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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 **2009**

Open to Public Inspection

	For the	2009 cale	endar ye	ar, or tax year begi	nning 09/0	1/09 , and endi	ing 08	/31/1	0			· · ·			
В	Check if app	plicable	Please	C Name of organizate	n Alpha Iot	a Educationa	l Found	dation			D Empl	oyer identification number			
	Address ch	ange	use IRS label or		c/o Craig	Wakeman									
一	Name chan	nge	print or	Doing Business As				····			43.	<u>-1622121</u>			
H			type.	Number and street	(or PO box if mail is not deli	vered to street address)			Room/suit	e	E Telep	hone number			
믬	Initial return		See Specific	5044 W 1	29th Terrace	•						<u>.</u>			
닏	Termination	n	Instruc-	City or town, sta	te or country, and ZIP +					-	G Gross rec	eipts \$ 41,673			
	Amended re	return	tions.	Leawood		KS 6620	9				_				
	Application	pending	F Name	and address of prin	cipal officer:						H(a) Is this a group return for				
											affilia H(b) Are a	ll affiliates 🗂 🗂			
											includ	led? Tes No			
_			<u>।</u>			7	<u> </u>				if "No	," attach a list. (see instructions)			
÷		mpt status	s: [^] J/A	501(c) (3	(insert no.)	4947(a)(1) or	527				U(a) Casu	anamahaa anmhar N			
_	Website	ganization.		tine Trust	Association 0	ther >		Τ,	Year of forma		n(c) Grou	exemption number M State of legal domicile:			
_	art i		ımmar		Association	arier -			rear or lorina	tuori.		MI State of legal dufficile.			
	1				nission or most signi	ficant activities	···.								
	' '	-		dule O	mosion of most sign	noant desvises.			• • • • • • • • • • • • • • • • • • • •						
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Governance					*********		•••								
9	2 C	heck this	ıs box ▶	if the organi	zation discontinued if	ts operations or dispo	osed of mor	e than 25%	of its net	t assets.					
<u>ن</u> ھ				_	overning body (Part	V/I Page 4 a V						3			
Se						ng body (Part VI, line						3			
ij	5 T	otal num	nber of e	mployees (Part V	, line 2a)				•••		5	0			
*ctivities	6 🗊	of all marg	nbiar of v	olunteers (estima	te if necessary)										
3	-7a - ∓	otal gros	es unrela	ated business rev	enue from Part VIII, o						l				
	b N	let unrela	ated bus	iness tekable inc	ome from Form 990-	T, line 34					. 7b	0			
2		AN 1								Prior Year		Current Year			
- 111] [*] [8 C	ontributi	ions and	grants/0Hart VIII,	line 1h)					30	, 633	5 , 250			
Revenue	کے ہے ا	rogram	service	revenue (Part VIII	, line 2g)					1	600	0.517			
₽	10 H	ive stribi	nt incom	e (Part VIII, colun	nn (A), lines 3, 4, and	17d)					. , 608	2,517 21,574			
), lines 5, 6d, 8c, 9c,					3.0	2,241	29,341			
						t VIII, column (A), line	3 12)				., 241	29,341			
ζ					art IX, column (A), li art IX, column (A), lin			••							
)) })		-		-		X, column (A), lines	5_10)								
Expenses	16a D				IX, column (A), line 1										
9e	b T				(, column (D), line 25		2.40	2							
찣	17 0		_		A), lines 11a-11d, 11					37	737	13,290			
	1	-		-	nust equal Part IX, co	• •					737	13,290			
		-			ine 18 from line 12						496	16,051			
6	3								Beginnin	ng of Cum	ent Year	End of Year			
sets	20 T	otal asse	ets (Parl	t X, line 16)						97	,846	113,897			
Net Assets or	21 T		•	art X, line 26)											
		1			act line 21 from line 2	20	 			97	,846	113,897			
<u> </u>	art II			<u>e Block</u>				_							
						I this return, including ac preparer (other than of									
Sig	gn 💮														
He	re		-	re of officer			<u></u>				Date	. //. / _			
			_Cr	aig Waken	nan	gra		Secr e	tary	/Tre	asure	r 1/4/2011			
			Type or	print name and title											
_		Pres	parer's	√ 1 -	JAR.			Date		Check if		Preparer's identifying number (see instructions)			
Pa		sign	signature / Cland Stablewar 12/29/10 empl									P00562001			
	eparer'		nio no	(or your b Be	al, Blaker	man & Smitl	her, C		.c.		EIN D	43-1730214			
US	e Only	, ,	n's name elf-employ		926 E 171st			108			Phone				
			iress, and	• • • • • • • • • • • • • • • • • • • •	elton, MO	64012-533		<u> </u>	<u> </u>			▶ 816-331-1151			
Ма	y the IRS	discuss	s this ret	turn with the prepa	arer shown above? (see instructions)						Yes No			
For	Privacy	Act an	d Paper	work Reduction	Act Notice, see the	separate instruction	ons.					Form 990 (2009)			

_	990 (2009) Alpha Iota Educational Foundation 43-1622121 Page
	rt III Statement of Program Service Accomplishments
1_	
S	ee Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	0.000
4a	(Code:) (Expenses \$ 8,000 including grants of \$) (Revenue \$
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	(Code:)(Expenses \$ 2,353 including grants of \$)(Revenue \$) onation to Sigmi Pi for computer and scanner equipment at fraternity ouse.
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Pa	art 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	X	
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			
•	Schodulo C. Port 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)		_	
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ĺ
	complete Schedule D, Part I	6		Х
-				$\stackrel{\Lambda}{-}$
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		_^
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ĺ
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			37
	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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			3.7
	VII, VIII, IX, or X as applicable	11		X
•	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 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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.			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	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			ı
	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		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			l
	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	l		l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			l
	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		Χ
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	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Checklist of Required Schedules (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 Χ 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 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 23 Х employees? If "Yes," complete Schedule J 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Х 25b 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Х 27 If "Yes," complete Schedule L, Part III 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ Schedule N, Part II 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 Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Χ 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ Schedule R, Part V, line 2 35 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				1
	U.S. Information Returns. Enter -0- if not applicable	1a 0	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	able			
	gaming (gambling) winnings to prize winners?		1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_			1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	Ļ		<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				1
	instructions)		1		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	•	<u> </u>		
			3a	\vdash	X
	***************************************		3b	$\vdash \vdash$	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al	١.		.,
	account)?		4a		Х
b					Ì
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	K			Ì
	and Financial Accounts.				v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		_5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ig	E.		Ì
60	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c	\vdash	
	and the state of t		6a		Х
	organization solicit any contributions that were not tax deductible?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ba	\vdash	
	mile were not too deductions?		6ь		Ì
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls.	i		ĺ
	and services provided to the navor?		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as $\frac{1}{2}$				
	required?		7h	L	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				l
	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?		8	$oxed{oxed}$	
	Sponsoring organizations maintaining donor advised funds.			 	
	Did the organization make any taxable distributions under section 4966?		9a	$\vdash \vdash \vdash$	
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	\vdash	
	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			!
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	ا م			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	445		, [
	* * * * * * * * * * * * * * * * * * * *	11b	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	117 12b	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU	L		

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 3]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l
	any other officer, director, trustee, or key employee?	2		X
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
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	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	ļ	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ļ	ļ
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			L
	the organization's exempt status with respect to such arrangements?	16b		L
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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 for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► Craig Wakeman 5044 W 129th Terr			
$_{ m Le}$	eawood KS 66209 913	-64	5-8	437

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

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

- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (C) (D) (E) (F)												
Name and Title	Average					hat a		Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Stephen Buechler President								0	0	0		
Matthew Johnson V. President								0	0	0		
Craig Wakeman Sec/Treasure								0	0	0		
			-									

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat a	oply)		(E) Reportable		(F	ated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	CC	amou oth ompen from rganiz and re rganiz	er sation the ation lated	
•														
•														
•														
٠														
• • • • •														
• ••														
• ••														
	Total		•		<u></u>			<u> </u>		<u> </u>	L			
2	Total number of individuals (inc reportable compensation from t				ose I	ısted	abo	ve)	who received more than \$1	00,000 in				
3	Did the organization list any for				ctaa	kov	omn	love	e or highest compensated		٢		Yes	No
	employee on line 1a? If "Yes," of	complete Schedu	le J	for s	uch i	ndivi	dual				[3		Х
4	For any individual listed on line the organization and related organization													
5	individual			mno	 neati				uprolated organization for			4		X
	services rendered to the organi										<u></u>	5		X
	tion B. Independent Contracto									•				
1	Complete this table for your five compensation from the organiz	e highest comper ation.	isate	d inc	tepe	nder	it cor	ntrac	tors that received more that	n \$100,000 of				
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensat	on
							-	-						
								 -						
2	Total number of independent comore than \$100,000 in compen	· · · · · · · · · · · · · · · · · · ·					to th	ose	listed above) who received			0		
	more dian wroo, ooo in compen		- yar		J11 P								000	

Form 990 (2009)' Alpha Iota Educational Foundation Statement of Revenue (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above <u>5, 2</u>50 1f g Noncash contributions included in lines 1a-1f 5,250 h Total, Add lines 1a-1f. Program Service Revenue Busn. Code f All other program service revenue g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) 2,517 2,517 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 33,906 **b** Less: direct expenses 12,332 21,574 21,574 c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code d All other revenue e Total. Add lines 11a-11d 29,341 0 24,091 Total Revenue. See instructions.

43-1622121

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	•				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside 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 disqualified				
	persons (as defined under section 4958(f)(1)) and			:	
-,	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			··· <u>-</u>	
11	Fees for services (non-employees):				
a	Management				
b	•	475	<u></u>	475	
c d	Accounting Lobbying	4/3		475	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management foca				
g	-	2,353	2,353		
12	Other Advertising and promotion	2,000	2,000		
13	Office cymenese			• •	··· *** · · · · · · · · · · · · · · · · · ·
14	Information toohnology				
15	Povaltine				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	-			
24	Other expenses. Itemize expenses not		İ		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Scholarship	8,000	8,000		
b	Printing	1,054			1,054
C	Credit card processing	921			921
đ	Postage	252			252
0	Bank and credit card fees	175			175
f	All other expenses	60		60	
25	Total functional expenses. Add lines 1 through 24f	13,290	10,353	535	2,402
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				

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	29,607	_1	39,642
2	Savings and temporary cash investments	68,239		74,255
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1	
	employees, and highest compensated employees. Complete Part II of			
- 1	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		- 1	
ļ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
<u>"</u>	Part II of Schedule L		6	
Assets 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
⋖ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	-	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	97,846	16	113,897
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 23	Payables to current and former officers, directors, trustees, key			
<u>=</u> -	employees, highest compensated employees, and disqualified			
<u>'a</u>	Consider Daniel of Cohodule I		22	
_ ₂₃		 	23	
24	I become director and leave negrable to unrelated third neutron		24	
25	Other liabilities, Complete Part Y of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117, check here ▶ X and			
ě	complete lines 27 through 29, and lines 33 and 34.		1	
<u>E</u> 27		97,846	27	113,897
E 28		J1,040	28	113,031
교 28 일 29	Temporarily restricted net assets		29	
Š 29	Permanently restricted net assets		23	
Net Assets or Fund Balances 62 22 28 22 28 22 28 22 28 28 28 28 28 28				
<u>o</u> 20	and complete lines 30 through 34.			
S 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
¥ 32	Retained earnings, endowment, accumulated income, or other funds	07 046	32	112 007
₹ 33	Total net assets or fund balances	97,846		113,897
Z 34	Total liabilities and net assets/fund balances	97,846	34	113,897

Form **990** (2009)

orm	990 (2	009) Alpha	Iota	Education	al Fou	ndation	43-1622	121			Pa	ge 12
Pa	rt XI	Financial	Stateme	nts and Reporti	ng							
		· · · -							•		Yes	No
1	Accou	nting method use	d to prepar	e the Form 990:	X Cash	Accrual	Other					
		_		hod of accounting fro	m a prior ye	ear or checked "O	her," explain in					i
	Sched		9	•			•					
2a			financial s	tatements compiled of	r reviewed	by an independen	t accountant?			2a		X
				tatements audited by			· ·			2b		X
				rganization have a c								
•				f its financial stateme						2c		
			•	its oversight process								
	Sched	_	3			, p	, , ,					
d			check a bo	ox below to indicate v	hether the	financial statemen	ts for the year were	!				
_		•		parate basis, or both			, , , , , , , , , , , , , , , , , , ,]
		parate basis	→ '	· ——		dated and separat	e basis					
3a			_	the organization req		•						
-		igle Audit Act and		=	5 00 to area	orgo arradan or a				3a		
b		•		go the required audi	or audits?	If the organization	did not undergo the		•••••			
-		_		ny in Schedule O and		-				3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Alpha Iota Educational Foundation c/o Craig Wakeman

Employer identification number 43-1622121

Pi	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	structio	ons.		
				it is: (For lines 1 through 11, che			-						
1			•	ciation of churches described in			A)(i).						
2	П		cribed in section 170(b)(1)(A				,,,						
3	H			e organization described in secti	ion 170(b)	(1)(A)(iii)	1_						
4	H	•	, ,	in conjunction with a hospital de				YAYiii).	Enter th	ne hospi	ital's name.		
7		city, and state	- ·	in conjunction was a mospital ac				,,,,,,,,,,,					
5		•		a college or university owned or	 r onerated	by a gove		al unit de	ecribed	lin			
3	ш	-	·		operated	by a gove	SITILITETIA	ar unit ut	,3011D60				
			b)(1)(A)(iv). (Complete Part		-Alam 470/	L\/4\/ A\/.							
6	\mathbb{H}		-	vernmental unit described in sec	•		-						
7		=		ubstantial part of its support fron	n a govern	mentai ur	iit or mor	n the ge	nerai pu	DIIC			
_			section 170(b)(1)(A)(vi). (Co										
8		-		70(b)(1)(A)(vi). (Complete Part II	-					_			
9	X	-		more than 33 1/3 % of its suppo									
		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	he organization after June 30	, 1975. See section 509(a)(2) . (Complete	Part III.)							
10		-	•	xclusively to test for public safety									
11	Ш	_	•	xclusively for the benefit of, to pe				•					
				d organizations described in sec	•					tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h.				
	_	a Type	I b Type II	c Type III–Functions	ally integra	ited	d	Тур	e III–Ot	her			
e		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
		persons other	r than foundation managers a	and other than one or more publi	cly suppor	ted organ	izations	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	/pe II, or T	Type III s	upportin	ıg				_
		organization,	check this box					. <i></i>					
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	ion from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly coi	ntrols, either alone or together wi	ith person:	s describe	ed in (ii)					Yes	No
		and (iii) l	pelow, the governing body of	the supported organization?							11g(i)	1	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii	<u>ı</u>	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?					• • •	•	11g(ii		
h		Provide the f	ollowing information about th	e supported organization(s).					••••				
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vI)	ls the	(vii) An	nount of	
	org	anization		(described on lines 1–9	1 ''	sted in your		nization in		tion in col		port	
				above or IRC section (see instructions))	governing	document?		of your oort?		ized in the S?			
				(see instructions)	Yes	No	Yes	No	Yes	No			
											- "		
]	ŀ						
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		<u> </u>											
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r _{ata}													

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 Alp					3-1622121	Page 2			
_Pa	art II Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)				
	(Complete only if you che	ecked the box of	<u>on line 5, 7, or</u>	8 of Part I.)						
	tion A. Public Support	,				,				
Cal	lendar 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.")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4				-					
Sec	tion B. Total Support									
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · ·						
12	Gross receipts from related activities, etc. (see instructions)				12				
13	First five years. If the Form 990 is for the o	rganization's first.	second, third, fourt	n, or fifth tax vear a	s a section 501(c)					
	organization, check this box and stop here	-								
Sec	tion C. Computation of Public Su		ige							
14			*	ິກ)		14	%			
15	Public support percentage from 2008 Scheo		1.4			15	%			
16a	33 1/3 % support test—2009. If the organiz			3. and line 14 is 33		eck this box				
	and stop here. The organization qualifies a						▶ [
b	33 1/3 % support test—2008. If the organia									
	box and stop here. The organization qualifi						▶ □			
17a	10%-facts-and-circumstances test—2009					is 10% or				
	more, and if the organization meets the "fac	•			•					
	and in the second should be seen and singuistance of the second s									
b	10%-facts-and-circumstances test—2008	•	•		-					
-	more, and if the organization meets the "fac	•			•					
18	organization meets the "facts-and-circumsta Private foundation. If the organization did	ances" test. The org	ganızation qualifies	as a publicly supp	orted organization		>			

Schedule A (Form 990 or 990-EZ) 2009

1 2	-	10	\sim	1	\sim	1
13-	- 1	n/	_	-	_	1

Page 3

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

(Complete only if you	checked the box on	line 9 of Part I.)
COMBIELE OFFICE IN ACC	CHECKER THE DOX OH	illie 3 OF art i.)

Sec	tion A. Public Support						
Ca	lendar 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.")	28,185	34,900	33,792	30,633	5,250	132,760
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 business under section 513					33,906	33,906
4	Tax revenues levied for the organization'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	28,185	34,900	33,792	30,633	39,156	166,666
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ı İ					
	amount on line 13 for the year	 					
C	Add lines 7a and 7b	 					
8	Public support (Subtract line 7c from line 6.)						166,666
	tion B. Total Support		# > 0000	() 000=	4.0.000 T		<u> </u>
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	28,185	34,900	33,792	30,633	39,156	166,666
10a	payments received on securities loans, rents, royalties and income from similar sources	842	1,250	4,319	1,608	2,517	10,536
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	842	1,250	4,319	1,608	2,517	10,536
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					. 0	
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.)	29,027	36,150	38,111	32,241	41,673	177,202
14	First five years. If the Form 990 is for the o	-	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	_
_	organization, check this box and stop here			····			. ▶ ∟
	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,					15	94.05%
<u>16</u>	Public support percentage from 2008 Sched			<u>. </u>		. 16	94.91%
	tion D. Computation of Investmen					11	
17	Investment income percentage for 2009 (Im			lumn (f))		17	6 %
18 192	Investment income percentage from 2008 S			 1 and line 15 is me	ro than 22 4/2 0/		5 %
19a	33 1/3 % support tests—2009. If the organ						▶ [X]
_	17 is not more than 33 1/3 %, check this bo. 33 1/3 % support tests—2008. If the organ	-	-				► △
b	line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did						> H

Schedule A (Fo	rṁ 990 or 990)-EZ) 2009	Alpha	Iota	Educat	ional	Founda	tion	43-1622121	Page 4
Part IV	Suppleme	ental Infor	mation. C	Complete	this part	to provide	e the expla	inations re	quired by Part II, line mation. See instructi	10; ons.
					• • • • • • • • • • • • • • • • • • • •					
								• • • • • • • • • • • • • • • • • • • •		
	•••••									
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	•••••	• • • • • • • • • • • • • • • • • • • •								
							• • • • • • • •			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Iota Educational Foundation

Open To Public

Name of the organization Alpha Iota Educational Foundation c/o Craiq Wakeman						Employer identification number 43-1622121			
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required	f the organization to complete the	on ar is pa	nswe irt.	ered "Yes" to Form !	990, Part IV, line	e 17.			
1 Indicate whether the organization raised funds through a	ny of the following a	ctivitie	s. Ch	eck all that apply.					
a Mail solicitations	e Solicitation	of nor	1-gove	ernment grants					
b Internet and email solicitations	f Solicitation		_	_					
c Phone solicitations	g Special fun	_							
d In-person solicitations	g opcolarion.	J. J.J.	.9	,,,,,					
•									
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in	th any individual (inc n connection with pro	cluding ofession	office	ers, directors, trustees undraising services?		Yes No			
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization.	indraisers) pursuant			ents under which the fund	raiser is				
(I) Name of individual or entity (fundraiser)	(II) Activity	custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization			
		+	utions?		col. (i)				
		Yes	No						
					· <u> </u>				
									
1, 50									
					 				
		-							
		J							
Total	censed to solicit fund	ds or h	as be	een notified it is exempt from	om				
· · · · · · · · · · · · · · · · · · ·			••••						
			•		• • • • • • • • • • • • • • • • • • • •				
			•						

Page 2

$\overline{}$	art l		vents. Complete if the orga 5,000 on Form 990-EZ, line 6		Form 990, Part IV, line	18, or re		d d
			(a) Event #1 Golf event (event type)	(b) Event #2	(c) Other events None (total number)	(d) Tota (add col.	al events (a) throu	
Revenue	1 2	Gross receipts Less: Charitable contributions	33,906				33,	906
	3	Gross revenue (line 1 minus line 2)	33,906				33,	906
	4	Cash prizes		All the state of t				
	5	Noncash prizes						
ses	6	Rent/facility costs	11,517				11,	517
Direct Expenses	7	Food and beverages	815			_		815
Dire	8	Entertainment						
	9	Other direct expenses					10	222
	10 11	Net income summary. Co	 Add lines 4 through 9 in column (d) ombine line 3, column (d), and line 10)			21,	332 574
Р	art l		plete if the organization ans on Form 990-EZ, line 6a.	wered "Yes" to Form 990,	Part IV, line 19, or report	rted more	:	
Revenue			(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total g		
	1	Gross revenue						
ses	2	Cash prizes				· · · -		
Direct Expenses	3	Noncash prizes					-	
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes % No	Yes %			
	7	Direct expense summary	. Add lines 2 through 5 in column (d)	·	▶			
	8	Net gaming income sum	mary. Combine line 1, column d, and	line 7	>		1	٦
9	En'	ter the state(s) in which the	e organization operates gaming activ	ities:			Yes	No
b		No," Explain:				. <u>9a</u>		
10a b		ere any of the organization Yes," Explain:	's gaming licenses revoked, suspend	led or terminated during the tax ye		10a		
11 12			e gaming activities with nonmembers beneficiary or trustee of a trust or a	s?	entity	11	 	
		med to administer chantab	-			12	1	<u> </u>

Schedule G (Form 990 or 990-EZ) 2009 Alpha Iota Educational Foundation 43-1622	121	F	age 3
Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records:	%	Yes	No
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party. Name ▶ Address ▶			
6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor			
 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 	17a		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

Name of the organization	c/o Craiq Wakeman	onal Foundation	Employer Identification number 43-1622121
Form 990 -	Organization's Mis	sion or Most Significant	t Activities
To encoura	ge and provide mean	s for the development an	nd
. advancemer	t of education, edu	cational facilities, and	d
educationa	l equipment; to enc	ourage scholarship among	g and
promote th	e educational devel	opment of students at the	he
. University	of Missouri-Rolla	by granting scholarships	s and
providing	educational facilit	ies.	
Form 990,	Part VI, Line 11A -	Organization's Process	to Review Form 990
No review	was or will be cond	ucted.	
Form 990,	Part VI, Line 19 -	Governing Documents Disc	closure Explanation
No documen	ts available to the	public	
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