Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public
Inspection

<u>A I</u>	For the	2021 calendar year, or tax year beginning $JUN 1, 2021$ and	ending M	AY 31, 202	2
	Check if applicable:	C Name of organization		D Employer identi	fication number
	Address	S ZONTA INTERNATIONAL			
	Name change	Doing business as		36-1999	220
	nitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
	Final return/	1200 HARGER ROAD	330	(630) 9	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,099,125.
	Amende	OAK BROOK, IL 00323		H(a) Is this a group	
	Applica tion pending	F Name and address of principal officer. Add 1501 Sommans		for subordinate	
		SAME AS C ABOVE		H(b) Are all subordinates	
		mpt status: 501(c)(3) _ X _ 501(c) (_ 4 _) ◀ (insert no.) 4947(a)(1) o	or 527		a list. See instructions
_		organization: X Corporation	I Voor	H(c) Group exempt	M State of legal domicile: IL
	art I	Summary	•		-
υ U	1 E	Briefly describe the organization's mission or most significant activities:			
Governance	9	GLOBAL ORGANIZATION OF PROFESSIONALS EMPO			
erű	2 (Check this box if the organization discontinued its operations or dispos		1	1 44
Š	3 1				
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5 7	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			26522
Ĭ	6 7	Total number of volunteers (estimate if necessary)			
Ą	l h	otal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	 "	vet unrelated business taxable income norm of our 350-1,1 art 1, inte 11		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		0	
Jue	9 F	Program service revenue (Part VIII, line 2g)		2,529,442	
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		26,558	
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,949	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,646,949	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	
ý	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,039,810	1,021,926.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.
Ç	.∣ ь⊺	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
Ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		840,216	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,880,026	
		Revenue less expenses. Subtract line 18 from line 12		766,923	195,661.
Assets or			Be	ginning of Current Year	
Sset	20 1	otal assets (Part X, line 16)		7,779,464	
Net A	21 1	otal liabilities (Part X, line 26)		1,631,715 6,147,749	
	22 N art	let assets or fund balances. Subtract line 21 from line 20		0,147,745	• 0,033,133•
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of r	ny knowladga and haliaf it is
		, and complete. Decilate that make examined this return, including accompanying scriedies,			ny knowledge and bellet, it is
truo	, 0011000	Allison Summers	non proparer	12/15	/2022
Sig	n	Signature-765-97416PAE-7E4AD		Date	,
Her	ı	ALLISON SUMMERS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature]	Date Check	PTIN
Paid		MELISSA STRUCK MELISSA STRUCK	1	2/12/22 self-emp	p01310867
Pre	· –	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address 1301 WEST 22ND STREET, SUITE 110	0		
		OAK BROOK, IL 60523		Phone no. (
Ma	y the I R	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2021) ZONTA INTERNATIONAL	36-1999220	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_	•		
1	Briefly describe the organization's mission:	DDOBBOOLONAL	a
	ZONTA INTERNATIONAL IS A LEADING GLOBAL ORGANIZATION OF		<u> </u>
	EMPOWERING WOMEN WORLDWIDE THROUGH SERVICE AND ADVOCACY.		
	INTERNATIONAL OPERATIONS PROVIDE SUPPORTING SERVICES TO	ZONTA	
	DISTRICTS, CLUBS AND MEMBERS IN MORE THAN SIXTY COUNTRIE	S. THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	Yes	_ ∧ No
	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 organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 461, 527. including grants of \$) (Rever	nue \$ 2,267,	256.)
	PROVIDE SUPPORT TO 32 DISTRICTS/REGIONS, 1,103 CLUBS, AN	D = 26.790	
	MEMBERS IN 62 COUNTRIES TO IMPROVE THE STATUS OF WOMEN T		CE
	AND ADVOCACY, WORK FOR THE ADVANCEMENT OF UNDERSTANDING,		
	<u> </u>		<u> </u>
	PEACE THROUGH A WORLD FELLOWSHIP OF MEMBERS, PROMOTE JUS	TICE AND	
	UNIVERSAL RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREED	OMS AND BE	
	UNITED INTERNATIONALLY TO FOSTER HIGH ETHICAL STANDARDS,	IMPLEMENT	
	SERVICE PROGRAMS, AND PROVIDE MUTUAL SUPPORT AND FELLOWS		FDC
			<u> </u>
	WHO SERVE THEIR COMMUNITIES, THEIR NATIONS AND THE WORLD	•	
4b	(Code:) (Expenses \$) (Rever	nue \$)
		-	
4-	(
4c	(Code:) (Expenses \$) (Rever	ıue \$,
	-		
		-	
4d	Other program services (Describe on Schedule O.)		
→u		1	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,461,527.		

Part 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? See instructions	2		X
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ь		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢′		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b	Х	
c	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	11c		x
٨	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	 *
	·	1 ie	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	° -		
19	, and the second se	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules _(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		. 55	
22				x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 employees? If "Yes," complete		77	
	Schedule J	23	Х	—
24 a	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		 -
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а				
-	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		00-		x
00	"Yes," complete Schedule L, Part IV	28c		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			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55		36		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37		07		X
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Day	Note: All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance

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Гаі	Statements negaring other in 3 mings and rax compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
	, , , , , , , , , , , , , , , , , , , ,	01	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
3a		3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	21	
- ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country \(\bullet \text{UNITED KINGDOM}\)	- 		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 200, Part VIII, line 12, for public use of club facilities.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ALLISON SUMMERS, EXECUTIVE DIRECTOR - 630-928-1400 1200 HARGER ROAD, SUITE 330, OAK BROOK, IL

Form 990 (2021) ZONTA INTERNATIONAL

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than o		Reportab l e	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	' direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		ployee	comp		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLISON SUMMERS	39.00	Ē	┢═	0	×	Τ ω	-			
EXECUTIVE DIRECTOR	7.00			Х				204,846.	0.	24,070
(2) SHARON LANGENBECK	25.00									
PRESIDENT	5.00	Х		Х				0.	0.	0 .
(3) UTE SCHOLZ	20.00									
PRESIDENT - ELECT	8.00	Х		Х				0.	0.	0.
(4) SALLA TUOMINEN	13.00	l								
VICE PRESIDENT	0.50	Х		Х				0.	0.	0
(5) MARI MCKENZIE TREASURER/SECRETARY	16.00 8.00	х		х				0.	0.	0.
(6) HORTENSE CHEKETE	10.00	^		^				0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(7) SOUELLA MARIA CUMMING	12.00							•	•	
DIRECTOR	3.00	Х						0.	0.	0.
(8) FLORENCE FISCHER-HERBER	10.00									
DIRECTOR	3.00	Х						0.	0.	0.
(9) FERNANDA GALLO FRESCHI	15.00									
DIRECTOR	3.00	Х						0.	0.	0 .
(10) AKIKO KINOSHITA	9.00	1						_	_	_
DIRECTOR	3.00	Х						0.	0.	0.
(11) DORTE M. OLESEN	12.00	١								
DIRECTOR (10) TWO MAGGERS TWO	3.00	Х						0.	0.	0
(12) INA WASSERLING DIRECTOR	9.00	х						0.	0.	0.
DIRECTOR	2.00	^						0.	0.	<u> </u>
		1								
			Н		 					
		1								
		L			L					
										Eorm 990 (202

Form 990 (2021)

ZONTA INTERNATIONAL

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi _e	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(44-		Pos		າ s than d		Reportab l e	Reportab l e		Es	timate	d
		hours per					tnan d is both		compensation	compensation		an	ount o	of
		week					or/trus		from	from related			other	
		(list any	ctor						the	organization	s	com	pensat	ion
		hours for	r dire				pa		organization	(W-2/1099-MIS	SC/	fr	om the)
		related	tee o	ustee			ensai		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	trus	na tr		oyee	dw.		1099-NEC)			and	d re l ate	ed
		pelow	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ons
		line)	<u>In</u>	Inst	0tti	Key	E E	For						
							\vdash							
1b	Subtotal							ightharpoons	204,846.		0.	2	4,07	
С	Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	204,846.		0.	2	4,07	70.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable)			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportab l	e cc	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	Iplete Schedule	e J f	or su	ıch i	oers	on .					5		Х
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	m	
	(A)	une calendar ye	Jai t	null	ıy w	TILLI (UI WI	<u> </u>	the organization's tax years. (B)			(C	٠,	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompei		1
								1						
								4						
2	Total number of independent contractors (i	ncluding but n	ot l ir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation 🕨				()							

Ра	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f	Federated campaigns 1a Membership dues 1b Ic Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f MEMBERSHIP DUES LIABILITY PREMIUMS	Business Code 900099 524298	2,267,256. 18,051.	2,267,256.	18,051.	
		g	Total. Add lines 2a-2f		2,285,307.			
	4		Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	st, and	67,725.			67,725.
	6	a b c	(i) Real (c) Real	(ii) Personal	7,374.			7,374.
Revenue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Gross amount from sales of (i) Securities 4,650,979. 4,707,692. 7b 4,707,692.	(ii) Other				
eve			. ,		-56,713.			-56,713.
Other R	8	а	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b		30,713.			30,713.
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
			Less: direct expenses 9b					
	10	а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10b					
	L		Net income or (loss) from sales of inventory					
			•	Business Code				
sno •	11	а	MANAGEMENT FEES	900099	87,725.			87,725.
ane		b	OTHER INCOME	900099	15.			15.
Miscellaneous Revenue		c d	All other revenue					
_		е	Total. Add lines 11a-11d		87,740.			
	12		Total revenue. See instructions		2,391,433.	2,267,256.	18,051.	106,126.

Form 990 (2021) ZONTA INTERNATIONAL
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
-	in dividuals One Doubly Bus 00				
3	Grants and other assistance to foreign				
,	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
,	Compensation of current officers, directors,				
	trustees, and key employees	228,916.	160,241.	68,675.	
	Compensation not included above to disqualified	, -	,	, ,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	640,114.	532,576.	107,538.	
	Pension plan accruals and contributions (include		-	·	
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	94,005.	77,611.	16,394.	
	Payroll taxes	58,891.	47,113.	11,778.	
	Fees for services (nonemployees):				
а	Management				
b		30,946.		30,946.	
С	Accounting	89,814.		89,814.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	75,762.	75,762.		
<u>'</u>	Advertising and promotion				
	Office expenses	108,678.	49,121.	59,557.	
	Information technology	73,624.	55,218.	18,406.	
	Royalties	105 100		22.2	
	Occupancy	135,409.	101,557.	33,852.	
	Travel	29,907.	29,907.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 104	4 104		
	Conferences, conventions, and meetings	4,104.	4,104.		
	Interest	140 446		140 446	
	Payments to affiliates	148,446.	60.056	148,446.	
	Depreciation, depletion, and amortization	81,275.	60,956.	20,319.	
	Insurance	69,073.		69,073.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMITANT MACAGINE	140,709.	140,709.		
a)	INTERNATIONAL BOARD & C	121,641.	93,260.	28,381.	
-		<u> </u>	33,200	20,301.	
c d					
	All other expenses	64,458.	33,392.	31,066.	
е	Total functional expenses. Add lines 1 through 24e	2,195,772.	1,461,527.	734,245.	
	Joint costs. Complete this line only if the organization	2,20,1120	<u> </u>	, 5 = , 2 = 5 •	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oddoddonar odinpargir and fandraionig odilotation.				

|--|

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,322,184.	1	2,280,428.
	2	Savings and temporary cash investments			1,042,807.	2	2,760,437.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,552.	4	521,060.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantia l o	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	-	·			
		under section 4958(f)(1)), and persons describe		F		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			144 550	8	710 004
٩	9				144,579.	9	718,994.
	10 a	Land, buildings, and equipment: cost or other		211 126			
	_	basis. Complete Part VI of Schedule D	10a	311,136. 167,542.	107 010		142 504
		Less: accumulated depreciation	10b		197,019.	10c	143,594.
	11	Investments - publicly traded securities			3,984,945.	11	2,516,129.
	12	Investments - other securities. See Part IV, line			3,304,343.	12	2,310,129.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets Other assets See Part IV line 11			85,378.	14 15	7,932.
	15 16	Other assets. See Part IV, line 11			7,779,464.	16	8,948,574.
	17	Accounts payable and accrued expenses		1	94,654.	17	119,720.
	18	Grants payable			31,0010	18	22377200
	19	Deferred revenue			1,524,495.	19	2,684,591.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ø	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
abi		controlled entity or family member of any of the		The state of the s		22	
Ë	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D			12,566.	25	51,064.
	26				1,631,715.	26	2,855,375.
"		Organizations that follow FASB ASC 958, ch	eck her	e ▶ <u>X</u>			
ice		and complete lines 27, 28, 32, and 33.			C 0CC 104		6 011 644
alar	27				6,066,194.	27	6,011,644.
ЯВ	28				81,555.	28	81,555.
ŭ.		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
or F	00	and complete lines 29 through 33.	_				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e		F		30	
et A	31	Retained earnings, endowment, accumulated i			6,147,749.	31 32	6,093,199.
ž	32 33				7,779,464.	33	8,948,574.
	- 00	Total habilities and het assets/fully balances			.,,	J	Form 990 (2021)

	990 (2021) ZONTA INTERNATIONAL	<u> 36-199</u>	<u>9220</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,391		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,195		
3	Revenue less expenses. Subtract line 2 from line 1	3	195		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,147		
5	Net unrealized gains (losses) on investments	5	-186	, 0	<u> 13.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-64	1,19	98.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,093	3,1 <u>9</u>	<u>99.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
		NTERNATIONAL			36-1999220
Pã	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		> \$	
		janization is exempt und		•	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	ler section 501(c)	except section 501/c	//3/
		•		-	
	Enter the amount directly expended Enter the amount of the filing organ				
2	exempt function activities		· ·		•
3	Total exempt function expenditures				·
Ŭ	line 17b		,		•
4					
5					
	made payments. For each organiza	tion l isted, enter the amount pai	d from the filing organiz	ation's funds. Also enter the	e amount of political
	contributions received that were pro-	• •			e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	<u>IV.</u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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Schedule C (Form 990) 2021	ZONTA	INTER	NATIONAL		36-1	.999220 Page 2
Part II-A Complete if the organic	anizatio	n is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
A Check ▶ ☐ if the filing organization	tion be l ong	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, E I N,
expenses, and share	e of exces	s lobbying	expenditures).			
B Check ▶ if the filing organization	tion check	ed box A ar	nd "limited control" pro	visions apply.		
Limit	o on Lobb	ying Expe	adituraa		(a) Filing	(b) Affiliated group
			nts paid or incurred.)		organization's tota l s	totals
					เบเสเร	
1a Total lobbying expenditures to influ	ence publ	ic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a leg	is l ative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	s (add l ines	1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amou	unt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	.000	\$100.00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000 but not over \$			00 plus 5% of the exce			
Over \$17,000,000		\$1,000,				
		Ψ1,000,				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero		· ^ ··				
i Subtract line 1f from line 1c. If zero	,					
j If there is an amount other than zer			ling 1i, did the organize			
reporting section 4911 tax for this						Yes No
reporting section 4911 tax for this			eraging Period Under	Section 501/h)		1es 140_
(Some organizations th			~ ~	• •	f the five columns h	elow
(Some organizations ti			ate instructions for li	•	tale five columns b	CIOW
			nditures During 4-Yea			
	LODE	ying Expe	lattares barring + Tea	Averaging remod		
Calendar year	(a) (2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(ω) .	-010	(5) 2010	(6) 2323	(4) 2021	(o) rotal
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
_						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

ZONTA INTERNATIONAL

36-1999220 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)
the lobbying activity.	Yes	N	ю	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements? d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?					
p Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	5), o	r sec	tion	
501(c)(6).					<u> </u>
501(c)(6).				Yes	
		1	1		-
Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes X X	_
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	prior year' 501(c)({	 ? 5), o	2 3 r sec	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section	prior year 501(c)(t	5), o (b) F	2 3 r sec	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nes."	prior year 501(c)(t	5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Naswered "Yes." Dues, assessments and similar amounts from members	prior year 501(c)(t	5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	prior year 501(c)(5 No" OR	? 5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year' 501(c)(§ No" OR	5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(s No" OR	5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Inspection

Name of the organization

ZONTA INTERNATIONAL 36-1999220

Par	t I Organizations Maintaining Donor Advised	Funds or Other	Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			-
	impermissible private benefit?			Yes No
Par				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		_	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contril	oution in the form 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
b				
С	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not o	n a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year▶			· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	-	ction, handling of	
	violations, and enforcement of the conservation easements it l	holds?	_	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conserva	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	nts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cia l statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ue statement and ba l ar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on 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 trea	sures, or other simi l ar	assets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			

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

Schedule D (Form 990) 2021

		NTERNATION							99220	Page 2
Par	rt III Organizations Maintaining C	collections of A	t, Histor	ical Tre	asures, or	Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the fo	ollowing that	make sig	nificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition	•			nange progra					
b	Scholarly research	•	e LL Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	•			•	•		se in Part	XIII.	
5	During the year, did the organization solicit of								_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	rt IV Escrow and Custodial Arran		lete if the o	rganizatior	n answered "`	Yes" on F	orm 990	, Part I V, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ntributions	or other ass	ets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
									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 F	orm 990, Part X, l ine	21, for esc	crow or cu	stodial accou	ınt liability	/?		Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete	if the organization a	nswered "Y	es" on Fo	rm 990, Part I	IV, line 10).			
		(a) Current year	(b) Pric	r year	(c) Two years	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, d	column (a))) he l d as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u>%</u>								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re he l d an	d administere	ed for the	organiza	ition		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sch	edu l e R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, I	ne 11a. Se	ee Form 990,	Part X, I ii	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	/alue
	, , , , ,	basis (invest		basis (I		eciation			
1a	Land									
b	Buildings									
c	Leasehold improvements			4'	7,114.		17,1	77.	29	,937.
d	Equipment				4,022.		50,36			,657.
	Other						•			
	I. Add lines 1a through 1e. (Column (d) must e		X column	(B) line 10)c.)			ightharpoonup	143	,594.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

ZONTA INTERNATIONAL 36-1999220 Page 3 Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) CORPORATE BONDS 100,331. END-OF-YEAR MARKET VALUE $3,\overline{572}$ END-OF-YEAR MARKET VALUE MONEY MARKET **EQUITIES** 709,352. END-OF-YEAR MARKET VALUE (C) 648,404. END-OF-YEAR MARKET VALUE ETF (D) EQUITY FUNDS 486,578. END-OF-YEAR MARKET VALUE (E) BONDS FUNDS 567,892. END-OF-YEAR MARKET VALUE (F) (G) (H)2,516,129. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4) (5)(6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes 15,990 DEFERRED RENT DUE TO ZONTA FOUNDATION FOR WOMEN 35,074 (3)

(5) (6) (7) (8) (9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

51,064.

(4)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2021 ZONTA INTERNATIONAL		36-19992	20 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	 	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	1 1		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_ C	Add lines 4a and 4b			
5 D ai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial State	ments With Evnens	5 es per Return	
Га			es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما		
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		irt V, III 16 4, Part A, III 16 2, 1	-art Ai,
PAI	RT X, LINE 2:			
THE	ORGANIZATION FOLLOWS THE REQUIREMENTS F	OR ACCOUNTING	FOR UNCERTAI	N TAX
POS	SITIONS. THE ORGANIZATION HAS DETERMINED	THAT THEY AR	E NOT REQUIRE	D TO
REC	CORD A LIABILITY RELATED TO UNCERTAIN TAX	POSITIONS AS	OF MAY 31, 2	022
<u>ANI</u>	2021.			

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

ZONTA INTERNATIONAL

Employer identification number 36-1999220

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
•		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
c	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	_ y		

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

Schedule J (Form 990) 2021

36-1999220

Page 2

ZONTA INTERNATIONAL Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALLISON SUMMERS	≘	204,846.	0	0.	10,244.	13,826.	228,916.	• 0
EXECUTIVE DIRECTOR	<u>(ii)</u>	• 0	0.	0.	• 0	0.	• 0	• 0
	(E)							
	▣							
	(i)							
	(ii)							
	Θ							
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Schedule J (Form 990) 2021 ZONTA INTERNATIONAL	36-1999220	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
PART I, LINE 3:		
IN DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE ZONTA		
INTERNATIONAL BOARD CONDUCTS EXTENSIVE RESEARCH ABOUT THE COMPENSATION		
LEVELS OF THE NOT-FOR-PROFIT SECTOR AND COMPARES THE DUTIES OF THE POSITION		
TO THOSE OF SIMILAR ORGANIZATIONS WHILE ALSO TAKING INTO CONSIDERATION THE		
INDIVIDUAL'S BACKGROUND, EXPERTISE, QUALIFICATIONS AND LOCAL ECONOMIC		
CONDITIONS.		
	Schedule J (Form 990) 2021	990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

ZONTA INTERNATIONAL

Employer identification number 36-1999220

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH SERVICE AND ADVOCACY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION DELIVERS ADVOCACY, INTERNATIONAL SERVICE PROJECTS AND
EDUCATIONAL PROGRAMS AND MAINTAINS AFFILIATIONS AND RELATIONSHIPS THAT
FURTHERS ZONTA INTERNATIONAL'S OBJECTIVES. ZONTIANS ARE FOCUSED ON
ACHIEVING GENDER EQUALITY IN A WORLD WHERE WOMEN'S RIGHTS ARE
RECOGNIZED AS HUMAN RIGHTS AND EVERY WOMAN IS ABLE TO ACHIEVE HER FULL
POTENTIAL.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO PAY ANNUAL DUES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE PROCESS IS AS FOLLOWS:
VOTING MEMBERS ARE MEMBERS OF THE ZONTA INTERNATIONAL BOARD, PAST
INTERNATIONAL PRESIDENTS, GOVERNORS, AND DELEGATES FROM EACH CLUB IN GOOD
STANDING.
EACH CLUB OF ZONTA INTERNATIONAL IS ENTITLED TO ONE (1) DELEGATE AND
ALTERNATE. IF THE MEMBERSHIP OF ANY CLUB, BASED UPON THE DUES PAYMENT
THROUGH 1 MARCH, EXCEEDS THIRTY (30) MEMBERS, THE CLUB IS ENTITLED TO A
SECOND DELEGATE AND ALTERNATE. IF THE MEMBERSHIP EXCEEDS SIXTY (60)
MEMBERS THE STILL TO ENTITED TO A THIRD DELECATE AND ALTERNATE A DELECATE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer** identification number 36-1999220 ZONTA INTERNATIONAL MAY CARRY THE TOTAL VOTES TO WHICH THE CLUB IS ENTITLED. A MEMBER OF THE ZONTA INTERNATIONAL BOARD SHALL NOT BE A CLUB DELEGATE OR ALTERNATE. A MAJORITY OF THE VOTING MEMBERS CREDENTIALED CONSTITUTES A QUORUM. A MAJORITY VOTE IS NECESSARY FOR ELECTION OF OFFICERS. IN THE EVENT NO CANDIDATE RECEIVES A MAJORITY OF THE VOTES CAST, THE BALLOTING FOR THE OFFICE SHALL CONTINUE. ONLY THE TWO (2) CANDIDATES RECEIVING THE LARGEST NUMBER OF VOTES REMAIN ON THE SECOND BALLOT. THE ZONTA INTERNATIONAL DIRECTORS AND MEMBERS OF THE ZONTA INTERNATIONAL NOMINATING COMMITTEE ARE ELECTED BY PLURALITY VOTE. FORM 990, PART VI, SECTION A, LINE 7B: VOTING MEMBERS VOTE ON PROPOSED AMENDMENTS TO THE BYLAWS; DUES AND FEES; AND RESOLUTIONS AND GOALS THAT ESTABLISH THE INTERNATIONAL SERVICE PROJECTS AND EDUCATION PROGRAMS. VOTING MEMBERS ARE MEMBERS OF THE ZONTA INTERNATIONAL BOARD, PAST INTERNATIONAL PRESIDENTS, DISTRICT GOVERNORS, DELEGATES FROM EACH CLUB IN GOOD STANDING. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT 990 IS SENT TO THE INTERNATIONAL PRESIDENT, TREASURER AND OTHER US MEMBERS OF THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD FOR REVIEW. THE PRESIDENT AND THE TREASURER APPROVE THE 990 FOR SUBMISSION. THE BOARD HAS GIVEN SIGNATURE AUTHORITY TO THE EXECUTIVE DIRECTOR. THE COMPLETE 990 IS DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization ZONTA INTERNATIONAL

Employer identification number 36-1999220

ZONTA INTERNATIONAL CLOSELY MONITORS THE CONFLICT OF INTEREST STATUS OF
THEIR EMPLOYEES, DIRECTORS, OFFICERS AND COMMITTEE MEMBERS, AND REQUIRES
THAT ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST BE FULLY DISCLOSED TO THE
BOARD AND COMMITTEE MEMBERS FOR REVIEW. ONCE THE TRANSACTION OR
ARRANGEMENT HAS BEEN VOTED ON BY THE GOVERNING BOARD AND COMMITTEES, THE
FINAL DECISION IS GIVEN TO THE INTERESTED PERSON. THE TRANSACTION OR
ARRANGEMENT IN QUESTION IS THEN MONITORED WITH UPDATES ON THE "CONFLICT"
AND PERIODIC REVIEWS BY THE GOVERNING BOARD AND COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE

ORGANIZATION'S BOARD CONDUCTS EXTENSIVE RESEARCH ABOUT THE COMPENSATION

LEVELS OF THE NOT-FOR-PROFIT SECTOR AND COMPARES THE DUTIES OF THE POSITION

TO THOSE OF SIMILAR ORGANIZATIONS WHILE ALSO TAKING INTO CONSIDERATION THE

INDIVIDUAL'S BACKGROUND, EXPERTISE, QUALIFICATIONS AND LOCAL ECONOMIC

CONDITIONS.

IN DETERMINING THE COMPENSATION FOR THE OTHER OFFICERS OR KEY EMPLOYEES OF
THE ORGANIZATION, THE ORGANIZATION'S BOARD AND EXECUTIVE TEAM RESEARCHES
AND COMPARES THE COMPENSATION LEVELS OF THE NOT-FOR-PROFIT SECTOR AND
COMPARES THE DUTIES OF THE POSITION TO THOSE OF SIMILAR ORGANIZATIONS WHILE
ALSO TAKING INTO CONSIDERATION THE INDIVIDUAL'S BACKGROUND, EXPERTISE,
QUALIFICATIONS AND LOCAL ECONOMIC CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO

ALL MEMBERS ON ZONTA INTERNATIONAL'S WEBSITE. THESE DOCUMENTS, ALONG WITH

CONSOLIDATED FINANCIAL STATEMENTS, ARE ALSO MADE AVAILABLE AS REQUESTED

Schedule O (Form 990) 2021	Page Z
Name of the organization ZONTA INTERNATIONAL	Employer identification number 36–1999220
THROUGH ZONTA HEADQUARTERS. THE ANNUAL AUDIT OF THE CONSO	LIDATED FINANCIAL
STATEMENTS, ANNUAL REPORT AND 990 IS POSTED ON THE WEBSITE	FOR ALL MEMBERS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION	-64,198.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATE	MENTS AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THE ORGANIZATION	HAS NOT
CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX	YEAR.
	_

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2021

OMB No. 1545-0047

Fy Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identification number	
Department of the Treasury Internal Revenue Service	Name of the organization	ATINO?

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

	(a)	(q)	(2)	(D)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End of year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations cluing the tax year.	ons. Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more ı	elated tax-exempt

	(E	Section 3 (2(b)(13)	entity?	٩			×					
	(conti	ent	Yes								
	(f)	Direct controlling	entity				N/A					
	(e)	Public charity	status (if section	501(c)(3))			7					
	(p)	Exempt Code	section				501(C)(3)					
	(၁)	Legal domicile (state or	foreign country)				ILLINOIS					
	(q)	Primary activity			GRANT ASSISTANCE THROUGH	AWARDS, SCHOLARSHIPS AND	SERVICE PROJECTS					
organizations dufing the lax year.	(a)	Name, address, and EIN	of related organization		ZONTA FOUNDATION FOR WOMEN - 36-3396932	1200 HARGER ROAD, SUITE 330	OAK BROOK, IL 60523					

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

Schedule R (Form 990) 2021

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ZONTA INTERNATIONAL

Schedule R (Form 990) 2021

Page 2

36-1999220

Percentage ownership Schedule R (Form 990) 2021 ٩ Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 General or F managing partner? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Yes 9 Ξ Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets Ξ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d)
I Direct controlling entity Primary activity Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 11-17-21 Part III Part IV

36-1999220

Page 3

Schedule R (Form 990) 2021 ZONTA INTERNATIONAL

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	 <u>ខ</u>
1 During the tax year, did the organization engage in any of the following transactions	is with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Σ.			1a		×
b Gift, grant, or capital contribution to related organization(s)				\vdash	×	
c Gift, grant, or capital contribution from related organization(s)				1c		×
				14		×
					×	
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organiza				4		×
				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
				;		Þ
K Lease of facilities, equipment, or other assets from related organization(s)				¥		∢
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			ا		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	×	
 Sharing of paid employees with related organization(s) 				9	×	
b Reimbursement paid to related organization(s) for expenses				ę		×
				2 2		×
-				-		
r Other transfer of cash or property to related organization(s)				1-		×
s Other transfer of cash or property from related organization(s)				15		×
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	who must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) ZONTA INTERNATIONAL FOUNDATION	m	148,446.	BOOK VALUE			
(2) ZONTA INTERNATIONAL FOUNDATION	ы	35,074.	BOOK VALUE			
(3) ZONTA INTERNATIONAL FOUNDATION	L	109,561.	BOOK VALUE			
(4) ZONTA INTERNATIONAL FOUNDATION	N	54,785.	BOOK VALUE			
(5) ZONTA INTERNATIONAL FOUNDATION	0	32,940.	BOOK VALUE			
(6)			2000 (100 mac) a chibates	j.	000	20

36-1999220

Page 4

Schedule R (Form 990) 2021 ZONTA INTERNATIONAL

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

Code V-UBI General or Percentage amount in box 20 partner? ovnership (Form 1065) Yes No 3 Dispropor-tionate allocations? Yes No end-of-year Share of assets Share of income tota (e) Are all partners sec. 501(c)(3) orgs.? Predominant income (related, excluded from tax under sections 512-514) <u>©</u> (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity <u>(a</u>

31

Schedule R (F	Form 990) 2021	ZONTA	INTERNATIONAL	36-1999220	Page 5
Part VII	Form 990) 2021 Supplemental Infori	mation			
			nses to questions on Schedule R. See instructions.		
•					

132165 11-17-21 Schedule R (Form 990) 2021

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name ZONTA INTERNATIONAL	Employer Identification	on Number 2 O
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - GROUP LIABILITY	INSUR	4,592.
FEDERAL PRE-2018 NET OPERATING LOSS		481.
FEDERAL PRE-2010 NEI OPERATING LOSS		401.
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Section 382 Annual Limitation Year Original Origi- Carryover nated Amount 2019 1,42 2021 3,11	Detail S C C C C C C C C C C C C C C C C C C
Original Carryover Amount 1, 421. 3, 171.	Amount Used for
Total Amount Used 71.	Amount Used for
Section 382 Carryover Amount A Used for Use	Amount Used for
Amount Used for	Amount Used for
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Section 382 Annual Lir Section 382 Annual Lir Vear Origi Carry 2017	Detail S Type B B C C
nal nitatio	Amount Used for
Total Amount Used 734.	Amount Used for
Section 382 Carryover Amount Used for 05/31/19 106.	Amount Used for
Amount Used for 05/31/21 628.	Amount Used for
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Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUN 1 , 2021, and ending MAY 31 , 20 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS, Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 36-1999220 ZONTA INTERNATIONAL

Name and title of officer or person subject to tax ALLISON SUMMERS EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b	
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b	
3a	Form 1120-POL check here ▶	b	Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5	6)	4b	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)		5b	
6a	Form 990-T check here > X	b	Total tax (Form 990-T, Part III, line 4)		6b	0.
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)		7b	
8a	Form 5227 check here >	b	FMV of assets at end of tax year (Form 5227, Item D)		8b	
9a	Form 5330 check here >	b	Tax due (Form 5330, Part II, line 19)		9b	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III,		10b	
Part	II Declaration and Signat	ture	Authorization of Officer or Person Subject to Ta	X		
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name						
of entity	y)		, (EIN) ar	nd that I have	examined a copy of	the
2004 -1		، ام ما	des and statements, and to the best of my branches and heliaf			

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Lalso authorize the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box onl	PIN:	check	one box	only
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X I authorize	CLIFTONLARSONALLEN	LLP	to enter
		ERO firm name	

99750 mv PIN Enter five numbers, but

do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

nature of officer or person subject to tax

Certification and Authentication

Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15480405799

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature
_MELISSA STRUCK

Date ightharpoonup 12/12/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

Application for Automatic Extension of Time To File an (Rev. January 2022) **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file incom	ie tax returi	ns.			
Type or	Name of exempt organization or other filer, see instru		Taxpayer identification number (TIN)			
print	ZONTA INTERNATIONAL			36-1999220		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.					
return. See instructions.	City, town or post office, state, and ZIP code. For a fellow BROOK, IL 60523	oreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			0 7
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Form 990	P-T (corporation)	07	CUTIVE DIRECTOR			
• If the o	none No. ► $630-928-1400$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe	mption Number (GEN)	f this is fo	r the who l e gro	
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the organization of time until norganization of time until	anization's	return for: d ending MAY 31, 2022	the exem	npt organization	n return for
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 on nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		,	-
	imated tax payments made. Include any prior year overp	-		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	=		٥.	<u></u>	0.
usii	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Form	990-T	Exempt Organization Business Income Tax Return	OMB No. 1545-0047
		(and proxy tax under section 6033(e))	2024
		For calendar year 2021 or other tax year beginning JUN 1, 2021 and ending MAY 31, 2022	2021
	ment of the Treasury I Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.	Name of organization (DEmployer identification number
B Ex	empt under section	Print ZONTA INTERNATIONAL	36-1999220
	501(c)(4)	_ ° Number, Street, and room of Suite no. If a P.O. box, see instructions.	Group exemption number (see instructions)
	408(e) 220(e)	Type 1200 HARGER ROAD, 330	(See Instructions)
	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	
	529(a) 529A	OAK BROOK, IL 60523	F Check box if
		C Book value of all assets at end of year > 8,948,574.	an amended return.
G	Check organization	type 🕨 🗶 501(c) corporation 📗 501(c) trust 📗 401(a) trust 💮 Other trust	
<u>H</u> (Check if filing only to	o Claim credit from Form 8941 Claim a refund shown on Form 2439	
<u> </u>	Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	>
J E	nter the number of	f attached Schedules A (Form 990-T)	1
K [During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
		ame and identifying number of the parent corporation.	
		re of \triangleright ALLISON SUMMERS, EXECUTIVE DIREC Telephone number \triangleright 63	30-928-1400
Pai	rt I Total Unr	related Business Taxable Income	
1	Total of unrelated	business taxable income computed from all unrelated trades or businesses (see	
	instructions)		1 0.
2	Reserved		2
3	Add lines 1 and 2		3
4	Charitable contrib	utions (see instructions for limitation rules)	4 0.
5	Total unrelated bu	ısiness taxable income before net operating losses. Subtract line 4 from line 3	5
6	Deduction for net	operating loss. See instructions	6 0.
7	Total of unrelated	business taxable income before specific deduction and section 199A deduction.	
	Subtract line 6 from		7
8	Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8 1,000.
9	Trusts. Section 19	99A deduction. See instructions	9
10	Total deductions.	Add lines 8 and 9	10 1,000.
11	Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
_	enter zero		11 0.
Pai	rt II Tax Com	putation	
1	Organizations tax	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 0.
2		trust rates. See instructions for tax computation. Income tax on the amount on	
	Part I, line 11 from		2
3	Proxy tax. See ins		3
4		s. See instructions	4
5		um tax (trusts only)	5
6	·=	liant facility income. See instructions	6
_7		through 6 to line 1 or 2, whichever applies	7 0.
LHA	For Paperwork F	Reduction Act Notice, see instructions.	Form 990-T (2021)

Form 9		·					Page 2
Part		Tax and Payments					
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b		credits (see instructions)					
С		ral business credit. Attach Form 3800 (see instructions)					
d		t for prior year minimum tax (attach Form 8801 or 8827)					
е		credits. Add lines 1a through 1d			1e		
2	Subtr	act line 1e from Part II, line 7			2		0.
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	m 8697 F	orm 8866			
		Other (attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax pre-	evious l y deferred ι	under			_
		on 1294. Enter tax amount here			4		<u> 0 </u>
5		nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)			5		0.
6a	Paym	ents: A 2020 overpayment credited to 2021	6a				
b	2021	estimated tax payments. Check if section 643(g) election applies 🕨 📗	6b				
С		eposited with Form 8868					
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backı	up withholding (see instructions)	6e				
f	Credi	t for small employer health insurance premiums (attach Form 8941)	6f				
g		credits, adjustments, and payments: Form 2439	_				
		Form 4136 Other Total	▶ 6g				
7	Total	payments. Add lines 6a through 6g			7		
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		▶ └┴	8		
9					9		
10	Over	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount ove	erpaid	▶	10		
11					11		
Part	IV :	Statements Regarding Certain Activities and Other Informa	ation (see instru	ictions)			
1	At an	y time during the 2021 calendar year, did the organization have an interest in o	or a signature or o	ther authority		Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," th	e organization ma	y have to fi l e			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name of the fo	reign country			
	here	▶ UNITED KINGDOM				_ <u>X</u> _	_
2		g the tax year, did the organization receive a distribution from, or was it the gr	*	,			
	foreig	n trust?					X_
		s," see instructions for other forms the organization may have to file.					
3		the amount of tax-exempt interest received or accrued during the tax year					
4	Enter	available pre-2018 NOL carryovers here > \$ Bo no	ot inc l ude any post	t-2017 NOL carry	over		
	show	n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any deduction re	eported on Part I ,	line 4.		
5	Post-2	2017 NOL carryovers. Enter available Business Activity Code and post-2017 N	IOL carryovers. Do	on't reduce			
	the ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	for the tax year. Se	ee instructions.			
		Business Activity Code	Available po	st-2017 NOL carı			
		524298	\$		1,421.		
			\$				
6a		ne organization change its method of accounting? (see instructions)					X
b	If 6a i	s "Yes," has the organization described the change on Form 990, 990-EZ, 990	0-PF, or Form 1128	8? I f "No,"			
		in in Part V					
Part	V :	Supplemental Information					
Provide	e the ex	xplanation required by Part IV, line 6b. Also, provide any other additional infor	mation. See instru	ctions.			
Cian	Ui	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules an orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	nd statements, and to the eparer has any knowledg	e best of my know l edge ie.	and belief, it is tr	ue,	
Sign Here		1		May t	he IRS discuss th	is return v	with
пеге		Signature of officer Date EXECU	TIVE DIRE		eparer shown bel	· —	_
		Signature of officer Date Title		instru	ctions)?	es	No
		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN		
Paid				self- employed			
Prepa	arer	MELISSA STRUCK MELISSA STRUCK	12/12/22	1	P01310		
Use C		Firm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN ►	41-074	<u> 1674</u>	9
	niy	4 4 4 4	4 4 4 -				
	JNIY	1301 WEST 22ND STREET, SUITE	1100	_	\		
	JNIY	1301 WEST 22ND STREET, SUITE Firm's address ► OAK BROOK, IL 60523	1100	Phone no. (6	30) 573 Form 9		

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ZONTA INTERNATIONAL 36-1999220

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/18	1,215.	734.	481.	481.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	481.	481.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury

	lame of the organization ZONTA INTERNATIONAL			B Employe	` '	501(c)(3) Organizations Only ation number
<u>c </u>	Inrelated business activity code (see instructions) > 52429	8		D Sequence	ce: 1	L of 1
<u>E</u> [Describe the unrelated trade or business GROUP LIABIL	ITY	INSURANCE PRO	OGRAM FO	R ME	MBER
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 2	12	18,051.			18,051.
<u>13</u>	Total. Combine lines 3 through 12	13	18,051.			18,051.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				s must be
1	Compensation of officers, directors, and trustees (Part X)				1	1,260.
2	Salaries and wages				2	1,200.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)		СЕЕ СПУПТ	З	13	19,962.
14	Other deductions (attach statement)				14	21,222.
15	Total deductions. Add lines 1 through 14		line 15 from Dort L line 10		15	41,444.
16	Unrelated business income before net operating loss deduction. So				4.0	-3,171.
47	column (C)				16	<u>-3,1/1.</u>
17 10	Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16				17 18	-3,171.
<u>18</u>	For Panerwork Reduction Act Notice see instructions	J				- 5 , 1 / 1 • e Δ (Form 990-T) 2021

123741 01-28-22

1

of Goods Sold Deginning of year Cotion 263A costs (attach statement) Detattach statement) Description of year Description 263A (with respect to property personners)			2	
ction 263A costs (attach statement) attach statement) nes 1 through 5 end of year ds sold. Subtract line 7 from line 6. Enter h			2	
ction 263A costs (attach statement) attach statement) nes 1 through 5 end of year ds sold. Subtract line 7 from line 6. Enter h				
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nes 1 through 5 end of year ds sold. Subtract line 7 from line 6. Enter h				
end of year ds sold. Subtract line 7 from line 6. Enter h				
ds sold. Subtract line 7 from line 6. Enter h				
	ere and in Part I, line			
of section 263A (with respect to property p				
				Yes No
ncome (From Real Property and	•	•		
f property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See inst	ructions.	
	Α	В	С	D
d or accrued				
al property (if the percentage of				
' ' ' ' ' '				
and 25, columno / timoagn 5				
asived or approad. Add line to askumpe A	through D. Enter here	and an Dort Llina C. a	odumn (A)	0.
To the second se	inrough D. Enter here	and on Part I, line 6, c	column (A)	<u></u>
-				
nd 2(b) (attach statement)				
tione Add line 4 collimns A through 1) Ent		L 0 L (D)	_	0
		line 6, column (B)	>	0.
ated Debt-Financed Income (se	e instructions)			0.
	e instructions)			0.
ated Debt-Financed Income (se	e instructions)			0.
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ated Debt-Financed Income (see if debt-financed property (street address, color of debt-financed property (street address, color of debt-financed property depreciation (attach statement) cons (add lines 3a and 3b,	e instructions) ty, state, ZIP code). (Check if a dual-use. Sec	e instructions.	
ated Debt-Financed Income (see if debt-financed property (street address, color of debt-financed property (street address, color of debt-financed property depreciation (attach statement) cons (attach statement) ons (add lines 3a and 3b, prough D)	e instructions) ty, state, ZIP code). (Check if a dual-use. Sec	e instructions.	
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e from or allocable to debt-financed lirectly connected with or allocable ced property depreciation (attach statement) cions (attach statement) ons (add lines 3a and 3b, arough D) errage acquisition debt on or allocable ced property (attach statement) sted basis of or allocable to debt- certy (attach statement) by line 5 e reportable. Multiply line 2 by line 6 income (add line 7, columns A through D).	e instructions) ty, state, ZIP code). (B B	e instructions.	D
ated Debt-Financed Income (se If debt-financed property (street address, col If debt-financed property (street address) If debt-financed property (added by a property (street address) If debt-financed property (attach statement) (street) If debt-financed property (attach statement) (street) (st	e instructions) ty, state, ZIP code). (A Enter here and on Pa	B B Ye rt I, line 7, column (A)	e instructions.	D
e from or allocable to debt-financed lirectly connected with or allocable ced property depreciation (attach statement) cions (attach statement) ons (add lines 3a and 3b, arough D) errage acquisition debt on or allocable ced property (attach statement) sted basis of or allocable to debt- certy (attach statement) by line 5 e reportable. Multiply line 2 by line 6 income (add line 7, columns A through D).	e instructions) ty, state, ZIP code). (A Enter here and on Pa pugh D. Enter here an	B B Ye rt I, line 7, column (A)	e instructions.	D
	d or accrued al property (if the percentage of onal property is more than 10% than 50%) d personal property (if the of rent for personal property exceeds rent is based on profit or income) eceived or accrued by property. and 2b, columns A through D	d or accrued al property (if the percentage of onal property is more than 10% than 50%) d personal property (if the of rent for personal property exceeds rent is based on profit or income) exceived or accrued by property. and 2b, columns A through D exceived or accrued. Add line 2c columns A through D. Enter here directly connected with the income	A B d or accrued all property (if the percentage of onal property is more than 10% than 50%) d personal property (if the of rent for personal property exceeds rent is based on profit or income) exceived or accrued by property. and 2b, columns A through D exceived or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, colirectly connected with the income	d or accrued al property (if the percentage of onal property is more than 10% than 50%) d personal property (if the of rent for personal property exceeds rent is based on profit or income) exceived or accrued by property. and 2b, columns A through D exceived or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

.

Part	VI Interest, Annu	uities, Re	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see	instruct	ions)	Page
	, , , , , , , , , , , , , , , , , , ,	•					Exempt Contro				
	1. Name of controlle organization	d	2. Emp l oyer identification number	incon	unrelated ne (loss) structions)	1	al of specified nents made	that is i contro	t of colur ncluded Iling orga gross inc	in the aniza-	6. Deductions directly connected with income in column 5
<u>(1)</u>											
<u>(2)</u>											
<u>(3)</u>											
<u>(4)</u>			N.I)t t 0						
	. Taxable Income	T .	Net unrelated	1	Controlled Or otal of specif		10. Part	of colum	n Q	11	Deductions directly
•	. Taxable income	ir	come (loss) instructions)		yments mad		that is inc	luded in	the ation's		connected with
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I,	Ente	I columns 6 and 11. or here and on Part I, ine 8, column (B)
Totals						▶			0.		0.
Part			of a Section 50			Orgar	nization (s	ee instru	uctions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach state)	ected (4. Set- attach st		5. Total deduction and set-asides (add cols 3 and 4)
<u>(1)</u>											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
					column 2						column 5. Enter
					here and or line 9, colu						here and on Part I
Totals					line 9, con	0.					line 9, column (B)
Part			ctivity Income		han Adve		Income	see inst	ructions)		
1	Description of exploite			,			۱ عدد د د د د د د د	200 11101	. 401.01.10)		
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con										
	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			′						_	
	4. Enter here and on F	art II, line	12							7	

Schedule A (Form 990-T) 2021

1

	ule A (Form 990-T) 2021					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or r	more periodica l s on a	consolidated basi	s.	
	A					
	В					
	c					
	D					
Enter	amounts for each periodical listed above in the	correspon	nding column.			
	·	. [Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on		e 11. column (A)	1	•	0.
а	, i.a					
3	Direct advertising costs by periodical	1				
а	Add columns A through D. Enter here and on		e 11. column (R)	1		0.
a	Add coldmins A through B. Enter here and on	i arti, iii	с тт, соштит (b)			
4	Advertising gain (loss). Subtract line 3 from lin	. [
7	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	,				
	line 4 showing a loss or zero, do not complete					
E	lines 5 through 7, and enter zero on line 8			+		
5	Readership costs			+		
6	Circulation income			+		
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
_	than line 6, enter zero			+		
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7			1		
а	Add line 8, columns A through D. Enter the g					0
Dout	Part II, line 13		and Twisters		>	0.
Part	Compensation of Officers, Diff	rectors,	and Trustees	see instructions)	T T	
					3. Percentage	4. Compensation
	1. Name		2. Tit l e		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
<u>(3)</u>					%	
<u>(4)</u>					%	
						_
	I. Enter here and on Part II, line 1				 	0.
Part	XI Supplemental Information (se	e instruct	ions)			

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
LIABILITY INSURANCE PROGR	AM FOR MEMBER CLUBS	18,051.
TOTAL TO SCHEDULE A, PART	'I, LINE 12	18,051.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
INSURANCE PREMIUMS		19,962.
TOTAL TO SCHEDULE A, PART	P II, LINE 14	19,962.
FORM 990-T DESCRIPTION SCHEDULE A	ON OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 4

GROUP LIABILITY INSURANCE PROGRAM FOR MEMBER CLUBS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/20	1,421.	0.	1,421.	1,421.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	1,421.	1,421.

IL-990-T-V

Payment Voucher for Exempt Organization Income and Replacement Tax

2022

FOR YOUR RECORDS DO NOT FILE

FOR YOUR RECORDS

198032 12-15-21

Illinois Department of Revenue 2022 IL-990-T-V

IL-990-T-V (R-12/21) **ID: 2BX**

Payment Voucher for Exempt Organization Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

Tax year ending

FEIN

Month Year

\$.00

Amount of payment (Whole dollars only)
WRITE YOUR FEIN ON YOUR CHECK

Return this voucher with check or money order payable to "Illinois Department of Revenue."

Preparer's phone number



IL-990-T-V

Payment Voucher for Exempt Organization Income and Replacement Tax

2022

FOR YOUR RECORDS DO NOT FILE

FOR YOUR RECORDS

198032 12-15-21

Illinois Department of Revenue 2022 IL-990-T-V

IL-990-T-V (R-12/21) **ID: 2BX**

Payment Voucher for Exempt Organization Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

Tax year ending

FEIN

Month Year

\$.00

Amount of payment (Whole dollars only)
WRITE YOUR FEIN ON YOUR CHECK

Return this voucher with check or money order payable to "Illinois Department of Revenue."

Preparer's phone number



IL-990-T-V

Payment Voucher for Exempt Organization Income and Replacement Tax

2022

FOR YOUR RECORDS DO NOT FILE

FOR YOUR RECORDS

198032 12-15-21

FEIN

Illinois Department of Revenue 2022 IL-990-T-V

IL-990-T-V (R-12/21) **ID: 2BX**

Payment Voucher for Exempt Organization Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

Tax year ending

05

23

Month

Year

ZONTA INTERNATIONAL 1200 HARGER ROAD, 330

36-1999220

OAK BROOK, IL 60523

Preparer's phone number (630) 573-8600

000 3

\$_

.00

Amount of payment (Whole dollars only)
WRITE YOUR FEIN ON YOUR CHECK

Return this voucher with check or money order payable to "Illinois Department of Revenue."



IL-990-T-V

Payment Voucher for Exempt Organization Income and Replacement Tax

2022

FOR YOUR RECORDS DO NOT FILE

FOR YOUR RECORDS

198032 12-15-21

FEIN

Illinois Department of Revenue 2022 IL-990-T-V

IL-990-T-V (R-12/21) **ID: 2BX**

Payment Voucher for Exempt Organization Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

Tax year ending

05

23

Month

Year

ZONTA INTERNATIONAL 1200 HARGER ROAD, 330

36-1999220

OAK BROOK, IL 60523

Preparer's phone number (630) 573-8600

000 3

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.00

Amount of payment (Whole dollars only)
WRITE YOUR FEIN ON YOUR CHECK

Return this voucher with check or money order payable to "Illinois Department of Revenue."





2021 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

			_	
If this r	return is not for calendar year 2021, enter your fiscal tax year here.		Enter the amount you are p	aying.
Tax ye	ear beginning JUN 1, 20 21 year , ending MAY 31 year 20 22 year		1	
WARN	This form is for tax years ending on or after December 31, 2021, and before December For all other situations, see instructions to determine the correct form to use.	31, 2	\$	
Step 1	1: Identify your exempt organization		Enter your federal employer identification no.	(FEIN).
A E	inter your complete legal business name.		36-1999220	
	you have a name change, check this box.			
	lame: ZONTA INTERNATIONAL	Ε	Check if you are taxed as a corporation.	X
	inter your mailing address.			
	Check this box if either of the following apply:		Check if you are taxed as a trust.	
	o this is your first return, or o you have an address change.		Provide the nature of your unrelated trade or	
	•		business. SEE STATEMENT 1	
С	o/o:		Check this box if you attached Illinois	
N 4	Mailing address: 1200 HARGER ROAD, 330		Schedule 1299-D, Income Tax Credits. Enter your North American Industry Classifica	tion
	City: OAK BROOK State: IL ZIP: 60523		System (NAICS) Code, if applicable. See instri	
	f this is the first or final return, check the applicable box(es).		524298	
J	First return	J	Check this box if you are a 52/53 week filer.	
ŗ	Final return (Enter the date of termination.	•		
	mm dd yyyy			
Step 2	2: Figure your base income or loss		(Whole dollar	s only)
1	Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions	١.	(,,
	Attach a copy of your U.S. Form 990-T.		1	.00.
2	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.		2	.00
3	Base income or loss. Add Lines 1 and 2.		3	.00.
	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois reside			X
STO	from Step 2. Line 3 on Step 4. Line 12. You may not complete Step 3. (You must lo			
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and (Do not leave Lines 6 through 8 blank.) See instructions.	d con	mplete a <u>ll lines o</u> f Step 3.	
Step	3: Figure your income allocable to Illinois (Complete only if you che	cked	the box on Line B, above.)	
l	Business income or loss included in Line 3 from non-unitary partnerships, partners			
	Schedule UB, S corporations, trusts, or estates. See instructions.	,	4	.00
l	Business income or loss. Subtract Line 4 from Line 3.		5	.00
6	Total sales everywhere. This amount cannot be negative.	6		
7	Total sales inside Illinois. This amount cannot be negative.	7		
8	Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8		
l	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.		9	.00
l	Business income or loss apportionable to Illinois from non-unitary partnerships, partn	rtner	rships included on	
l	a Schedule UB, S corporations, trusts, or estates. See instructions.		10	.00
11	Base income or loss allocable to Illinois. Add Lines 9 and 10.		11	.00
▼ di S	 Step 4: Figure your net replacement tax			
here.	Step 4: Figure your net replacement tax			
/ment ▲ F-V here.	Net income or loss from Line 3 or Line 11.	v boo	12	.00
payment ▲ 100-T-V here.	 Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply 	y by ⁻	12 1.5% (.015). 13	.00
our payment ▲ [-990-T-V here.	 Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply Recapture of investment credits. Attach Schedule 4255. 	y by ⁻	12 1.5% (.015).	.00 .00 .00
h your payment ◀ n IL-990-T-V here.	 Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply Recapture of investment credits. Attach Schedule 4255. Replacement tax before investment credits. Add Lines 13 and 14. 	/ by ¹	12 1.5% (.015).	.00 .00 .00
tach your payment ◀ Form IL-990-T-V here.	Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply Recapture of investment credits. Attach Schedule 4255. Replacement tax before investment credits. Add Lines 13 and 14. Investment credits. Attach Form IL-477.		12 1.5% (.015).	.00. 000. 000. 000.
your payment IL-990-T-V her 51 Pt 81 Rt	Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply Recapture of investment credits. Attach Schedule 4255. Replacement tax before investment credits. Add Lines 13 and 14. Investment credits. Attach Form IL-477.		12 1.5% (.015).	.00

198021 02-18-22 **IR NS DR _____**IL-990-T Page 1 of 2 (R-02/22) **ID: 2BX**



Step 5: Figure your net income tax

18	Net income or loss from Line 12.		18	.00.
19	Income Tax. See instructions.		19	
20	Recapture of investment credits. Attach Schedule 4255.		20	
21	Income tax before credits. Add Lines 19 and 20.		21	
22	Income tax credits. Attach Schedule 1299-D.		22	.00.
23	Net income tax. Subtract Line 22 from Line 21. If the amount is neg	gative, enter zero.	23	0 .00
tep	6: Figure your refund or balance due			
24	Net replacement tax from Line 17.		24	.00.
25	Net income tax from Line 23.		25	.00.
26	Compassionate Use of Medical Cannabis Program Act surcharge. S	ee instructions.	26	
27	Sale of assets by gaming licensee surcharge. See instructions.		27	.00.
28	Total net income and replacement taxes and surcharges. Add Li	ines 24, 25, 26, and 27.	28	
29	Payments. See instructions.			
	a Credits from previous overpayments.	29 a		
	b Total payments made before the date this return is filed.	29b	.00	
	c Pass-through withholding reported to you on Schedule(s)			
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	.00	
	d Pass-through entity tax credit reported to you.			
	Attach Schedule(s) K-1-P or K-1-T.	29d	.00	
	e Illinois income tax withholding. Attach Form(s) W-2G.	29e	.00	
30	Total payments. Add Lines 29a through 29e.		30	.00.
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from	om Line 30.	31	.00.
32	Amount to be credited forward. See instructions.		32	.00.
	Check this box and attach a detailed statement if this carryforward i	s going to a different FEIN.	• □ ♦ ˙	
33	Refund. Subtract Line 32 from Line 31. This is the amount to be refu	unded.	33	.00.
34	Complete to direct deposit your refund			
	Routing Number	Checking or Saving	gs	
	Account Number			
35	Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line	ne 28. This is the amount you ov	we. 35	.00.
	Tax Due. II Line 20 is greater than Line 30, subtract Line 30 Holli Lin	16 20. This is the amount you or	we. 35	

Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note — Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign				ECUTIVE RECTOR					the Department may curn with the paid
Here	Sign	ature of authorized officer	Date (mm/dd/yyyy) Tit	le		Phor	ne	preparer shows	n in this step.
		MELISSA STRUCK		MELISSA	STRU	JCK	12/12/2022	Check if	P01310867
Paid		Print/Type paid preparer's na	me	Paid preparer's	s signat	ture	Date (mm/dd/yyyy	self-employed	Paid Preparer's PTIN
Prepa		Firm's name CLIFT	ONLARSONALLE	N LLP			Firm's FEIN	41-0746	749
Use C	Only	Firm's address ▶ 1301	WEST 22ND ST	REET, SUI	TE 1	-	Firm's phone	(630) 5	73-8600

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

ID: 2BX 198022 02-18-22

ZONTA INTERNATIONAL 36-1999220

FORM IL-990-T NATURE OF TRADE OR BUSINESS STATEMENT 1

GROUP LIABILITY INSURANCE PROGRAM FOR MEMBER CLUBS

TO FORM IL-990-T, PAGE 1

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning $$ JUN $$ 1 , $$ $$ 2 $$ 2 $$ $$ $$ and ending	g MZ	AY 31, 2022				
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number			
	Address change	ZONTA INTERNATIONAL						
Name change Initial return		Doing business as		36-19992	20			
		Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numbe				
	Final return/	1200 HARGER ROAD 330		(630) 92				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	L	G Gross receipts \$	7,099,125.			
	_Amende _return	OAR BROOK, IL 60323		H(a) Is this a group return				
	Applica- tion	Finame and address of principal officer: ADDISON SOFMERS		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		mpt status: \bigcirc 501(c)(3) \bigcirc 501(c) (\bigcirc 4) \bigcirc (insert no.) \bigcirc 4947(a)(1) or \bigcirc	527	If "No," attach a	list. See instructions			
		e: ► WWW.ZONTA.ORG		H(c) Group exemptio				
			Year o	f formation: 1919 N	VI State of legal domicile: IL			
Pa		Summary						
συ		Briefly describe the organization's mission or most significant activities: ${\color{red}{ extbf{ZONTA}}}$ In						
auc.	_	CLOBAL ORGANIZATION OF PROFESSIONALS EMPOWER						
¥.		Check this box 🕨 🔛 if the organization discontinued its operations or disposed of i	more t	1				
Š		lumber of voting members of the governing body (Part VI, line 1a)			11			
& G		lumber of independent voting members of the governing body (Part VI, line 1b)			11			
es		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			16			
Activities & Governance		otal number of volunteers (estimate if necessary)			26790			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			18,051.			
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		5	-	Prior Year	Current Year 0.			
Р		Contributions and grants (Part VIII, line 1h)		2,529,442.	2,285,307.			
Revenue		Program service revenue (Part VIII, line 2g)		26,558.	11,012.			
Вe		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		90,949.	95,114.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,646,949.	2,391,433.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
				0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,039,810.	1,021,926.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
oen		otal fundraising expenses (Part IX, column (D), line 25)						
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		840,216.	1,173,846.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,880,026.	2,195,772.			
		Revenue less expenses. Subtract line 18 from line 12		766,923.	195,661.			
or			Bea	inning of Current Year	End of Year			
ets	20 T	otal assets (Part X, line 16)		7,779,464.	8,948,574.			
Ass J Ba	21 T	otal liabilities (Part X, line 26)		1,631,715.	2,855,375.			
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20		6,147,749.	6,093,199.			
	rt II	Signature Block						
		ies of perjury, I declare that I have examined this return, including accompanying schedules and st			/ knowledge and belief, it is			
true,	correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h					
		Allison Summers		12/15/2	.022			
Sign	ו	Signature of altiful E7E4AD		Date				
Her	e	ALLISON SUMMERS, EXECUTIVE DIRECTOR						
		Type or print name and title	I D.	I F	DTIM			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid	-	MELISSA STRUCK MELISSA STRUCK	12	2/13/22 self-employ				
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749			
Use	UNIY	Firm's address 1301 WEST 22ND STREET, SUITE 1100		51 16	20\ 572 0600			
		OAK BROOK, IL 60523		Pnone no. (6	30) 573-8600			
May	tne IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form	1 990 (2021) ZONTA INTERNATIONAL	36-1999220	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
	· · · · · · · · · · · · · · · · · · ·		22
1	Briefly describe the organization's mission:		
	ZONTA INTERNATIONAL IS A LEADING GLOBAL ORGANIZATION OF	PROFESSIONAL	S
	EMPOWERING WOMEN WORLDWIDE THROUGH SERVICE AND ADVOCACY.	THE	
	INTERNATIONAL OPERATIONS PROVIDE SUPPORTING SERVICES TO		
	DISTRICTS, CLUBS AND MEMBERS IN MORE THAN SIXTY COUNTRIE	S. THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Voc	X No
		les	22 140
	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 organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
	1 461 505	2 267	256
4a	(Code:) (Expenses \$1, 461, 527. including grants of \$) (Reve		<u> 256.</u>)
	PROVIDE SUPPORT TO 32 DISTRICTS/REGIONS, 1,103 CLUBS, AN	ND 26,790	
	MEMBERS IN 62 COUNTRIES TO IMPROVE THE STATUS OF WOMEN T	THROUGH SERVI	CE
	AND ADVOCACY, WORK FOR THE ADVANCEMENT OF UNDERSTANDING		
	,		<u> </u>
	PEACE THROUGH A WORLD FELLOWSHIP OF MEMBERS, PROMOTE JUS		
	UNIVERSAL RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREEI	OOMS AND BE	
	UNITED INTERNATIONALLY TO FOSTER HIGH ETHICAL STANDARDS	. IMPLEMENT	
	SERVICE PROGRAMS, AND PROVIDE MUTUAL SUPPORT AND FELLOWS		EK2
	WHO SERVE THEIR COMMUNITIES, THEIR NATIONS AND THE WORLI	O	
4h	(Code: \) (Evnenses \$ including grants of \$ \) (Baye	anue \$	
4b	(Code:) (Expenses \$) (Reve	enue \$)
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4b	(Code:) (Expenses \$		
)
4c	(Code:) (Expenses \$ including grants of \$) (Reve		

Part 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? See instructions	2		X
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢′		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b	Х	
c	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	11c		x
٨	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	 ^
	·	1 ie	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'		
19	, and the second se	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

132003 12-09-21

Ves No Part K, column (A), line 2º If 1º Yes, f. complete Schedule J. Farts I and Bi 20 X X 20 X 30 30 40 40 40 40 40 40	Pal	CIV Checklist of Required Schedules (continued)			
Part X. Column (A), line 27 if Yes,** Completes Calcutate I, Parts I and III 20 Did the organization answer Yes* to Part VII, Section A, line 3.4 or 3.4 os boot compensation of the organization is current and former officers, direction, trustees, key employees, and highest compensated employees? If Yes,** complete Schedule I, Part IV 21 Did the organization have a tax exempt bond issue with an autitateding 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 25th through 24th and complete Schedule III No." or to limit you proceeded of tax-exempt bonds beyond a temporary princip december 32th and organization completes. Schedule III No." or to limit you proceeded of tax-exempt bonds beyond a temporary princip december? 21d				Yes	No
23 Did the organization answer "Yea" to Park VI, Section A, lina 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yea," complete Schedule I, Park II, or IV, and I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officer, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 23 X 24a Dd 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 25a. 24b Dd the organization invest any proceeds of face-exempt bonds beyond a temporary period exception? 24c Dd the organization meet any aproceeds of face-exempt bonds outstanding at any time during the year? 24d Dd the organization are acrow account of the than a returning escrew at any time during the year? 24d Dd the organization are acrow account of the than a returning escrew at any time during the year? 24d Dd the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Dd the organization with a disqualified person during the year? 25d Dd the organization organization are the second or the organization with a disqualified person during the year? 25d Dd the organization organization or protected on any off the organization with a disqualified person or unity they are in the organization with a disqualified person in a price year, and that the transaction with a disqualified person organization reported and any organization reports of the organization with a disqualified person in a price year, and that the transaction should be presented in the organization with a disqualified person in a price year, and that the transaction should be organization as a price organization organization reported any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 25d A cu		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
Schedule / Life to organization have a tax-exampt 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 fine 25a. Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrove account other than a refunding escrove at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrove account other than a refunding escrove at any time during the year to defease any tax-exempt bonds? 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dd 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," amover fines 24th through 24th and complete Schedule K. If "No," go to fine 25e 5. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 5. Did the organization invest any proceeds of tax-exempt period by a temporary period exception? 24d 25a Section 501(c)(3), 301(c)(4), and 501(c)(29) organizations. Did the organization expenses any tax-exempt bonds? 25a Section 501(c)(3), 301(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified presen during the year? 25b Is the organization avairs that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 950 of 950-E2? If "Yes," complete Schedule I., Part I 25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officior, director, trustee, key employee, creator or former difficult of the organization provide against or developed and the first part of the assistance to any current or former officior, director, trustee, key employee, creator or formation of control, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity forbidge and prior prior prior prior form of the forbidge and prior prior against an entitle of the prior of paylecated line grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I., Part IV 25c A 35% controlled entity of one or more individuals and/or organization described in line 28a or 28b of 1 Yes, "complete Sche		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Schedule K. If "No." go to fine 25a	24 a				
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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 spiror Forms \$90 or 990-E27 (**, **res*, **complete **Schedule**L*, Part I**) 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or fored ficer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), or family member of any of these persons? (**Pres*, *complete Schedule**L*, *Part II**) 26	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		, , ,	25b		Х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II // X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II // instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // (** ** ** ** ** ** ** ** ** ** ** ** **	26				
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Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee) thereof or family member of any of these persons? if "ves," complete Schedule L. Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L. Part IV. 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29c Did the organization organization service contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30c Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31c) Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31c) Did the organization on the organization on the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 32d X 33d Did the organization on 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," complete Schedule R, Part IV, Iline 1 35d Did the organization organization sections 301.7701-37 If "Yes," complete Schedule R, Part IV, Iline 1 36d Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 28 X b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV. 29c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M. 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I 31 X 33 Did the organization or elated to any tax-exempt or taxable entity? if "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 36 Section 501(x)(3) organizations apartments for federal income tax purposess? If "Yes," complete Schedule R, Part V, Iline 2 36 Section 501(x)(3) organizations apartments for federal income tax purposess? If "Yes," complete Schedule R, Part V 37 X 35 Did the organization cond	27	, ,			
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part II	_,				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 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? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, Illn a 34 Part V, Illn a 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Illn a 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Illn a 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 39 Did		, , , , ,	27		x
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, circector, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part I. 31 Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization on conduct more than 5% of its activities through an entity that is not a related organization? 34 Was the organization conduct more than 5% of its activities through an entity that is not a related organization? 36 Did the organization complete Schedule R Part V, Iine 2 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line	20	· • •			
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"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 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 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 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	_				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 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? If "Yes," complete Schedule N, Part I 31 In the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, Ilne 1 33 L X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 30 Did the organization box 3 of Form 1096. Enter -0- if not applicable 30 Did the organization comply with	а		00-		v
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contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Sab Did the organization have a controlled entity within the meaning of section 512(b)(13)? By If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5012(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 To 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 V I Inne 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Yes No Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		·	29		<u> </u>
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Form 990 (2021) ZONTA INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance

36-1999220

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Гаі	Statements negaring other in 3 mings and rax compliance (continued)								
			Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 16								
	, , , , , , , , , , , , , , , , , , , ,	01	Х						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ						
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
3a		3b	X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	21						
- ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х						
h	If "Yes," enter the name of the foreign country \(\bullet \text{UNITED KINGDOM}\)	- 							
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 200, Part VIII, line 12, for public use of club facilities.								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against								
b	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Form 990 (2021)

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ALLISON SUMMERS, EXECUTIVE DIRECTOR - 630-928-1400 1200 HARGER ROAD, SUITE 330, OAK BROOK, IL

Form 990 (2021) ZONTA INTERNATIONAL

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<u>Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	I	a)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
Name and title	hours per		(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week							from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire	42			ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee		43	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		oloye	comp		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLISON SUMMERS	39.00	드	드	Of	Ke	표등	Po Po			
EXECUTIVE DIRECTOR	7.00	ł		х				204,846.	0.	24,070.
(2) SHARON LANGENBECK	25.00			21				201,010.	•	24,070.
PRESIDENT	5.00	х		х				0.	0.	0.
(3) UTE SCHOLZ	20.00									
PRESIDENT - ELECT	8.00	Х		х				0.	0.	0.
(4) SALLA TUOMINEN	13.00									
VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(5) MARI MCKENZIE	16.00									
TREASURER/SECRETARY	8.00	Х		Х				0.	0.	0.
(6) HORTENSE CHEKETE	10.00	l							_	
DIRECTOR	3.00	Х						0.	0.	0.
(7) SOUELLA MARIA CUMMING	12.00	ļ								
DIRECTOR	3.00	Х						0.	0.	0.
(8) FLORENCE FISCHER-HERBER	10.00	١,,								_
DIRECTOR	3.00	Х						0.	0.	0.
(9) FERNANDA GALLO FRESCHI DIRECTOR	15.00 3.00	х						0.	0.	0.
(10) AKIKO KINOSHITA	9.00	^						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(11) DORTE M. OLESEN	12.00	<u> </u>							•	•
DIRECTOR	3.00	х						0.	0.	0.
(12) INA WASSERLING	9.00									
DIRECTOR	2.00	Х						0.	0.	0.
		<u> </u>			_					
		4								
		├			_	H				
		-								
										- 000 (2224

ZONTA INTERNATIONAL

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck		ገ ∶than ∈	one	Reportable Reportabl		,	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation		a n	nount	of
		week (list any	_	T	I	l	T	T	from	from relate			other	
		hours for	Individual trustee or director				_		the organization	organizatior (W-2/1099-MI			pensa	
		related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC			anizati	
		organizations	truste	Institutional trustee		/ee	mper		1099-NEC)	10001120	'	-	d relate	
		below	idua	ution	 	Key employee	est co	er e	1				anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
							_							
								<u> </u>						
					_		-	<u> </u>						
					_		┢							
					-		┢	┝						
	0.11.1.1	1					<u> </u>	┡	204,846.		0.	2	4,0	70
	Subtotal								204,848.		0.		4,0	0.
	Total from continuation sheets to Part VI								204,846.		0.	2	4,0	
	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>		000 of reportable			4,0	/ U •
2	compensation from the organization	ot imited to th	ose	nste	ual	ove	<i>*)</i> WII	ю ге	eceived more man \$100,	ooo or reportable	3			1
	compensation from the organization												Yes	No.
3	Did the organization list any former officer,	director trust	ا مد	(0)/ (amal	OVA	Δ Or	· hia	sheet compensated empl	lovee on	ı į			
3	•			-		•		_		-		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											j		
7	and related organizations greater than \$150	•							•	•		4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	•							•			5		Х
Sec	tion B. Independent Contractors	ipiete Geriedan		Or St	<u>acii ş</u>	<i>5013</i>	011							
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business	address	N	INC	3				Description of s	ervices	С	compe	nsatio	n
								_			<u> </u>			
								_			<u> </u>			
								_			 			
											1			
											$\vdash \vdash$			
											1			
	Tatal number of index and act and action in	المسالم ما المسالم المسالم			J 4 -									
2	Total number of independent contractors (i	_	ot I Ir	nited	ı to .	thos)	_	ted	above) who received mo	ore tnan				
	\$100,000 of compensation from the organic	zation 🚩					,						000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIP DUES 900099 2,267,256, 2,267,256. Program Service Revenue 524298 18,051 LIABILITY PREMIUMS 18,051 С d f All other program service revenue 2,285,307 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 67,725 67,725. other similar amounts) Income from investment of tax-exempt bond proceeds 7,374. 7,374. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 4,650,979 assets other than inventory b Less: cost or other basis 4,707,692 Other Revenue and sales expenses 7c -56,713 c Gain or (loss) -56,713. -56,713. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MANAGEMENT FEES 900099 87,725 87,725 900099 15 OTHER INCOME 15. b d All other revenue 87,740 Total. Add lines 11a-11d 18,051. 106,126. 2,391,433, 2,267,256. Total revenue. See instructions 12

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Form 990 (2021) ZONTA INTERNATIONAL
Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons 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.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,	220 016	160 241	60 675	
	trustees, and key employees	228,916.	160,241.	68,675.	
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	640,114.	532,576.	107,538.	
7	Other salaries and wages	040,114.	334,370.	101,330.	
3	Pension plan accruals and contributions (include				
<u> </u>	section 401(k) and 403(b) employer contributions)	94,005.	77,611.	16,394.	
9 0	Other employee benefits	58,891.	47,113.	11,778.	
	Payroll taxes	30,091.	47,113.	11,770.	
1	Fees for services (nonemployees):				
a	Management	30,946.		30,946.	
b	Legal	89,814.		89,814.	
c d	<u> </u>	05,014.		05,014.	
	D () 1(1) ;				
e f	Investment management fees				
g					
y	column (A), amount, list line 11g expenses on Sch O.)	75,762.	75,762.		
2	Advertising and promotion	7077021	, , , , , , , ,		
<u>-</u> 3	Office expenses	108,678.	49,121.	59,557.	
1	Information technology	73,624.	55,218.	18,406.	
5	Royalties	70,0220	00,1101		
6	Occupancy	135,409.	101,557.	33,852.	
7	Travel	29,907.	29,907.	00,0021	
3	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,104.	4,104.		
)	Interest	, =	, = •		
1	Payments to affiliates	148,446.		148,446.	
2	Depreciation, depletion, and amortization	81,275.	60,956.	20,319.	
-	Insurance	69,073.		69,073.	
Ļ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),			·	
	amount, list line 24e expenses on Schedule 0.)				
а	ZONTIAN MAGAZINE	140,709.	140,709.		
b	INTERNATIONAL BOARD & C	121,641.	93,260.	28,381.	
С					
d					
е	All other expenses	64,458.	33,392.	31,066.	
5	Total functional expenses. Add lines 1 through 24e	2,195,772.	1,461,527.	734,245.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

ZONTA INTERNATIONAL

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Pai	art X Balance Sheet								
		Check if Schedule O contains a response or not	e to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			2,322,184.	1	2,280,428.		
	2	Savings and temporary cash investments			1,042,807.	2	2,760,437.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			2,552.	4	521,060.		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%					
		controlled entity or family member of any of thes	e perso	ons		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined					
		under section 4958(f)(1)), and persons described				6			
ţ	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
Ř	9	Prepaid expenses and deferred charges			144,579.	9	718,994.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D			4.5 .4.		440		
	b	Less: accumulated depreciation	197,019.	10c	143,594.				
	11	Investments - publicly traded securities			2 224 245	11	0.516.100		
	12	Investments - other securities. See Part IV, line 1	3,984,945.	12	2,516,129.				
	13	Investments - program-related. See Part IV, line		13					
	14	Intangible assets		05 270	14	7 022			
	15	Other assets. See Part IV, line 11			85,378.	15	7,932.		
	16	Total assets. Add lines 1 through 15 (must equa			7,779,464. 94,654.	16	8,948,574. 119,720.		
	17	Accounts payable and accrued expenses	34,034.	17	119,720.				
	18	Grants payable	1,524,495.	18	2,684,591.				
	19	Deferred revenue			1,324,433.	19 20	2,004,391.		
	20 21	Tax-exempt bond liabilities				21			
	22	Loans and other payables to any current or form				21			
Liabilities	~~	trustee, key employee, creator or founder, subst							
ij		controlled entity or family member of any of thes		T T		22			
Lia	23	Secured mortgages and notes payable to unrela				23			
	24	Unsecured notes and loans payable to unrelated				24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines							
		of Schedule D			12,566.	25	51,064.		
	26	Total liabilities. Add lines 17 through 25			1,631,715.	26	2,855,375.		
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🗓					
Ses		and complete lines 27, 28, 32, and 33.							
<u>a</u>	27	Net assets without donor restrictions			6,066,194.	27	6,011,644.		
Ba	28	Net assets with donor restrictions		<u></u>	81,555.	28	81,555.		
pur		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌					
Ē		and complete lines 29 through 33.							
<u> </u>	29	Capital stock or trust principal, or current funds				29			
sset	30	Paid-in or capital surplus, or land, building, or eq		Г		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			C 148 840	31	6 000 100		
Š	32	Total net assets or fund balances			6,147,749.	32	6,093,199.		
	33	Total liabilities and net assets/fund balances			7,779,464.	33	8,948,574.		

, 948 , 574 • Form **990** (2021)

Form	990 (2021) ZONTA INTERNATIONAL	36-199	9220	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,391		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,195		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,66	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,147		
5	Net unrealized gains (losses) on investments	5	-186	5,01	<u>L3.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-64	1,19	<u> 8€</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,093	3,19	<u> 99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form 9	9 90 (2	2021)

132012 12-09-21

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 5	01(c)(4), (5), or (6) organizat	ions: Comp l ete Part III.			
Nan	ne of orga	nization			Empl	oyer identification number
			NTERNATIONAL			36-1999220
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 or	ganization.
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities		▶ \$	
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the		incurred by the organization und			
			▶\$			
4a	a Was a co	orrection made?				Yes No
b	I f "Yes,"	describe in Part IV.				
_		<u> </u>	anization is exempt und		•	
			I by the filing organization for se			
2		0 0	ization's funds contributed to ot	•		
_			Addition 1 and 0 Fatables			
3		•	. Add lines 1 and 2. Enter here a			
4			1120-POL for this year?			
5			ployer identification number (El			
Ū			tion listed, enter the amount pai		_	
	contribut	ions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a separate	e segregated fund or a
	political	action committee (PAC). If a	additional space is needed, prov	vide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021 Z (ONTA INT	ERNATIONAL		36-1	L999220 Page 2
Part II-A Complete if the organ	nization is ex	cempt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
	=	affiliated group (and list i	n Part IV each affiliated g	group member's nam	ie, address, EIN,
expenses, and share of	,	• '			
B Check ▶ if the filing organizatio	n checked box /	A and "limited control" pr	ovisions apply.	() Ellin ii	(I.) Assiliated and an
	on Lobbying Ex ures" means an	penditures nounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinio	on (grassroots lobbying)			
b Total lobbying expenditures to influer		le a ale e Calinea a tella la la la colonia a N			
c Total lobbying expenditures (add lines	J	, , , , , ,			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (l		lobbying nontaxable an			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100	0,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00		5,000 plus 5% of the exce			
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero c	or less, enter -0-				
i Subtract line 1f from line 1c. If zero or	r less, enter -0-				
j If there is an amount other than zero	on either l ine 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year	ar?				Yes No
(Some organizations that	made a sectio	Averaging Period Unde n 501(h) election do not parate instructions for li	have to complete all of	f the five columns b	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
				·	
f Grassroots lobbying expenditures			<u> </u>		

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

ZONTA INTERNATIONAL

36-1999220 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)
the lobbying activity.	Yes	N	ю	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements? d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?					
p Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	5), o	r sec	tion	
501(c)(6).					<u> </u>
501(c)(6).				Yes	
		1	1		-
Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes X X	_
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	prior year' 501(c)({	 ? 5), o	2 3 r sec	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section	prior year 501(c)(t	5), o (b) F	2 3 r sec	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nes."	prior year 501(c)(t	5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Naswered "Yes." Dues, assessments and similar amounts from members	prior year 501(c)(t	5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	prior year 501(c)(5 No" OR	? 5), o (b) F	2 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year' 501(c)(§ No" OR	5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year Total	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	prior year' 501(c)(s No" OR	? 5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year' 501(c)(s No" OR	5), o (b) F	2 3 r sec Part I 1 1 2a 2b 2c	X X	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

ZONTA INTERNATIONAL

Employer identification number 36-1999220

Pai	t I Organizations Maintaining Donor Advised Funds o	r Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) D	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	he assets he <mark>l</mark> d in donor advised f	unds
	are the organization's property, subject to the organization's exclusive leg-	al control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wri	iting that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization an	nswered "Yes" on Form 990, Part	: IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreation or educa	ation) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С.	Number of conservation easements on a certified historic structure include		2c
d	Number of conservation easements included in (c) acquired after 7/25/06,		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, released, exting	guisned, or terminated by the org	janization during the tax
4	year	atad N	
4	Number of states where property subject to conservation easement is local Does the organization have a written policy regarding the periodic monitor		
5		= :	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conserv	
Ü	b	notations, and emoretry conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ions, and enforcing conservation	easements during the year
-	▶ \$	ione, and ornerong concertainen	casee cag and year
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, Histo	orical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to repo	ort in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furthe	erance of pub l ic
	service, provide in Part XIII the text of the footnote to its financial statement	nts that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in \ensuremath{ASC}	n its revenue statement and ba l a	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			• \$
2	If the organization received or held works of art, historical treasures, or other	-	in, provide
	the following amounts required to be reported under FASB ASC 958 relati	•	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		_
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.	Schedule D (Form 990) 2021

		NTERNATION							99220	Page 2
Par	rt III Organizations Maintaining C	collections of A	t, Histor	ical Tre	asures, or	Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the fo	ollowing that	make sig	nificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition	•			nange progra					
b	Scholarly research	•	e LL Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	•			•	•		se in Part i	XIII.	
5	During the year, did the organization solicit of								_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	rt IV Escrow and Custodial Arran		lete if the o	rganizatior	n answered "`	Yes" on F	orm 990	, Part I V, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ntributions	or other ass	ets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
									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 F	orm 990, Part X, l ine	21, for esc	crow or cu	stodial accou	ınt liability	/?		Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete	if the organization a	nswered "Y	es" on Fo	rm 990, Part I	IV, line 10).			
		(a) Current year	(b) Pric	r year	(c) Two years	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, d	column (a))) he l d as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u>%</u>								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re he l d an	d administere	ed for the	organiza	ition		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sch	edu l e R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, I	ne 11a. Se	ee Form 990,	Part X, I ii	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	/alue
	, , , , ,	basis (invest		basis (I		eciation			
1a	Land									
b	Buildings									
c	Leasehold improvements			4'	7,114.		17,1	77.	29	,937.
d	Equipment				4,022.		50,36			,657.
	Other						•			
	I. Add lines 1a through 1e. (Column (d) must e		X column	(B) line 10)c.)			ightharpoonup	143	,594.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

DocuSign Envelope ID: A9CE5C29-CBF9-4F64-B3E2-A39E9EAEB6A1 ZONTA INTERNATIONAL 36-1999220 Page 3 Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) CORPORATE BONDS 100,331. END-OF-YEAR MARKET VALUE $3, \overline{572}$ END-OF-YEAR MARKET VALUE MONEY MARKET EQUITIES 709,352. END-OF-YEAR MARKET VALUE (C) 648,404. END-OF-YEAR MARKET VALUE ETF (D) EQUITY FUNDS 486,578. END-OF-YEAR MARKET VALUE (E) BONDS FUNDS 567,892. END-OF-YEAR MARKET VALUE (F) (G) (H) 2,516,129. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5)(6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	15,990.
(3)	DUE TO ZONTA FOUNDATION FOR WOMEN	35,074.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	51,064.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ZONTA INTERNATIONAL		36-19992	20 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nanta With Eve	5	
Pa	T XII Reconciliation of Expenses per Audited Financial Stater	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	et IV lines 1b and 2	h: Part V lina 4: Part V lina 2: F	Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			art Ai,
			•	
PAF	RT X, LINE 2:			
THE	ORGANIZATION FOLLOWS THE REQUIREMENTS FO	R ACCOUNT	ING FOR UNCERTAL	N TAX
POS	SITIONS. THE ORGANIZATION HAS DETERMINED	THAT THEY	ARE NOT REQUIRE	D TO
REC	CORD A LIABILITY RELATED TO UNCERTAIN TAX	POSITIONS	AS OF MAY 31, 2	022
ANI	2021.			
				<u> </u>

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ZONTA INTERNATIONAL

Employer identification number 36-1999220

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		l

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Schedule J (Form 990) 2021

36-1999220

Page 2

ZONTA INTERNATIONAL Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALLISON SUMMERS	≘	204,846.	0	0.	10,244.	13,826.	228,916.	• 0
EXECUTIVE DIRECTOR	<u>(ii)</u>	• 0	0.	0.	• 0	0.	• 0	• 0
	(E)							
	▣							
	(i)							
	(ii)							
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Schedule J (Form 990) 2021 ZONTA INTERNATIONAL	36-1999220	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
PART I, LINE 3:		
IN DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE ZONTA		
INTERNATIONAL BOARD CONDUCTS EXTENSIVE RESEARCH ABOUT THE COMPENSATION		
LEVELS OF THE NOT-FOR-PROFIT SECTOR AND COMPARES THE DUTIES OF THE POSITION		
TO THOSE OF SIMILAR ORGANIZATIONS WHILE ALSO TAKING INTO CONSIDERATION THE		
INDIVIDUAL'S BACKGROUND, EXPERTISE, QUALIFICATIONS AND LOCAL ECONOMIC		
CONDITIONS.		
	Schedule J (Form 990) 2021	990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ZONTA INTERNATIONAL

Employer identification number 36-1999220

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH SERVICE AND ADVOCACY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION DELIVERS ADVOCACY, INTERNATIONAL SERVICE PROJECTS AND
EDUCATIONAL PROGRAMS AND MAINTAINS AFFILIATIONS AND RELATIONSHIPS THAT
FURTHERS ZONTA INTERNATIONAL'S OBJECTIVES. ZONTIANS ARE FOCUSED ON
ACHIEVING GENDER EQUALITY IN A WORLD WHERE WOMEN'S RIGHTS ARE
RECOGNIZED AS HUMAN RIGHTS AND EVERY WOMAN IS ABLE TO ACHIEVE HER FULL
POTENTIAL.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO PAY ANNUAL DUES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE PROCESS IS AS FOLLOWS:
VOTING MEMBERS ARE MEMBERS OF THE ZONTA INTERNATIONAL BOARD, PAST
INTERNATIONAL PRESIDENTS, GOVERNORS, AND DELEGATES FROM EACH CLUB IN GOOD
STANDING.
EACH CLUB OF ZONTA INTERNATIONAL IS ENTITLED TO ONE (1) DELEGATE AND
ALTERNATE. IF THE MEMBERSHIP OF ANY CLUB, BASED UPON THE DUES PAYMENT
THROUGH 1 MARCH, EXCEEDS THIRTY (30) MEMBERS, THE CLUB IS ENTITLED TO A
SECOND DELEGATE AND ALTERNATE. IF THE MEMBERSHIP EXCEEDS SIXTY (60)
MEMBERS, THE CLUB IS ENTITLED TO A THIRD DELEGATE AND ALTERNATE. A DELEGATE

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer** identification number 36-1999220 ZONTA INTERNATIONAL MAY CARRY THE TOTAL VOTES TO WHICH THE CLUB IS ENTITLED. A MEMBER OF THE ZONTA INTERNATIONAL BOARD SHALL NOT BE A CLUB DELEGATE OR ALTERNATE. A MAJORITY OF THE VOTING MEMBERS CREDENTIALED CONSTITUTES A QUORUM. A MAJORITY VOTE IS NECESSARY FOR ELECTION OF OFFICERS. IN THE EVENT NO CANDIDATE RECEIVES A MAJORITY OF THE VOTES CAST, THE BALLOTING FOR THE OFFICE SHALL CONTINUE. ONLY THE TWO (2) CANDIDATES RECEIVING THE LARGEST NUMBER OF VOTES REMAIN ON THE SECOND BALLOT. THE ZONTA INTERNATIONAL DIRECTORS AND MEMBERS OF THE ZONTA INTERNATIONAL NOMINATING COMMITTEE ARE ELECTED BY PLURALITY VOTE. FORM 990, PART VI, SECTION A, LINE 7B: VOTING MEMBERS VOTE ON PROPOSED AMENDMENTS TO THE BYLAWS; DUES AND FEES; AND RESOLUTIONS AND GOALS THAT ESTABLISH THE INTERNATIONAL SERVICE PROJECTS AND EDUCATION PROGRAMS. VOTING MEMBERS ARE MEMBERS OF THE ZONTA INTERNATIONAL BOARD, PAST INTERNATIONAL PRESIDENTS, DISTRICT GOVERNORS, DELEGATES FROM EACH CLUB IN GOOD STANDING. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT 990 IS SENT TO THE INTERNATIONAL PRESIDENT, TREASURER AND OTHER US MEMBERS OF THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD FOR REVIEW. THE PRESIDENT AND THE TREASURER APPROVE THE 990 FOR SUBMISSION. THE BOARD HAS GIVEN SIGNATURE AUTHORITY TO THE EXECUTIVE DIRECTOR. THE COMPLETE 990 IS DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization ZONTA INTERNATIONAL

Employer identification number 36-1999220

ZONTA INTERNATIONAL CLOSELY MONITORS THE CONFLICT OF INTEREST STATUS OF
THEIR EMPLOYEES, DIRECTORS, OFFICERS AND COMMITTEE MEMBERS, AND REQUIRES
THAT ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST BE FULLY DISCLOSED TO THE
BOARD AND COMMITTEE MEMBERS FOR REVIEW. ONCE THE TRANSACTION OR
ARRANGEMENT HAS BEEN VOTED ON BY THE GOVERNING BOARD AND COMMITTEES, THE
FINAL DECISION IS GIVEN TO THE INTERESTED PERSON. THE TRANSACTION OR
ARRANGEMENT IN QUESTION IS THEN MONITORED WITH UPDATES ON THE "CONFLICT"
AND PERIODIC REVIEWS BY THE GOVERNING BOARD AND COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE

ORGANIZATION'S BOARD CONDUCTS EXTENSIVE RESEARCH ABOUT THE COMPENSATION

LEVELS OF THE NOT-FOR-PROFIT SECTOR AND COMPARES THE DUTIES OF THE POSITION

TO THOSE OF SIMILAR ORGANIZATIONS WHILE ALSO TAKING INTO CONSIDERATION THE

INDIVIDUAL'S BACKGROUND, EXPERTISE, QUALIFICATIONS AND LOCAL ECONOMIC

CONDITIONS.

IN DETERMINING THE COMPENSATION FOR THE OTHER OFFICERS OR KEY EMPLOYEES OF
THE ORGANIZATION, THE ORGANIZATION'S BOARD AND EXECUTIVE TEAM RESEARCHES
AND COMPARES THE COMPENSATION LEVELS OF THE NOT-FOR-PROFIT SECTOR AND
COMPARES THE DUTIES OF THE POSITION TO THOSE OF SIMILAR ORGANIZATIONS WHILE
ALSO TAKING INTO CONSIDERATION THE INDIVIDUAL'S BACKGROUND, EXPERTISE,
QUALIFICATIONS AND LOCAL ECONOMIC CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO

ALL MEMBERS ON ZONTA INTERNATIONAL'S WEBSITE. THESE DOCUMENTS, ALONG WITH

CONSOLIDATED FINANCIAL STATEMENTS, ARE ALSO MADE AVAILABLE AS REQUESTED

Schedule O (Form 990) 2021	Page 2
Name of the organization ZONTA INTERNATIONAL	Employer identification number 36-1999220
THROUGH ZONTA HEADQUARTERS. THE ANNUAL AUDIT OF THE CONSC	LIDATED FINANCIAL
STATEMENTS, ANNUAL REPORT AND 990 IS POSTED ON THE WEBSITE	FOR ALL MEMBERS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION	-64,198.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATE	MENTS AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THE ORGANIZATION	I HAS NOT
CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX	YEAR.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2021

OMB No. 1545-0047

Fy Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identification number	
Department of the Treasury Internal Revenue Service	Name of the organization	ATINO?

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

	(a)	(q)	(2)	(p)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End of year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations cluing the tax year.	ons. Complete if the organization and	swered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more r	elated tax-exempt

	(F)	Section 3 (2(b)(13) controlled	entity?	٩			×					
	ِ ا	section s	ent	Yes								
	(f)	Direct controlling	entity				N/A					
	(e)	Public charity	status (if section	501(c)(3))			7					
	(p)	Exempt Code	section				501(C)(3)					
	(0)	Legal domicile (state or	foreign country)				ILLINOIS					
	(q)	Primary activity			GRANT ASSISTANCE THROUGH	AWARDS, SCHOLARSHIPS AND	SERVICE PROJECTS					
organizations dufing the lax year.	(a)	Name, address, and EIN	of related organization		ZONTA FOUNDATION FOR WOMEN - 36-3396932	1200 HARGER ROAD, SUITE 330	OAK BROOK, IL 60523					

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

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ZONTA INTERNATIONAL

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Percentage ownership Schedule R (Form 990) 2021 ٩ Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 General or F managing partner? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Yes 9 Ξ Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets Ξ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d)
I Direct controlling entity Primary activity Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 11-17-21 Part III Part IV

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Schedule R (Form 990) 2021 ZONTA INTERNATIONAL

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				ŕ	Yes	 2
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				ą	×	
c Gift, grant, or capital contribution from related organization(s)				<u>۽</u>		×
d Loans or loan guarantees to or for related organization(s)				14		×
				<u>و</u>	×	
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organiza				1h		×
				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
) - (1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1				į		Þ
K Lease of lacinities, equipment, of other assets from related organization(s)				+	1	4
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			+	$\frac{1}{1}$	
 m Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)			ᄪ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			두	×	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				ا		×
Reimbursement paid by related organization(s) for expenses				19	H	×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				13		×
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount invo l ved	(d) Method of determining amount involved	ved		
(1) ZONTA INTERNATIONAL FOUNDATION	m m	148,446.	BOOK VALUE			
INTERNATIONAL	м	35,074.				
	F	100 561	311 1 K11 400 d			
(3) ZONTA INTERNATIONAL FOUNDATION	7	-	BOOK VALUE			
(4) ZONTA INTERNATIONAL FOUNDATION	Z	54,785.	BOOK VALUE			
(6) ZONTA INTERNATIONAL FOUNDATION	0	32,940.	BOOK VALUE			
(9)						
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Schedule R (Form 990) 2021 ZONTA INTERNATIONAL

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

Code V-UBI General or Percentage amount in box 20 partner? ovnership (Form 1065) Yes No 3 Dispropor-tionate allocations? Yes No end-of-year Share of assets Share of income tota (e) Are all partners sec. 501(c)(3) orgs.? Predominant income (related, excluded from tax under sections 512-514) <u>©</u> (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity <u>(a</u>

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Schedule R	(Form 990) 2021	ZONTA	INTERNATIONAL		36-1999220	Page 5
Part VII	(Form 990) 2021 Supplemental Infor	mation				
			nses to questions on Schedule R. See instruc	ctions.		
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