses 2,636	9		13,/30.	0,230.		7,300.
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses lettrize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1 PRINTING AND POSTAGE 1 BAD DEBTS 2 TELEMARKETING CAMPAIGN 3 BANK AND C.C. FEES 4 1,279. 1 1,754. 1 10,442. 3 ,480. 81,208. 81,20		- '	2 626	650	1 977	
15 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Linerest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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) 10 PRINTING AND POSTAGE 10 BAD DEBTS 10 CTELEMARKETING CAMPAIGN 11 CAMPAIGN 12 CTELEPHONE 13 CTELEPHONE 14 CONTROL STAGE 14 CONTROL STAGE 15 Total functional expenses Add lines 1 through 24f 16 CONTROL STAGE 16 CONTROL STAGE 17 CONTROL STAGE 17 CONTROL STAGE 18 STAGE STAGE STAGE 19 CONTROL STAGE STAG		·			1 279	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 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) 2 PRINTING AND POSTAGE 3 BAD DEBTS 48,120. 18,899. 2,458. 26,763. 48,120. 18,899. 2,458. 26,763. 5 TELEMARKETING CAMPAIGN 48,120. 18,899. 2,458. 26,763. 6 BANK AND C.C. FEES 5,554. 1,353. 4,201. 6 TELEPHONE 4,274. 2,137. 2,137. 7 All other expenses 7 Total functional expenses Add lines 1 through 24f 8 Joint costs Check here		<u>~</u> ,	3,113.	3,030.	1,217.	
17 Trave 95,130		ŕ	1 754		1.754	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings linterest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses flemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PRINTING AND POSTAGE b BAD DEBTS c TELEMARKETING CAMPAIGN d BANK AND C.C. FEES e TELEPHONE f All other expenses 1 All other expenses 2 1,756. 2 1,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,767. 2 2,769. 2 2,458. 2 26,763. 2 1,090. 2 1,090. 2 1,090. 2 1,090. 2 1,090. 2 1,090. 3 10,243. 4 2,213. 4 2,137. 2 1,137. 5 All other expenses 2 2,756. 3 25. 3 1,110. 3 37,923. 2 10int costs Check here				10.442		81.208.
for any federal, state, or local public officials			73,130.	10/112.	3/1001	01/2000
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21 Payments to affiliates 22 Depreciation, depletion, and amortization 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) a PRINTING AND POSTAGE b BAD DEBTS c TELEMARKETING CAMPAIGN d BANK AND C.C. FEES e TELEPHONE f All other expenses 1 2,756. 2 767. 2 767. 2 750. 2 755. 2 7458. 2 6,763. 2 7763. 2 7767. 2 750. 2 750. 2 750. 2 750. 2 750. 2 755. 2 755. 2 755. 2 755. 3 75. 4 750. 2 750. 2 755. 2 755. 2 755. 3 75. 3 75. 4 750. 2 750. 2 755. 2 755. 2 755. 3 75. 3 75. 4 750. 2 750. 2 750. 2 755. 2 755. 2 755. 3 750. 2 750. 2 750. 2 750. 2 750. 2 755. 2 750. 2 750. 2 750. 2 750. 2 750. 2 750. 2 750. 2 755. 2 755. 2 755. 3 750. 2 750. 2 750. 2 750. 2 750. 2 755. 2 755. 2 755. 3 750. 2						
Depreciation, depletion, and amortization 2,767. 2,767.		F				
23			2,767.		2,767.	
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) a PRINTING AND POSTAGE b BAD DEBTS c TELEMARKETING CAMPAIGN d BANK AND C.C. FEES TELEPHONE f All other expenses Total functional expenses Add lines 1 through 24f 21,090. 21,090. 10,243. 10,243. 11,353. 4,201. 4,274. 2,137. 2,137. 2,137. 671,124. 216,054. 117,147. 337,923. 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		' ' '			750.	
a PRINTING AND POSTAGE b BAD DEBTS c TELEMARKETING CAMPAIGN d BANK AND C.C. FEES f All other expenses 10,243. 21,090. 10,243. 10,243. 1,353. 4,201. 2,137. 2,137. 1,110. 821. 25 Total functional expenses Add lines 1 through 24f 26 Joint costs Check here		Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
BAD DEBTS 21,090. 21,090.	а		48,120.	18,899.	2,458.	26,763.
c TELEMARKETING CAMPAIGN 10,243. 10,243. d BANK AND C.C. FEES 5,554. 1,353. 4,201. e TELEPHONE 4,274. 2,137. 2,137. f All other expenses 2,756. 825. 1,110. 821. 25 Total functional expenses Add lines 1 through 24f 671,124. 216,054. 117,147. 337,923. 26 Joint costs Check here	b	}		,		
d BANK AND C.C. FEES TELEPHONE All other expenses Total functional expenses Add lines 1 through 24f Joint costs Check here Inf 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 4,274. 2,137. 2,137. 2,137. 821. 671,124. 216,054. 117,147. 337,923.	_					10,243.
e TELEPHONE f All other expenses 2,756. 2,137. 2,1						
Total functional expenses Add lines 1 through 24f 26 Joint costs Check here Inf 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	e			2,137.	2,137.	
Total functional expenses Add lines 1 through 24f 671,124. 216,054. 117,147. 337,923. 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				825.	1,110.	
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				216,054.		337,923.
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-				
		educational campaign and fundraising solicitation				Form 990 (2009)

Pa	rt X	Balance Sheet				
		,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		49,282.	1	24,314.
	2	Savings and temporary cash investments		80,622.	2	68,818.
	3	Pledges and grants receivable, net		854,862.	3	1,061,549.
	4	Accounts receivable, net		332.	4	179.
	5	Receivables from current and former officers, de	rectors, trustees, key			
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L		·····	5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges	, ,	361.	9	3,742.
	10a		100 217			
		basis Complete Part VI of Schedule D	10a 109,317. 10b 104,135.	E 040		г 100
	E	Less: accumulated depreciation	10b 104,135.	5,949.		5,182. 1,794,448.
	11	Investments - publicly traded securities	1,545,548.	11	1,794,448.	
	12	Investments other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets Other assets. See Part IV, line 11	}	13,488.	14	12,261.
	15 16	Total assets. Add lines 1 through 15 (must equ	ol line 24)	2,550,444.	15 16	2 970 493
	17	Accounts payable and accrued expenses	ai iiile 54)	28,025.	17	2,970,493. 56,394.
	18	Grants payable	57,062.	18	8,500.	
	19	Deferred revenue	<u> </u>	19	0,000.	
	20	Tax-exempt bond liabilities	ľ		20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	t t			
abil		highest compensated employees, and disqualifi	, , ,			
Ĩ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		85,087.	26	64,894.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets	_	<193,389.		<248,836.>
Bal	28	Temporarily restricted net assets	<u> </u>	962,781.	28	1,615,727.
Б	29	Permanently restricted net assets		1,695,965.	29	1,538,708.
Ē		Organizations that do not follow SFAS 117, c	heck here in the land in the			
S		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ec	' ' h		31	
Net Set	32	Retained earnings, endowment, accumulated in	come, or other funds	2 465 352	32	2 005 500
_	33	Total net assets or fund balances	ŀ	2,465,357.	33	2,905,599.
	34	Total liabilities and net assets/fund balances		2,550,444.	34	2,970,493.

Form **990** (2009)

Form	990 (2009) ZETA BETA TAU FOUNDATION, INC. 80-024	4485	Pag	ge 12
Par	t XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_2c	Χ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

,

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

20047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Employer identification number Name of the organization ZETA BETA TAU FOUNDATION, INC. 80-0244485 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 l section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated d ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of (vi) Is the organization in col (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization (i) organized in the US? support (described on lines 1-9 (I) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes No

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990 EZ) 2009 ZETA BETA TAU FOUNDATION, INC. 80-02444 [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)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")	274,638.	486.979.	560,386.	867,435.	636,396.	2825834.
2	Tax revenues levied for the organ-		100/3/36	000,000			
2	ization's benefit and either paid to						
	or expended on its behalf						
•	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	274,638.	486.979	560,386.	867,435.	636,396.	2825834.
	The portion of total contributions	274,030.	400,575.	300,300.	0077433.	030,330.	2023034.
5	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,						275 506
_	column (f)						275,586. 2550248.
	Public support. Subtract line 5 from line 4						2330248.
	etion B. Total Support	4-1-0005	4.1.0000	() 0007	4.0.000	() 0000	(0.T.)
	endar year (or fiscal year beginning in)	(a) 2005 274,638.	(b) 2006 486, 979.	(c) 2007 560, 386.	(d) 2008 867,435.	(e) 2009 636, 396.	(f) Total 2825834 •
_	Amounts from line 4	2/4,030.	400,313.	300,300.	007,433.	030,390.	2023034.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	[[2 210]	CC 751	27 275	00 276	57.040	202 761
	and income from similar sources	52,310.	65,751.	37,275.	80,376.	57,049.	292,761.
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.)			1,755.	2,663.	<6,351.	<1,933.> 3116662.
	Total support. Add lines 7 through 10						3116662.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
	organization, check this box and stop			.	 .		<u>▶</u>
Sec	ction C. Computation of Publ	ic Support Pei	rcentage			<u>-</u>	01 02
14	Public support percentage for 2009 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	81.83 %
	Public support percentage from 2008					15	86.17 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ []
17a	10% -facts-and-circumstances test	t - 2009. If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the *fac					t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances test	t - 2008 . If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	·
	organization meets the "facts-and-circ	cumstances" test	The organization o	qualifies as a public	cly supported orga	ınızatıon	▶ 🛄
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	s ▶ □
					0.4.	J. J. A /F 000	000 EZ 0000

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	ox on line 9 of Part I)
Se	ction A. Public Support		,	·			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not			•		!	
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-			:			
	iness under section 513				<u> </u>		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						_
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		ļ	<u> </u>	<u>L</u>	
14	First five years. If the Form 990 is for	the organization	's first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						
	ction C. Computation of Publ					1 1	
15	Public support percentage for 2009 (I		-	column (f))		15	%
16	Public support percentage from 2008					16	%
Se	ction D. Computation of Inve				 		
17	Investment income percentage for 20	109 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	33 1/3% support tests - 2009. If the	-					7 is not
	more than 33 1/3%, check this box a			-			▶□
ŀ	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che			•		•	> -
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check ti	his box and see in	structions	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

ZETA BETA TAU FOUNDATION, INC.

Employer identification number

Pai	Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	- · · · · · · · · · · · · · · · · · · ·	
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 donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		<u></u>
_	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	∪(n)(4)(B)(i)
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservati	an accomenta in its revenue and evenue	
9	include, if applicable, the text of the footnote to the organization	· · · · · · · · · · · · · · · · · · ·	
	conservation easements.	tion s illianciai statements that describe	s the organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or 0	Other Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	·	·
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to		ince sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o	•	•
	these items:		, provide the tenering amount relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	ial gain, provide
-	the following amounts required to be reported under SFAS 1		g, p
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
_			* *

Sche	dule D (Form 990) 2009 ZETA BE	TA TAU FOU	NDAT	ION, I	NC.			80-02	44485	Page 2
	rt III Organizations Maintaining C					or Othe				
3	Using the organization's acquisition, accessi									
	(check all that apply)			•			_			
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progr	ams				
ь	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	ne organizat	ion's exer	mpt purpe	ose in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if org	ganization ar	swered "Ye	s" to Forr	n 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	t X, line 21							 .	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	ssets not	ıncluded			
	on Form 990, Part X?								Yes	No No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	└─ No
	If "Yes," explain the arrangement in Part XIV	<u>.</u>								
Pa	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0		•	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance	1,602,793.								
b	Contributions	39,175.		6,007.				······································		
C	Net investment earnings, gains, and losses	369,731.	< 75	1,502.	>					
d	Grants or scholarships	141,911.								
е	Other expenditures for facilities									
	and programs	27,054.	21	6,354.						
f	Administrative expenses	22,533.								
g		1,820,201.		2,793.						
2	Provide the estimated percentage of the year		as.							
а	Board designated or quasi-endowment	.70	%							
b	Permanent endowment ► 73.22	%								
С	Term endowment ► 26.08	%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	zation	Γ	
	by.									es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations		. .	50					3a(ii)	X
	If "Yes" to 3a(ii), are the related organizations	•							[_3ь	
Do	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building				Dord V II-	10				
Pal		1		I		i -				
	Description of investment	(a) Cost or o			or other	''	ccumulate	3	(d) Book v	alue
	I d	Dasis (illvesti	nem)	basis	(Other)	Get	preciation			
	Land									
D	Buildings									
c	Leasehold improvements			10	9,317.	1	04,1	35	5	,182.
d	• • • • • • • • • • • • • • • • • • • •			10	J , J 1 1 .		104,1	-		, 102.
	Other I. Add lines 1a through 1e (Column (d) must e	gual Form 900 Port	Y colum	nn (R) line 1	O(c))	<u> </u>		•	5	,182.
	<u>n rao mies la finoagir le (Columni (a) Mast e</u>	quar onn 330, rail	7., CUIUI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ ₁ ~ _/ /			-		•

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
inancial derivatives			
Closely-held equity interests			
Other			
			
			
		·	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	())	1 4
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
			
			·
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Description		(b) Book value
			<u>.</u>
「otal. (Column (b) must equal Form 990, Part X, col (B) lir			<u> </u>
Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability	(b)	Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) lii			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

2 | **Employer identification number** 80-0244485 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant EDUCATIONAL PROGRAMS or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of valuation (book, recash assistance or government assistance or government assistance or government assistance received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of valuation (book, recash assistance or assistance or government or government assistance or government assistance and address of or government assistance and government assistance are government assistance and government assistance are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government as government are government Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 88,376 INC ZETA BETA TAU FOUNDATION, 501(C)(7) 13-1496610 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization ZETA BETA TAU FRATERNITY INDIANAPOLIS, IN 46268 3905 VINCENNES ROAD Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part II

 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 	01 02-02-10
LHA	93210

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed LINE 2: SCHOLARSHIPS ARE SUBJECT TO ACADEMIC REVIEW AND 6 F Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information VERIFICATION OF EXPENSES INCURRED. GRANTS TO ORGANIZATIONS ARE SUBJECT (d) Amount of non-cash assistance Ö 67,210 23 (c) Amount of cash grant 41 (b) Number of recipients GRANT AGREEMENTS, IF APPLICABLE (a) Type of grant or assistance PART I, ı, SCHEDULE SCHOLARSHIPS 932102 02-02-10 Part IV Part III

Page 2

80-0244485

ZETA BETA TAU FOUNDATION, INC.

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

932211 02-03-10

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ZETA BETA TAU FOUNDATION, INC.

Employer identification number

Schedule O (Form 990) 2009

80-0244485 FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI. SECTION B. LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. UPON COMPLETION OF THE ANNUAL DISCLOSURE, THE BOARD REVIEWS TO ENSURE THAT THERE ARE NO POTENTIAL CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD USES INDUSTRY COMPENSATION DATA ALONG WITH CONSIDERATION OF RESPONSIBILITIES, AUTHORITY AND TIME DEVOTION IN ORDER TO ESTABLISH AN EXECUTIVE DIRECTOR SALARY THAT IS APPROPRIATE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAIABLE TO INTERESTED PARTIES UPON WRITTEN REQUEST. PAGE 12, PART XI, LINE 2C: THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTS AN INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. FORM 990, SCHEDULE R, PART V, LINE 1N: PRIOR TO OCTOBER 2009, ZETA BETA TAU FOUNDATION AND ZETA BETA TAU FRATERNITY SHARED A SINGLE PAYROLL ACCOUNT IN THE FRATERNITY'S NAME. THE FOUNDATION'S STAFF WERE PAID THROUGH THIS ACCOUNT BY THE FRATERNITY

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization ZETA BETA TAU FOUNDATION, INC. 80-0244485 AND THE FOUNDATION REIMBURSED THE FRATERNITY FOR THE ACTUAL COST OF WAGES, BENEFITS, RETIREMENT CONTRIBUTIONS, AND PAYROLL TAXES RELATED TO THESE COSTS HAVE BEEN TREATED AS COMPENSATION, THESE EMPLOYEES. BENEFITS, AND PAYROLL TAXES ON FORM 990, PART IX, LINES 5 THRU 10. IN OCTOBER 2009, THE FOUNDATION ESTABLISHED ITS OWN PAYROLL ACCOUNT, THUS ELIMINATING THE NEED FOR THIS REIMBURSEMENT ARRANGEMENT.

Employer identification number 80-0244485 2009 Open to Public Inspection OMB No 1545-0047 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33) ► Attach to Form 990. ZETA BETA TAU FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total Income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(e)	(q)	(0)	(p)	(e)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
ZETA BETA TAU FRATERNITY - 13-1496610					
3905 VINCENNES ROAD	TO COORDINATE LOCAL				
INDIANAPOLIS, IN 46268	FRATERNITY CHAPTERS	INDIANA	501(C)(7)		
	,				
					

Schedule R (Form 990) 2009

80-0244485 Page 2

Schedule R (Form 990) 2009 ZETA BETA TAU FOUNDATION, INC.

Part iti Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(h) Percentage ownership	(g) (h) Share of end-of-year assets assets Schedule R (Form 990) 2009	Share of total income income Scales it	(d) Type of entity (C corp., S corp., or trust)	(d) Direct controlling Ty entity (Co	Ization answer	(c) Legal domcile (state or foreign country) Country)	or Trust (Complete if (b) Primary activity	x year)	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or trust duming the tax year) (a) Name, address, and EIN Name, address	Part IV Identification of Related Organ organizations treated as a corporation of related organization organizat
(h) ercentage ownership		(f) ihare of total income				Legal dom (state or foreign country	(b) mary activity	Ē	Z c	(a) Name, address, and E of related organizatio
related	had one or more	line 34 because it	orm 990, Part IV,	ered "Yes" to Fo	ization answe	f the organ	Trust (Complete II	poration or x year)	ganizations Taxable as a Corrporation or trust during the ta	entification of Related Ore
		· · · · ·								
•	1									
General or managing partner/ 5) Yes.No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	of Disproportion- ear ate allocations? Yes No	(g) Share of end-of-year assets	(f) Share of total income	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(d) Direct controlling entity	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization

80-0244485

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Schedule R (Form 990) 2009 ZETA BETA TAU FOUNDATION, INC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1.0		×
b Gift, grant, or capital contribution to other organization(s)		1p	X	
c Gift, grant, or capital contribution from other organization(s)		10		X
d Loans or loan quarantees to or for other organization(s)		19		×
				>
e Loais of Idai gualaitees by differ Organization(s)		<u> </u>		4
(م) مورا به موسوم];		>
odie ol assets to office organization(s)				د :
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		1		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		į-		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		£		×
n Sharing of paid employees		4	×	
				1
 Reimbursement paid to other organization for expenses 		우	×	
p Reimbursement paid by other organization for expenses		2		×
q Other transfer of cash or property to other organization(s)		=		×
r Other transfer of cash or property from other organization(s)		1r		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nsaction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volvec	70
(1) ZETA BETA TAU FRATERNITY	В	8	88,3	376.
(2) ZETA BETA TAU FRATERNITY	Z	21	218,7	758.
(3) ZETA BETA TAU FRATERNITY	0		3,2,	242.
(4)				
(5)				
(9)				
932163 02-04-10	Sche	Schedule R (Form 990) 2009	(066 נ	5003

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(9)	g	(e)	9	(0)	<u>.</u>
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-		Code V-UBI	
of entity	`	(state or foreign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20 of Schedule K-1	managing partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
					-		
							
					-		
					_		-
	-						
			-				
					-		

Schedule R (Form 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form).	
Part !	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil Automatic 3-Month Extension of Time. Only submit original (no copies needed).	ea For	m 8868.
	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	▶ □
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	exten	sion of time
noted b (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Empl	oyer identification number
print	ZETA BETA TAU FOUNDATION, INC.	8	0-0244485
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 3905 VINCENNES ROAD	•	
return. See			
Check 1	type of return to be filed (file a separate application for each return):		
Fo	orm 990 Form 990-T (corporation) Form 47 orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 orm 990-EZ Form 990-T (trust other than above) Form 60 orm 990-PF Form 1041-A Form 88	227 069	
Teler If the	FARON LEWITT books are in the care of ► 3905 VINCENNES ROAD — INDIANAPOLIS, IN chone No. ► 317-334-1898 FAX No. ► corganization does not have an office or place of business in the United States, check this box	is is fo	r the whole group, check this
_ is	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or tax year beginning, and ending, and ending		The extension
2 If	this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
_	onrefundable credits. See instructions.	3a	\$
	this application is for Form 990·PF or 990·T, enter any refundable credits and estimated ax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	35	
d	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c	\$ N/A_
	n If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form		

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 4-2009)