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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning 09-0	1, 2011, ar	nd ending		8-31 ,	2012
В	Check if a	pplicable	C Name of organization			D Employ	er identific	ation number
	Address c	nange	Zeta Iota Educational Foundation, Inc			48-	1158039	
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telepho	ne number	
	Initial retui	n						
	Terminate	d	P O Box 13129					
	Amended	return	City or town, state or country, and ZIP + 4			F Group E	xemption	
	Application	n pending	Overland Park, KS 66282-3129	_		Number	•	
G	Accour	nting Method.				H Check ► [If the ore	ganization is not
1	Websi	te: ▶				required to a	attach Sche	dule B
J	Tax-ex	empt status (check only one) - 🗶 501(c) (3)	4947(a)(1)	or 527	(Form 990, 9	990-EZ, or 9	990-PF).
K	Check	► 🏿 ıf the oı	rganization is not a section 509(a)(3) supporting organization	or section 52	7 organization	and its gross	receipts are	normally
	not mor	e than \$50,00	0 A Form 990-EZ or Form 990 return is not required though	Form 990-N (e-postcard) m	ay be required	(see instruc	ctions) But if
	the orga	nization choos	ses to file a return, be sure to file a complete return					
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are	\$200,000 or	more, or if tota	al assets (Part l	11,	
	line 25,	column (B) be	low) are \$500,000 or more, file Form 990 instead of Form 99)-EZ			▶ \$	15,574
F	art I	Revenu	e, Expenses, and Changes in Net Assets or	Fund Bal	ancessee th	e instructions f	or Part I)	
		Check if th	ne organization used Schedule O to respond to any question	n this Part I				x
	1		s, gifts, grants, and similar amounts received				1	15,558
	2	Program ser	vice revenue including government fees and contracts .			[2	
	3	Membership	dues and assessments			[3	
	4	Investment ii					4	16
	5a	Gross amou	nt from sale of assets other than inventory	5	a			
	b	Less cost or	r other basis and sales expenses	51	b		1	
	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b fr	om line 5a)			5c	
R	6	Gaming and	fundraising events					
е	a	Gross incom	e from gaming (attach Schedule G if greater than				1	
v e	i	\$15,000)		6	a			
n	Ь	Gross incom	e from fundraising events (not including \$		of contribution	ons		
ĕ	1	from fundrais	sing events reported on line 1) (attach Schedule G if the		_			
		sum of such	gross income and contributions exceeds \$15,000)	61	b	ļ		
	C	Less direct	expenses from gaming and fundraising events	6	С			
	d	Net income d	or (loss) from gaming and fundraising events (add lines 6a ar	d 6b and sub	tract			
	1	line 6c) .				. [6d	
	7a	Gross sales	of inventory, less returns and allowances	78	a			
	b	Less cost of	goods sold	71	b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)			[8	
\approx	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 5	▶	9	15,574
2012 -	10	Grants and s	similar amounts paid (list in Schedule O)	· ,-,-, .,-,.	-, -, , , , , , , , , , , , , , , , , ,		10	
ε اتت	11	Benefits paid	I to or for members			[11	
⊜ x̄	12	Salaries, oth	er compensation, and employee benefits	B.J. 1 20	13 9 .	[12	
©≤ p	13	Professional	fees and other payments to independent contractors			<i>.</i> [13	10,340
MAR. e n s	14	Occupancy,	rent, utilities, and maintenance			<i></i> [14	
	15	Printing, pub	lications, postage, and shipping	· - ^-		[15	116
S	16	Other expens	ses (describe in Schedule O)			[16	40
瞏_	17	Total expen	ses. Add lines 10 through 16			▶	17	10,496
SCANNED	18						18	5,078
Su.	19		r fund balances at beginning of year (from line 27, column (A) (must agree	e with	ľ		-
∭ e ≥			igure reported on prior year's return)				19	76,176
· t			es in net assets or fund balances (explain in Schedule O)			[20	
	21		r fund balances at end of year Combine lines 18 through 20			▶	21	81,254
Fo	r Paperv		on Act Notice, see the separate instructions.		EEA		F	orm 990-EZ (2011)

Form 990-EZ (2011) Zeta Iota Educational Fo	oundation, Inc.	•		,48-1	1158	039 Page 2
Part II Balance Sheets.(see the instructions for Part II.)						
Check if the organization used Schedule O to respond to	any question in this Pa	art II .		· · · · · · · ·		
			(A) Beg	ginning of year	<u> </u> ,	(B) End of year
22 Cash, savings, and investments				49,824	22	29,803
23 Land and buildings				0	23	0
24 Other assets (describe in Schedule O)			_	26,352	24	51,451
25 Total assets				76,176	25	81,254
,				0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree w		• • • • •		76,176	27	81,254
Part III Statement of Program Service Accomplis				_	1	Expenses
Check if the organization used Schedule O to respond to		Part III .		<u> </u>	┨`	equired for section
What is the organization's primary exempt purpose? Scholarship	and Grants				1	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each			es,		1	anizations and section
as measured by expenses. In a clear and concise manner, describe the		ne number of			1	7(a)(1) trusts, optional others)
persons benefited, and other relevant information for each program title. 28 Scholarships and grants to college student.					101	Juliers /
20 Scholarships and grants to college student	. <u>s</u>					İ
(Grants \$) If this amount inc	ludes foreign grants, o	check here		▶ □	28a	ه ا
29	nedection origin grainio, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Grants \$) If this amount incl	ludes foreign grants, o	check here		▶ □	29a	1
30						
(Grants \$) If this amount incl	ludes foreign grants, c	check here	· · · ·	<u></u> ▶ □	30a	1
, ,				_		
	ludes foreign grants, c				31a	
32 Total program service expenses (add lines 28a through 31a)					32	.
Part IV List of Officers, Directors, Trustees, and Key Employ	-		•	-		. –
Check if the organization used Schedule O to respond to	any question in this P	1		(4) Haalah haaataa	Ī	• • • • • • • • • • • • • • • • • • • •
(a) Name and address	(b) Title and average	(c) Reporta		(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Ivaine and address	hours per week devoted to position	(Form W-2/1099	-	benefit plans, and		other compensation
Richard Wegner	President	(if not paid, er	nter -U-)	deferred compensa	ation	
250 Arapahoe,, Lake Quivera KS 66106	1		0		o	0
	Vice Presiden	 				
2908 W 112th Street, Leawood KS 66211-3087	1		0		o	0
	Treasurer	1				
14409 Ballentine Street, Overland Park KS 662	21 1		0		0	0
					-	
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Form **990-EZ** (2011)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • • •	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	NO
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	_34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35ь		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			7.
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	276		Х
	Did the organization file Form 1120-POL for this year?	37ь		
J0 4	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		<u> </u>
39	Section 501(c)(7) organizations Enter	1	ļ ļ	
	Initiation fees and capital contributions included on line 9			ĺ
ь		1	-	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400	}	х
41	transaction? If "Yes," complete Form 8886-T	40e		
	List the states with which a copy of this return is filed ► The organization's books are in care of ► Clayton Hess Telephone no ► 8:	16-42	1 - 32	
72 4	Located at ▶ 14409 Ballentine Street Overland Park, KS ZIP+4 ▶ 6622		.1-32	. 2 2
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.			l
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	L
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
44 -	PMM.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	445		v
L	completed instead of Form 990-EZ	44a		X
	completed instead of Form 990-EZ	446	1	Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1.10		- 11
-	explanation in Schedule O	44d	† 1	İ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b	[}	Х

Form	990-EZ (2011) 'Zeta Iota Educa	tional Foundation	n, Inc.	• 48-1	L158039	Pag	_
46	Did the organization engage, directly or indirectly, i	n political campaign activi	ities on behalf of or in opp	osition		Yes N	lo
	to candidates for public office? If "Yes," complete		<u>.</u>	<u></u>	46	_ 2	ζ
Par	t VI Section 501(c)(3) organizations	and section 4947(a	a)(1) nonexempt ch	aritable trusts only	y. All secti		
	501(c)(3) organizations and section		empt charitable trus	ts must answer que	stions 47-4	49b	
	and 52, and complete the tables for					_	_
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI			<u>]</u>
						Yes N	Ю
47	Did the organization engage in lobbying activities of						
	•			• • • • • • • • • •			_
48	Is the organization a school as described in section		•	• • • • • • • • • • •		2	ζ_
49a	Did the organization make any transfers to an exer		organization?	• • • • • • • • • • •	49a	ļ <u>. </u>	_
Ь	If "Yes," was the related organization a section 527						_
50	Complete this table for the organization's five higher		•	<u>-</u>			
	employees) who each received more than \$100,00	0 of compensation from the	he organization. If there is	s none, enter "None."			_
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate	ed amount of	ł
	paid more than \$100,000	hours per week	compensation	benefit plans, and deferred	1 ''	mpensation	
		devoted to position	(Forms W-2/1099-MISC)	compensation			_
NON	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		_	<u> </u>		 		_
					↓		_
			ļ <u>-</u>				
					<u> </u>		_
1	Total number of other employees paid over \$100,0		 	-			
51	Complete this table for the organization's five higher	•		h received more than	•		
	\$100,000 of compensation from the organization	there is none, enter "No	ne."				
(a)	Name and address of each independent contractor paid more that	n \$100,000	(b) Type of service	:e ((c) Compensation	on	
							_
NON	a						
NON	<u> </u>						_
							_
				r			
			 				_
d	Total number of other independent contractors each	h receiving over \$100 000	<u></u>	<u> </u>			_
52	Did the organization complete Schedule A? Note:	-					_
JŁ	nonexempt charitable trusts must attach a complete	, , , , ,			▶ ဩ Yes	. □ No	
Lladar					<u>M</u> 163		-
	penalties of penjury, I declare that I have examined this return, incli	· · · · · ·		r my knowledge and belief, it is			
irue, co	prrect, and complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge	2/1-/1			_
	, Phy			1/5//	3		
Sigr	Signature of Afficer			Date / //	-		
Here		· Hess Tree	surcr	Date			
	Type or print name and little	· 11633 11 CK	parcr				
	Pnnt/Type preparer's name	Proparade suppatura	Date	<u> </u>	PTIN		_
	Frind Type preparer's name	Preparer's signature	Date	Check if	FIN		
Paid				self-employed			
Prepa				Firm's EIN			
Use (Only Firm's address						
				Phone no		<u> </u>	
May 1	the IRS discuss this return with the preparer shown	above? See Instructions			▶ ∐ Yes		
			EEA		Form 9 9	30-EZ (20	/11

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

2011

Open to Public Inspection

Employer identification number

Zeta Iota Educational Foundation, Inc. 48-1158039 Part I 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) 1 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). 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 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). 7 🛮 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 a ∏ Type I **b** Type II c Type III-Functionally integrated Type III-Other e 🔲 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 I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11a(i) 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your organization in col the organization in support above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) Yes No Yes Yes No (A) (B) $\overline{(c)}$ (D) (E) Total

Pa	rt II Support Schedule for Org	ganizations De	scribed in Se	ctions 170(b)(1)(A)(iv) and '	170(b)(1)(A)(vi)	
	(Complete only if you checked the	box on line 5, 7, or 8	of Part I or if the	organization failed	to qualify under		
	Part III If the organization fails to q	ualify under the test	s listed below, plea	ase complete Part	III)		
	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,110	7,435	11,290	18,175	15,558	67,568
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	15,110	7,435	11,290	18,175	15,558	67,568
5	The portion of total contributions by each						
	person (other than a governmental unit or	-		1			
	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 In 4						67,568
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	15,110	7,435	11,290	18,175	15,558	67,568
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255	293	66	23	16	653
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .			<u> </u>	· · · ·		68,221
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13 Sec	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su						▶□
14	Public support percentage for 2011 (line 6, c))		14	99.04 %
15	Public support percentage from 2010 Sched						98.47 %
16a	33 1/3% support test - 2011. If the organiz						
	and stop here. The organization qualifies as						▶ 🏻
ь	33 1/3% support test - 2010. If the organiz		•				_
	box and stop here. The organization qualifie						▶ 🗆
17a	· · · · · · · · · · · · · · · · · · ·		•		, or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fact	=					
	organization meets the "facts-and-circumsta				·		▶ 🗌
b	10%-facts-and-circumstances test - 201					line 15 is 10% or	
	more, and if the organization meets the "fact	s-and-circumstance	s" test, check this	box and stop here	e. Explain in Part I	V how the	
	organization meets the "facts-and-circumsta	nces" test. The orga	anization qualifies	as a publicly suppo	orted organization		▶ 🔲

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

EEA

48-1158039

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 or if the organization failed to qualify under Part II.

If the organization	fails to qualify	under the tests lie	sted helow inlease	e complete Part II)

Se	t the organization fails to qualify unction A. Public Support	ider the tests list	ed below, please c	omplete Part II)			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(4) 2007	(5) 2000	(4) 2505	(4)2010	(0) 2011	(i) rotal
_	membership fees received (Do not include 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	<u> </u>					_
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513			<u></u>			
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						
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 amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			·	1		1
	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					_	
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
b	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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶ □
	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •			<u> </u>	1 4- 1	
15	Public support percentage for 2011 (line 8, co	• • •	•			·	%
16	Public support percentage from 2010 Schedu					. 16	%
	ction D. Computation of Investme			-l /0\		17	
17	Investment income percentage for 2011 (line		•				%
18	Investment income percentage from 2010 Sc	•	•			L	%
	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box as 23 1/3% are not than 33 1/3%.	and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	▶ □
D	33 1/3% support tests - 2010. If the organize line 18 is not more than 33 1/3%, check this be	ation did not che ox and stop her	ck a box on line 14 re. The organization	or line 19a, and lir n qualifies as a out	ne 16 is more than blicly supported ord	33 1/3%, and and an anization	▶ □
20	Private foundation. If the organization did no	•	•	•	•		> 🗍

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization		Employer identification number	
Zeta Iota Educational Foundation, Inc		48-1158039	
01. Description of other expenses (Pa	art I, line 16)		_
Description	Amount		
Corporate annual fee	40		
02. Description of other assets (Part	: II, line 24)		
	Beginning		
Category	of Year	End of Year	
Note receivable	26,352	51,451	
		, , , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·		
			-

Form **8868**

(Rev January 2012)

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

		ling for an Automatic 3-Month Extension, o ling for an Additional (Not Automatic) 3-Mo						. ▶ □
		blete Part II unless you have already been g						8868.
a corp 8868 t Return	oration o requ i for Ti	ling (e-file). You can electronically file Form in required to file Form 990-T), or an additional est an extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extension of in Part I or Part II with Contracts, which must I	on of time. You ca n the exception of be sent to the IF	in ele Forr S in	ectronica n 8870, paper 1	lly file Form Information format (see
Part		Automatic 3-Month Extension of Time	. Only sub	omit original (no copie	s needed).			
		n required to file Form 990-T and reques	sting an a	utomatic 6-month exte	nsion-check this	s bo	x and c	omplete
Part I	•					٠.		▶ □
	-	porations (including 1120-C filers), partnersh e tax returns	ips, HEMIC	s, and trusts must use i	Form 7004 to requ	iest a	an extens	sion of time
to me i	ricorrie	tax returns		En	ter filer's identifying		abor soo	instructions
		Name of exempt organization or other filer, see in	structions.		Employer identif			
Type o	ן זי	Zeta lota Educational Foundation, Inc.					58039	(=, =.
•	ŀ	Number, street, and room or suite no. If a P O. bo	x, see instri	uctions.	Social security n			
File by the		P O Box 13129						
filing you return S		City, town or post office, state, and ZIP code. For	a foreign a	ddress, see instructions				
instruction		Overland Park, Kansas 66282-3129						
Enter t	he Ret	urn code for the return that this application i	s for (file a	separate application for	each return) .			0 1
Appli	cation		Return	Application				Return
Is Fo			Code	Is For				Code
Form	990		01	Form 990-T (corporation	on)			07
Form	990-BI	L	02	Form 1041-A				08
Form	990-E	Z	01	Form 4720				09
	990-P		04	Form 5227				10
		(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T	(trust other than above)	06	Form 8870				12
Telep If the If this	ohone I organi s is for whole vith the I reque until for the	are in the care of ► Clayton J Hess No. ► 1-816-421-3222 Ization does not have an office or place of by a Group Return, enter the organization's four group, check this box ► If it names and EINs of all members the extensivest an automatic 3-month (6 months for a conjunct of the exercise organization's return for: Clayton J Hess 1-816-421-3222	usiness in the digit Ground is for particular to the contraction of th	the United States, check up Exemption Number (0 t of the group, check this equired to file Form 990	GEN) s boxT) extension of til	▶ [If th _] and at . The ext	tach
	Change in accounting period							
b		application is for Form 990-PF, 990-T, 4		•				
_		ated tax payments made. Include any prior y				<u>3b</u>	\$	
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$							