F...urn of Organization Exempt From Income 1

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2012 calendar year, or tax year beginning JUN 1, 2012 and ending	MAY 31, 2013	
B c	neck if plicable:	C Name of organization	D Employer identific	ation number
	1Address		"	- 1
	change Name change	ZONTA INTERNATIONAL FOUNDATION Doing Business As	36-33	396932
T	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	Termin- ated	1211 W 22ND STREET, SUITE 900	630-9	28-1400
	Amende		G Gross receipts \$	2,724,654.
	Jreturn]Applica-		H(a) Is this a group re	turn
•	Ition pending		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No
1 T	27-070			ist, (see instructions)
		WWW.ZONTA.ORG	H(c) Group exemption	· · · · · ·
		organization: Corporation Trust Association X Other ▶ PUBLI L Ye		
		Summary		
		Briefly describe the organization's mission or most significant activities: THE MISS:	ON OF THE ZOI	NTA
e e	1 5	INTERNATIONAL FOUNDATION IS TO SUPPORT THE CI	ARTTABLE AND	
nan	0 0	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
& Governance		lumber of voting members of the governing body (Part VI, line 1a)		11
Ĝ		lumber of voting members of the governing body (Fart VI, line 1a) Jumber of independent voting members of the governing body (Part VI, line 1b)		11
જ		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		0
Activities	-			30000
ţi		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		0.
Ac				0.
	b F	let unrelated business taxable income from Form 990-T, ine 34	Prior Year	Current Year
			2,975,101.	2,270,940.
ë	i	Contributions and grants (Part VIII, line 1h)	0.	0.
Jen 7		Program service revenue (Part VIII, line 2g)	347,410.	239,070.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	12,667.	10,666.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,335,178.	2,520,676.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	588,275.	3,671,475.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,413.	<u>3,671,473.</u>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	υ.	0.
Š	:	Fotal fundraising expenses (Part IX, column (D), line 25)	4F 407	01 560
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,487.	81,569.
	18 -	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	633,762.	3,753,044.
	19 I	Revenue less expenses. Subtract line 18 from line 12	2,701,416.	-1,232,368.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	10,779,760.	11,923,757.
age and a	21	Total liabilities (Part X, line 26)	254,333.	1,948,855.
		Net assets or fund balances. Subtract line 21 from line 20	10,525,427.	9,974,902.
	art II	Signature Block		
Und	er pena	tites of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	y knowledge and beliet, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	ĺ	& athlen M Heigher 1 PA	Date	0/4/
Sig	n	Signature of officer	Date	
Her	е	KATHLEEN HUGHES, TREASURER/SECRETARY		
		Type or print name and title	ID-10 4	DTM
		Print/Type preparer's name	Date Check L	PTIN
Paid	j	GREGORY S. ADAMS	8 14 if self-employ	
Pre	parer	Firm's name CLIFTONLARSONALLEN LIP	Firm's EIN ▶	41-0746749
Use	Only	Firm's address 1301 W. 22ND ST, STE 1100		
_		OAK BROOK, IL 60523	Phone no. (<u>630) 573-8600</u>
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

1 bit to organization described in section 501(4)(0 or 4947(a)(1) (other than a private foundation)? 1				Yes	No
# "Yes," complete Schedule A complete Schedule #, Schedule of Contributors? 2	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 is the organization required to complete Schedule (S. Chedule of Contributors) Did the organization engages in cliest or indexed political campaign activities on behalf of or in opposition to candidates for public office (If If I	•		1		
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for pablic official (**) **Pes*, "complete Schedule C, Part II ** **Section 50 (19(3) organizations. Did the organization anguge in following activities, or have a section 50 (16) did to organization a section 50 (16)(6), 501 (6)(6), or 10 (16)(6) organization that receives membratily dues, assessments, or sinifar amounts as defined in Neveniue Procedure 96-197 If "Yes," complete Schedule C, Part II ** **Did the organization maintain any donor advised funds or any similar trudes or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the environment, historic fand areas, or historic structures if "Yes," complete Schedule D, Part II ** **Did the organization report an amount in Part X, line 21, for escrow or custodial account liabilitys serve as a custodian for amounts not listed in Part X, or provide credit courseling, diath management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II ** **Did the organization environments II "Yes," complete Schedule D, Part V, II ** **Did the organization areas or any of the foliowing questions is "yes," then complete Schedule D, Part V, II ** **Did the organization environments II "Yes," complete Schedule D, Part V, II ** **Did the organization environments II "Yes," complete Schedule D, Part V, II ** **Did the organization environments II "Yes," complete Schedule D, Part VII ** **Did the organization environments II "Yes," complete Schedule D, Part VII ** **Did the organization environments II "Yes," complete Schedule D, Part VII ** **Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 197 II "Yes," comp	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
public officer? If "Yes," complete Schedule C, Part I Section 50 (R)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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that soulves membership class, assessments, or similar amounts as defined in Revenue Procedulus 96-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts is net hinds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such thads or accounts? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization insport an amount in Part X, line 21, for eacrow or custodial account slability, serve as a custodian for amounts not listed in Part X, or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or qualendowments? If "Yes," complete Schedule D, Part VI Ut the organization report an amount for land, bulkings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, bulkings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X III Did the organization report an amount for land in the part of the securities in Part X, line 107 If "Yes," complete Schedule D, Part X III Did the organization report an amount for land in the part of the securities of the securi		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section Schi(d), 501(6), or 501(6); or grainization that receives mamberathy dues, assessments, or similar amounts as defined in Revenue Procedure 98-18/1 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historical adress, or historic structure? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for eacrow or custodial uccount 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quale andowments If "Yes," complete Schedule D, Part V, III Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X Did the organization separate or considitated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organ		public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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	t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			(2010)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
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			
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	_		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV	100 Miles		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	ٽ '		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

36-3396932 ZONTA INTERNATIONAL FOUNDATION Form 990 (2012) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? 2a 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities _____ Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against

14a X

12a

13a

Form 990 (2012)

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?

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 13b

c Enter the amount of reserves on hand 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Form 990 (2012) ZONTA INTERNATIONAL FOUNDATION 36-3396932 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
	-	W-0-111171-1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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 in Schedule O.			i		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	11		. ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other				
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		····· -			
3	of officers, directors, or trustees, or key employees to a management company or other person?		i	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
4	Did the organization become aware during the year of a significant diversion of the organization's as:			5		X
5				6		Х
6	Did the organization have members or stockholders?	anoint one or	·····			
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7a		Х
	more members of the governing body?		}	ra		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			-71 ₋		x
	persons other than the governing body?	h tha fallandar	·····	7b	HUMB	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			Valid.	w	545 W. S. C. Y.
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?	• • • • • • • • • • • • • • • • • • • •	····· -	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the for	m?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			W.Y.		
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1					
Ū	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv		·····	N.	(3)5	STANT.
1.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_				15a	Х	17.5
	The organization's CEO, Executive Director, or top management official		- 1	15b	X	
D	Other officers or key employees of the organization		····· }		170.00	10000000
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a				
างล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16a	500000	Х
_	taxable entity during the year?	to ita partialestias		iva	(4)(4)(4)	QUICE N
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			400	1275,15.	10.4500.05
_	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure	TY ME ME ME	MT	7.47.17	MC	NILI
17	List the states with which a copy of this Form 990 is required to be filed TL, AZ, CA, CO, F	CI, ME, MD, MA	· , MI	, IVIEV	, 1113	MIL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	「(Section 501(c)(3)s	oniy) a	vailat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest poli	cy, and	d fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the or	ganizat	ion: 🛭	> <u></u>	
	MARGARET INGRAM, ACCOUNTANT & HR SP - 630-928-1400)				·····
	1211 W. 22ND STREET, SUITE 900, OAK BROOK, IL 609					,,
23200 12-10	GER COURDITE O FOR FILL LICH OF CHAMPC			Forn	990	(2012)

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	(B)	Jige		(C				(D)	(E)	(F)
Name and Title	Average	١,,		Posi	tion	than		Reportable	Reportable	Estimated
Mario and Mio	hours per	box	, unle:	ss per	son i	s bot	ıan	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	0.0	99			sated		organization (W-2/1099-MISC)	(44-27 (099-141130)	organization
	organizations	ruste	nstitutional trustee		98,	npen		(11 27 1000 111100)		and related
	below	dualt	tiona		Key employee	St DO	 **			organizations
	line)	igi.	Institu	Officer	Key 8	Highest compensated employee	Former			
(1) LYNN J, MCKENZIE	8.00									
PRESIDENT	27.00	х	ļ	X				0.	0.	0.
(2) MARIA JOSE LANDEIRA OESTERGAAD	6.00			Γ						_
PRESIDENT-ELECT	18.00	Х		Х				0.	0.	0.
(3) SONJA HONIG SCHOUGH	4.00					Γ			_	
VICE PRESIDENT		X		Х				0.	0.	0.
(4) KATHLEEN HUGHES	4.00							_		
TREASURER/SECRETARY	10.00	X		Х		<u></u>		0.	0.	0.
(5) JOY ORLICH	3.00	1								_
DIRECTOR	9.00	X		<u> </u>	<u> </u>		_	0.	0.	0.
(6) GABRIELLA SAMARA PAPHITIS	3.00	ļ								,
DIRECTOR	9.00	X	<u> </u>	<u>L</u>	<u> </u>	_	<u> </u>	0.	0.	0.
(7) LAURA PETERS	3.00	1					1			0.
DIRECTOR	9.00	X	_			<u> </u>	<u> </u>	0.	0.	<u> </u>
(8) DENISE QUARLES	3.00	٠,					ĺ	0.	0.	0.
DIRECTOR	9.00	<u> </u> ▲	 	\vdash	┝	╄	┡		0.	0.
(9) ANITA SCHNETZER-SPRANGER	3.00 9.00	x					1	0.	0.	0.
DIRECTOR	3.00	12	┢	-	├	\vdash	⊢		-	
(10) MARIA STEFANOVA DIRECTOR	9.00	X			İ		İ	0.	0.	0.
(11) ELIZABETH WOODGATE	3.00	123	\vdash	\vdash	\vdash	+-	┢			
DIRECTOR	9.00	x						0.	0.	0.
(12) JASON FRISKE	8.00	1	1-	\vdash	╁┈	+	\vdash			
EXECUTIVE DIRECTOR	27.00	1		x	l		ĺ	0.	115,000.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C				
(A)	(B)				>)			(D)	(E)	(F)	
Name and title	Average	(do not check			Position (do not check more than one box, unless person is both an			Reportable	Reportable	Estimate	
	hours per	box.	unles	ss per	rson i		an	compensation	compensation from related	amount other	JI
	week (list any	 						from the	organizations	compensa	tion
	hours for	Individual trustae or director						organization	(W-2/1099-MISC)	from the	
	related	e or ¢	stee			1 sate		(W-2/1099-MISC)	,	organizat	on
	organizations	truste	al trus		ye	im per		,		and relat	ed
	below	idua	Institutional trustee	la la	Key employee	est co	Former			organizati	ons
	line)	Indiv	Insti	Officer	ĘĘ.	Highest compensated employee					
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		4									
		1_	<u>L</u>	<u> </u>	J	┸		0.	115,000	<u> </u>	0.
1b Sub-total								0.	0		0.
c Total from continuation sheets to Part								0.	115,000		0.
d Total (add lines 1b and 1c)					<u></u> ده ط	<u>.</u>	ho !		<u> </u>	<u>-1</u>	
Total number of individuals (including but	not imited to t	nose	HSU	eu a	UOV	16) W	10 1	eceived more man who	0,000 or reportable		0
compensation from the organization										Yes	No
3 Did the organization list any former office	r director ort	niste	e k	ev e	mnl	ovee	or	highest compensated	employee on		
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	euch individus	ıl	, o, i	cy c	, i i i pi	Oyou	, 0.	riigi loot borrip arrama ir		3	Х
and the second s	eum of renorts	"… hle c	omr	nens	atio	 ทา สท	d ol	ther compensation from	the organization		MARK!
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50 0002 <i>lf</i> "Ye:	s." co	amo	lete	Sch	nedul	e J	for such individual	•	4	Х
5 Did any person listed on line 1a receive of	r accrue comp	ensa	tion	fron	n ar	ıv un	rela	ted organization or indi	vidual for services	Taya III	TO SE
rendered to the organization? If "Yes," co	mplete Schedu	ıle J	for s	such	pei	rson				5	X
Section B. Independent Contractors					-						
Complete this table for your five highest.	compensated i	nder	end	lent	con	tract	ors	that received more than	1 \$100,000 of comper	nsation from	
the organization. Report compensation for	or the calendar	year	enc	ding	with	a or v	vithi	in the organization's tax	year.		
(A)		•						(B)		(C)	
Name and busine	ss address	N	ON	\mathbf{E}_{-}				Description of	services	Compensati	on
2 Total number of independent contractor		not	limit	ted t	to th	ose	liste	ed above) who received	more than		
\$100,000 of compensation from the orga	anization 🕨					0				m 000	(0040)
										Form 990	(2012

Form	990 (2	one ZONTA	INTERNAT	IONAL FO	OUNDATION		36-3396	932 Page 9
	t VIII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response to	any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	from tax under
<u>g</u> gr		Fadovated agrangiana	1a			revenue	revenue	sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d 1d 1e	47,455.				
ontributiond of Other 5	q	All other contributions, gifts, gran- similar amounts not included abov Noncash contributions included in lines	ve 1f 2 , 2	223,485.	2,270,940.			
2 8	<u>h</u>	Total. Add lines 1a-1f		Business Code	2,210,540	****	· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	2 a b c d			Justiness Godo				
Pro	e f	All other program service reve	enue	· · · · · · · · · · · · · · · · · · ·			N 187 L. S. S. S. S. S. S. S. S. S. S. S. S. S.	n neg stande en 1900 de la caractería
	g	Total. Add lines 2a-2f					Process self-of-brees read	mint (1995) in an institution of the
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	x-exempt bond pr	roceeds	306,335.			306,335.
		Gross rents	(i) Real	(ii) Personal				
	C	Rental income or (loss) Net rental income or (loss)		>				
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 136,713. 203,978.	(ii) Other				
	E .	Gain or (loss) Net gain or (loss)	•		-67,265.			-67,265.
Other Revenue	8 a	Gross income from fundraisir including \$ contributions reported on line Part IV, line 18 Less: direct expenses	ng events (not of e 1c). See a					
₽		Net income or (loss) from fun		>				
	9 a	Gross income from gaming a Part IV, line 19	ctivities. See		-			
	C	Less: direct expenses Net income or (loss) from gar Gross sales of inventory, less	ming activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sal	a b		_			
	11 a	Miscellaneous Reven		Business Code 900099	10,666	10,666.		
	b							
	d		•••••	<u> </u>	10,666		A the second of	
	12	Total revenue. See instructions.			2,520,676		0	
2320 12-1	09 0-12							Form 990 (2012

Form 990 (2012) ZONTA INTERNA
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).									
	Check if Schedule O contains a response to any question in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses								
1	Grants and other assistance to governments and												
	organizations in the United States. See Part IV, line 21	3,162,000.	3,162,000.										
2	Grants and other assistance to individuals in												
	the United States. See Part IV, line 22	130,550.	130,550.										
3	Grants and other assistance to governments,												
	organizations, and individuals outside the		252 225										
	United States. See Part IV, lines 15 and 16	378,925.	378,925.										
4	Benefits paid to or for members				:								
5	Compensation of current officers, directors,												
	trustees, and key employees												
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages												
8	Pension plan accruals and contributions (include												
_	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes		<u> </u>										
11	Fees for services (non-employees):												
a	Management												
b	Legal												
C	Accounting												
d	Lobbying												
e	Professional fundraising services. See Part IV, line 17	13,057.		13,057.									
f	Investment management fees	13,037.		13,037+									
g	Other. (If line 11g amount exceeds 10% of line 25,												
	column (A) amount, list line 11g expenses on Sch O.)												
12	Advertising and promotion	""											
13	Office expenses												
14	Information technology												
15	Royalties			1 200									
16 17	Occupancy Travel												
18	Payments of travel or entertainment expenses												
10	for any federal, state, or local public officials												
10	Conferences, conventions, and meetings												
19 20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization												
23	Insurance												
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)												
	amount, list line 24e expenses on Schedule 0.)	/7 /EE	47,455.										
а	DONOR RECOGNITION	47,455.	21,057.										
b	BOARD AND COMMITTEE EXP	21,057.	∠⊥,U 5/•										
C													
d	AH												
e	All other expenses	3,753,044.	3,739,987.	13,057.	0.								
25	Total functional expenses. Add lines 1 through 24e	3,133,044.	3,133,301.	13,037.									
26	Joint costs. Complete this line only if the organization												
	reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.												
	Check here from it following SOP 98-2 (ASC 958-720)												
	II JURUWING SUP 90-2 (ASC 908-720)	1	i e										

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year	30.5 TH 1	(B) End of year
1	Cash - non-interest-bearing	0.005.440	1	0 250 001
2	Savings and temporary cash investments	2,205,142.	2	2,352,901.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	12,248.	4	105,162.
5	Loans and other receivables from current and former officers, directors,			
İ	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	A Managinal		
	employers and sponsoring organizations of section 501(c)(9) voluntary			• •
.	employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	2 201	8	2 6 7 0
9	Prepaid expenses and deferred charges	3,381.	9	3,678.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a		ABR	
b	Less; accumulated depreciation 10b	C 500 F00	10c	T 420 200
11	Investments - publicly traded securities	6,529,789.	11	7,438,302
12	Investments - other securities. See Part IV, line 11	1,997,865.	12	1,998,241
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	05 450
15	Other assets. See Part IV, line 11	31,335.	15	25,473
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,779,760.	16	11,923,757
17	Accounts payable and accrued expenses		17	19,250
18	Grants payable	225,000.	18	1,910,938
19	Deferred revenue	29,333.	19	18,667
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		MAK	
21 22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
	Schedule D	0-4 200	25	1 040 055
26	Total liabilities. Add lines 17 through 25	254,333.	26	1,948,855
	Organizations that follow SFAS 117 (ASC 958), check here			
	complete lines 27 through 29, and lines 33 and 34.	F 407 FC0	18895	E 606 340
27	Unrestricted net assets	5,407,569.	27	5,686,349
28	Temporarily restricted net assets	4,076,527.	28	3,210,306
27 28 29 30 31 32	Permanently restricted net assets	1,041,331.	29	1,078,247
:	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.		SASS	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	· ·
32	Retained earnings, endowment, accumulated income, or other funds	10 505 405	32	0 074 000
33	Total net assets or fund balances	10,525,427.	33	9,974,902
34	Total liabilities and net assets/fund balances	10,779,760.	34	11,923,757

Form 990 (2012)

Form	990 (2012) ZONTA INTERNATIONAL FOUNDATION	36-3	3396932	Pag	<u>e 12</u>
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
					- ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,520	, 6	/6.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,753	, 04	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,232	,36	8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,525		
5	Net unrealized gains (losses) on investments	5	681	, 84	<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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,974	, 90	<u>)2.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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 in Schedule	O.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		NAV I		
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	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		t Assault	China i	
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form \$	3 90 (2	2012)

12-10-12

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section Department of the Treasury

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

Public Charity Status and Public Support

OMB No. 1545-0047

Inspection

Name of the organization

4947(a)(1) nonexempt charitable trust.

ZONTA INTERNATIONAL FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number 36-3396932

		11000011	ioi i abno onai	ity Otatas (All Olganiza	audio mu	ar complet	e ii iis pait	.7 000 1130	rucuona.					
he	orgar	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)						
1		A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	•					
2		A school des	cribed in section 17	′0(b)(1)(A)(ii). (Attach Scl	hedule E.)									
3		•	•	tal service organization o										
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter	the ho	spital's	nam	θ,
		city, and stat												
5	Ш	=	=	benefit of a college or ur	niversity o	wned or or	perated by	a governr	nental unit	describ	ed in			
			(b)(1)(A)(iv). (Comple											
6		•		ent or governmental unit										
7	X	-	=	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public	descril	oed it	n
			b)(1)(A)(vi). (Comple											
8	\vdash	•		section 170(b)(1)(A)(vi). (•								_
9		_	-	eives: (1) more than 33 1										
			*	nctions - subject to certa	-	-	-							
				axable income (less sect	ion 511 ta	x) from bu	isinesses a	cquired b	y the orga	nization	after J	lune 30	, 197	5.
			509(a)(2). (Complete	•				500/ W						
10	\vdash	_		perated exclusively to te	-	-				4 45		_		
11	ш			perated exclusively for the										or
				ations described in section		-). See se c	3)606 13013	a)(3). On	eck ir	e box u	lat	
		a Type I	· · · · · · · · · · · · · · · · · · ·	organization and comple ype II	ype III - Fu	_			Г 🔲 Турс	e III - No	a-funci	tionally	intoc	ratad
е			_	at the organization is not	-									
е				han one or more publicly										
f				tten determination from t						(4)(1) 01	30000	11 000(0	·/(~/·	
٠				nis box										
g														
5		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,										Γ.	Yes	No
		the governing body of the supported organization?												
				n described in (i) above?								1g(i) 1g(ii)		
				person described in (i) o								1g(iii)		
h	ı			about the supported or										
			-											
(i)		of supported anization	(ii) EIN	above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		organizat	ion in col.	(vi) ls organizatio (i) organize U.S.	ın in col. I	(vii) Amount of m support			ietary
				(see instructions))	Yes	No	Yes	No	Yes	No				
					400000000000000000000000000000000000000		Arthropolic A	2000	Electronic	30 0 50 H 12 P 1				
Γota	al													

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

Schedule A (Form 990 or 990-EZ) 2012

36-3396932 Page 2

Schedule A (Form 990 or 990-EZ) 2012 ZONTA INTERNATIONAL FOUNDATION 36-33969 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1,692,685.	2,374,560.	1,993,405.	2,975,101.	2,270,940.	11,306,691.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to					j					
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1,692,685.	2,374,560.	1,993,405.	2,975,101.	2,270,940.	11,306,691.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						11,306,691.				
Sec	ction B. Total Support	•									
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	1,692,685.	2,374,560.	1,993,405.	2,975,101.	2,270,940.	11,306,691.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties		-								
	and income from similar sources	539,271.	176,029.	250,599.	305,982.	306,335.	1,578,216.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on						·				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)	761.		54,650.	12,667.	10,666.	78,744.				
11	Total support. Add lines 7 through 10						12,963,651.				
12	Gross receipts from related activities	, etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and sto						▶∟				
	ction C. Computation of Publ										
	Public support percentage for 2012 (14	87.22 %				
15	Public support percentage from 2011	I Schedule A, Part	II, line 14			15	85.33 %				
16a	33 1/3% support test - 2012. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and				
	stop here. The organization qualifies										
b	33 1/3% support test - 2011. If the										
	and stop here. The organization qua										
17a	ı 10% -facts-and-circumstances tes										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization										
	meets the "facts-and-circumstances"										
t	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or				
	more, and if the organization meets t				- '						
	organization meets the "facts-and-cir-										
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l							
					Sche	edule A (Form 990	or 990-EZ) 2012				

Schedule A (Form 990 or 990-EZ) 2012 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support			1877		r r	
Calendar year (or fiscal year beginning in) ⊳	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				ļ		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	İ					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	-					
tiitiithaut abaraa	ļ					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)			No. of the second second			
Section B. Total Support	<u></u>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		1	<u> </u>			
14 First five years. If the Form 990 is for	or the organization	's first, second th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ration,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2012	(line 8 column (f)	divided by line 13	column (fi)		15	%
					16	%
Section D. Computation of Investment	estment Incom	ne Percentage			· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 2					17	%
						%
18 Investment income percentage from 19a 33 1/3% support tests - 2012. If the	no organization did	, raciii, iii.o i.r not check the hov	on line 14 and lin	ne 15 is more than		
19a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box	ond etap bara Th	a organization ou	alifies as a nublick	supported ordani	zation	▶ □
b 33 1/3% support tests - 2011. If the	and stop nere. In	not check a boy a	on line 11 or line 10	a and line 16 is n	nore than 33 1/3%	and
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, cl	le organization did	HOLCHECK & DOX (anization qualified	s as a nublick sun	ported organization	▶
line 18 is not more than 33 1/3%, cl	Leck Inis Dox and s	stop nere. The on	gasnzanon quannet De or 10h chook	this hav and see i	nstructions	
20 Private foundation. If the organizat	ion dia not check a	a DOX ON IME 14, 1	ea, or 180, Check	and DUA and See I	hedule A (Form 99	00 or 000 E7\ 2012

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

7	CONTA INTERNATIONAL FOUNDATION .	36-3396932									
Organization type (check	cone):										
Filers of:											
Form 990 or 990-EZ											
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on									
	527 political organization										
Form 990-PF	501(c)(3) exempt private foundation										
	4947(a)(1) nonexempt charitable trust treated as a private foundation										
	501(c)(3) taxable private foundation										
General Rule For an organizati contributor. Con	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m nplete Parts I and II.										
Special Rules											
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test on (0)(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II	on of the greater of (1) \$5,000 or (2) 2%									
total contribution	r1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ones of more than \$1,000 for use exclusively for religious, charitable, scientific, literal for the children or animals. Complete Parts I, II, and III.										
contributions for If this box is che purpose. Do not	r1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contributions cocked, enter here the total contributions that were received during the year for an complete any of the parts unless the General Rule applies to this organization buble, etc., contributions of \$5,000 or more during the year	did not total to more than \$1,000. exclusively religious, charitable, etc., because it received nonexclusively									
-	n that is not covered by the General Rule and/or the Special Rules does not file So on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ o										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

36-3396932

ZONTA	INTERNATIONAL FOUNDATION	36	5-3396932
Part I	Contributors (see instructions). Use duplicate copies of Part Li	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZONTA INTERNATIONAL 1211 W. 22ND ST., SUITE 900 OAK BROOK, IL 60523	\$ 47,455.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Employer identification number

ZONTA INTERNATIONAL FOUNDATION

36-3396932

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
3453 12-21		Schedule B (Form	 990, 990-EZ, or 990-PF) (

Name of orga	nization		Employer identification number				
	INTERNATIONAL FOUNDATI	ON	36-3396932				
Part III	Exclusively religious, chartable, etc., that year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For organizations), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year- (Enter this information once.)				
	Use duplicate copies of Part III if addition	nal space is needed.	5 years (cittel tills miorinadori onees) 2				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			Cabadula D (Form 200, 200 E7, or 200 DE) (2015)				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ZONTA INTERNATIONAL FO		36-3396932
Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclus		
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organizat		
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (e.g., recreation or educati		cally important land area
	Protection of natural habitat	Preservation of a certified	í historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	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	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8	/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released		
	year >		
4	Number of states where property subject to conservation easemen	t is located >	
5	Does the organization have a written policy regarding the periodic r		
	violations, and enforcement of the conservation easements it holds	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	nforcing conservation easements durir	ng the year ⊳
7	Amount of expenses incurred in monitoring, inspecting, and enforce	ing conservation easements during the	e year 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy	sfy the requirements 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 eas	ements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art,		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958		
	historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes th		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		🕨 \$
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116 (AS		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

20

Sche		NTERNATION					36-33			<u>2</u>
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	r Simil	ar Asse	ts (continu	ied)	_
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	ıt are a si	gnificant	use of its	collection	items	
	(check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	e	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	a how they further t	he organizati	on's exer	mpt purp	ose in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er similar	assets		-		
	to be sold to raise funds rather than to be ma	aintained as part of ti	ne organization's co	ollection?			L	Yes	<u> </u>	lo_
Pai	t IV Escrow and Custodial Arran	-	te if the organizatio	n answered	"Yes" to	Form 990), Part IV, li	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-					1		
	on Form 990, Part X?						L	Yes	L 1	ol
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
c	Beginning balance					Ic		· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year									
e Distributions during the year										
f Ending balance 1f									· · · · ·	
2 a	Did the organization include an amount on Fe						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						·····			
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two year			years back			
1a	Beginning of year balance	1,622,146.	1,618,040.		1,879.	1,4	273,917.	٠, ـ,	393,61	
b	Contributions	36 916	40,898.		1,143.	-	5,822.		73,08 192,77	
C	Net investment earnings, gains, and losses	143,224.	-36,792.	19	5,018.		142,140.		192,7	0.
d	Grants or scholarships									—
е	Other expenditures for facilities									
_	and programs									
, f	Administrative expenses	1,802,286.	1 600 146	1 61	P 040		121 070	1	273,91	
g	End of year balance	L	1,622,146.		8,040.	1,	121,879.	Δ,	413,33	-/•
2	Provide the estimated percentage of the cur	rent year end balanc		a)) nela as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment 60.00	% 0.00 %								
С										
	The percentages in lines 2a, 2b, and 2c should be a sh			unal malmatatatat	ared for H	la araani	zation			
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	and administe	ed for ti	ne organi	zauon	Ę	Vac. 1	
	by:							3a(i)		X X
	(i) unrelated organizations							3a(ii)		X
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	s ticked as required a						3b		
4	Describe in Part XIII the intended uses of the	•						[30]	J	
Par	rt VI Land, Buildings, and Equipm									
r G		(a) Cost or of	<u> </u>	t or other	(c) A	ccumulat	od I	(d) Book	valua	—
	Description of property	basis (investr		(other)		preciation		(u) DOOR	value	
10	Land	<u> </u>			4///		31,3658			—
	Land									—
	Buildings		:							
	Equipment Other									—
	Other		V aglumn (Ol line)	10(0)			Box.			$\overline{}$

Schedule D (Form 990) 2012 ZONTA INTERI	NATIONAL FOUNI	DATION	36-	-3396932 _{Page} 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				······
(A) CERTIFICATES OF DEPOSIT	1,998,241.	END-OF-YE	EAR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(r) (G)				
(H)		:		
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,998,241.			
Part VIII Investments - Program Related. Se		B.		
(a) Description of investment type	(b) Book value	(c) Method of va	luation: Cost or end	-of-year market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15		V 11.00	
	Description			(b) Book value
	o costipus;			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		0.1.10		
(8)				
(9)				
(10)	4F1		>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability		b) Book value	Section of the Section Section 1985	
		a, book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)	I	I		greve vekt de e Magyêtî bû besî li bê kû

(6) (7) (8) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2012

^{2.} FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ...

Sche	dule D (Form 990) 2012 ZONTA INTERNATIONAL FOUNDA!	TION	36-33969	32 Page 4
4	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return	
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 on investments	2a		
b	Donated services and use of facilities			
¢	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return	<u>.</u>
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	2a		
b	Prior year adjustments	2b		
C	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	·····	2e	
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	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5			5	
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I			/, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
PAI	RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT	S CONSIST OF FO	פתאת	
TI OI	PABLISHED TO SUPPORT A VARIETY OF SCHOLARS	מודדות אווו פסאוווי	ci.	
LD.	TABLISHED TO SUPPORT A VARIETY OF SCHOULARS	HILD WAN GIVEN I'	.	
ΡΆΙ	RT X, LINE 2: THE ORGANIZATION FOLLOWS THE	REQUIREMENTS I	FOR	•
* * *	it if it it is a state of the item of the			• • •
AC	COUNTING FOR UNCERTAIN TAX POSITIONS. THE	ORGANIZATION I	HAS DETERN	IINED
TH	AT THEY ARE NOT REQUIRED TO RECORD A LIABI	LITY RELATED TO	O UNCERTAI	N TAX
PO	SITIONS AS OF MAY 31, 2013 AND 2012.			

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

36-3396932 ZONTA INTERNATIONAL FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) (f) Total (a) Region (b) Number of (d) Activities conducted in region employees, expenditures (by type) (e.g., fundraising, program is a program service, offices agents, and for and describe specific type in the region services, investments, grants to independent contractors investments recipients located in the region) of service(s) in region in region in region GRANTS TO RECIPIENTS LOCATED IN THE REGION 64 150. NORTH AMERICA GRANTS TO RECIPIENTS LOCATED IN THE REGION 13,025. SOUTH ASIA GRANTS TO RECIPIENTS 0 LOCATED IN THE REGION 144 425. EUROPE GRANTS TO RECIPIENTS LOCATED IN THE REGION 92,275. EAST ASIA & PACIFIC MIDDLE EAST AND GRANTS TO RECIPIENTS LOCATED IN THE REGION 20,025. NORTH AFRICA FRANTS TO RECIPIENTS 14,000. SUB-SAHARAN AFRICA LOCATED IN THE REGION GRANTS TO RECIPIENTS 21,000. 0 LOCATED IN THE REGION SOUTH AMERICA GRANTS TO RECIPIENTS RUSSIA & THE NEWLY LOCATED IN THE REGION 10,025. INDEPENDENT STATES 0 378 925.

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

Schedule F (Form 990) 2012

0.

378,925,

3 a Sub-totalb Total from continuation

sheets to Part I ______
c Totals (add lines 3a

0

ZONTA INTERNATIONAL FOUNDATION Schedule F (Form 990) 2012 Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(II) Method of valuation (book, FMV, appraisal, other)
								,
	f recipient organization the grantee or couns	Enter total number of recipient organizations listed above that are r the iRS, or for which the grantee or counsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the iRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country,	, recognized as tax-e	xempt by		
3 Enter total number of	Enter total number of other organizations or entities	or entities				A	Sched	Schedule F (Form 990) 2012

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Page 3

Schedule F (Form 990) 2012 ZONTA INTERNATIONAL FOUNDATION 36–3396932

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2012
(g) Description of non-cash assistance									Schedu
(f) Amount of non-cash assistance	0	0.	0.		· o	0	°	0	0
(e) Manner of cash disbursement	1,000, pash Payment	CASH PAYMENT	Cash Payment	14,000,Cash Payment	4,000,CASH PAYMENT	050.Cash Payment	1,025,Cash PAYMENT	CASH PAYMENT	28,225,CASH PAYMENT
(d) Amount of cash grant	1,000,1	2,000,2	5,000,5	14,000.	4,000,4	.050,6	1,025,0	29,225.	28,225,
(c) Number of recipients		N	ľ	ω	H	Ø	н	ω	7
(b) Region	SOUTH AMERICA	SOUTH ASIA	EUROPE	EAST ASIA & PACIFIC	SUB-SAHARAN AFRICA	NORTH AMERICA	SOUTH ASIA	EUROPE	BAST ASIA & PACIFIC
(a) Type of grant or assistance	YWPA AWARDS	YWPA AWARDS	YWPA AWARDS	YWPA AWARDS	YWPA AWARDS	JMK AWARDS	JMK AWARDS	JMK AWARDS	JMK AWARDS

Schedule F (Form 990)	ZONTA INTERNATIONAL		FOUNDATION	Wild with the second	36-3396932		Page 3
Part III Continuation of Grants and Other Assistance to Individuals	d Other Assistance to In	dividuals Outsi	de the United S	Outside the United States. (Schedule F (Form 990), Part III)	111)		
(a) Type of grant or assistance	(b) Region	er of ts	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AMELIA BARHART FELLOWSHIPS	NORTH AMERICA	5	50,100.	CASH PAYMENT	0		
AMELIA FARHARU PELLOWSHIPS	BUROPE	11	110 200.	CASH PAYMENT	0	-	
AMELIA EARHART FELLOWSHIPS	SOUTH ASIA	-	10,000.	CASH PAYMENT	0		
AMELIA BARHART FELLOWSHIPS	MIDDLE BAST AND NORTH AFRICA	2	20,025.	CASH PAYMENT	.0		
AMELIA BARHART FELLOWSHIPS	east asta & Pacific	ហ	.050,050.	50,050,Cash Payment	.0		
AMELIA BARHART FELLOWSHIPS	RUSSIA & THE NEWLY INDEPENDENT STATES		10,025.	10,025,Cash PaxmenT			
AMELIA EARHART FELLOWSHIPS	SOUTH AMERICA	N	20,000.	20,000.CASH PAYMENT	0.		
YWPA AWARDS	NORTH AMERICA	N	5,000.	CASH PAYMENT	.0		
AMELIA BARHART FELLOWSHIP	SUB-SAHARAN AFRICA	t-1	10,000.	10,000. CASH PAYMENT	0		

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes 🗓 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes 🗓 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes X No

Schedule F (Form 990) 2012

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

Inspection

OMB No. 1545-0047

Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization ZONTA INTERNATIONAL FOUNDATION	Employer identification number 36-3396932
Part General Information on Grants and Assistance	The state of the s
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	•
criteria used to award the grants or assistance?	W Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	98,
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ste if the organization answered "Yes" to Form 990, Part IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

WOMEN IN HONDURAS, GLOBAL AWARD FOR SAFE CITIES FOR NTERNATIONAL SERVICE INTERNATIONAL SERVICE INTERNATIONAL SERVICE HIV/DOMESTIC & GENDER (h) Purpose of grant or assistance AWARD FOR PEDIATRIC WARD FOR OBSTETRIC TIOLENCE IN RWANDA ISTULA IN LIBERIA PARTNERSHIP ON (g) Description of non-cash assistance N/A N/A A/N (f) Method of valuation (book, FMV, appraisal, other) 0.BOOK VALUE 0.BOOK VALUE 0.BOOK VALUE (e) Amount of non-cash assistance 1,162,000, (d) Amount of cash grant 1,000,000, 1,000,000,I Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable N/A M/A A/N 13-1760110 (p) EIN 1 (a) Name and address of organization 304 EAST 45TH STREET 15TH FLOOR 125 MAIDEN LANE 10TH FLOOR or government NEW YORK, NY 10038 NEW YORK, NY 10017 NEW YORK, NY 10017 220 EAST 42ND ST UN WOMEN UNFPA Ø

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

ZONTA INTERNATIONAL FOUNDATION

Page 2

36-3396932

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	F	C C	c	C. T. T. W. W. T. W. W. T. W. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T. W. T.	·
AE FELLOWSHIPS	,		•		N / 23
VWPA AWARDS	വ	16,475,	0	0.BOOK VALUE	N/A
IMF SCHOLARSHIDS	o	44 075	0	0. BOOK VALUE	4/N
משותטושות שווים	`				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
_i i⊢	SHOW COLERONS	TMEORMANT	THEORMANTON FROM GRANT	ΔМΨ	
the true to the true to	270000			T p # 9 9	
RECIPIENTS TO ESTABLISH THAT THE F	FUNDS ARE	SPENT	ACCORDING TO THE	THE TERMS OF	
THE GRANT OBJECTIVES.					

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UN WOMEN

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERNATIONAL SERVICE AWARD FOR SAFE

CITIES FOR WOMEN IN HONDURAS, GLOBAL PARTNERSHIP ON EDUTAINMENT IN

BANGLADESH/NIGERIA, AND EMPOWERING WOMEN IN SAMOA 232102 12-18-12

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service

Employer identification number Name of the organization 36-3396932 ZONTA INTERNATIONAL FOUNDATION FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: PUBLIC FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL PROGRAMS OF ZONTA INTERNATIONAL THROUGH EFFECTIVE FUNDRAISING, INVESTMENT OF FUNDS, AND THE DISTRIBUTION OF PROCEEDS. THROUGH ITS FINANCIAL SUPPORT OF ZONTA INTERNATIONAL PROGRAMS, FOUNDATION BECOMES THE CATALYST FOR GREATER SERVICE TO WOMEN THROUGHOUT THE WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS, THE FOUNDATION BECOMES THE CATALYST FOR GREATER SERVICE TO WOMEN THROUGHOUT THE WORLD. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS SENT TO THE U.S. MEMBERS OF THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL BY THE PRESIDENT AND THE THE BOARD HAS GIVEN SIGNATOR AUTHORITY TO THE BOARD TREASURER. TREASURER. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION 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

Schedule O (Form 990 or 990-EZ) (2012)

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

232211 01-04-13

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: SERVICES FOR THE FOUNDATION ARE

PERFORMED BY EMPLOYEES OF ZONTA INTERNATIONAL. IN DETERMINING THE

COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE ZONTA INTERNATIONAL'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, AND QUALIFICATIONS, LOCAL ECONOMIC CONDITIONS AND

THE AMOUNT OF TIME TO BE DEVOTED TO THE POSITION.

IN DETERMINING THE COMPENSATION FOR THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE ZONTA INTERNATIONAL'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, AND QUALIFICATIONS, LOCAL ECONOMIC CONDITIONS AND THE AMOUNT OF TIME TO BE DEVOTED TO THE POSITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL,AZ,CA,CO,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OR,SC,TN,VA,WA,WI

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIALS ARE MADE AVAILABLE TO MEMBERS ON ZONTA

INTERNATIONAL'S WEBSITE. THESE DOCUMENTS ARE ALSO MADE AVAILABLE AS

REQUESTED THROUGH ZONTA HEADQUARTERS. THE ANNUAL AUDIT OF THE CONSOLIDATED

FINANCIAL STATEMENTS IS POSTED ON THE WEBSITE FOR ALL MEMBERS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization ZONTA INTERNATIONAL FOUNDATION	Employer identification number 36-3396932
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STAT	EMENTS AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THE ORGANIZATIO	N HAS NOT
CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX	YEAR.
	,
·	
	1.1.300.0000000000000000000000000000000

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

2012 Open to Public

OMB No. 1545-0047

Inspection

See separate instructions. Attach to Form 990.

Employer identification number 36-3396932 Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ End-of-year assets <u>@</u> Total income Ξ Part I / Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ZONTA INTERNATIONAL FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II

(g) Section 512(b)(13) Ñ × controlled entity? Yes Direct controlling entity M/N status (if section Public charity 501(c)(3)) N/A Exempt Code section 501(C)(4) ਭ Legal domicile (state or foreign country) ILLINOIS MEMBER ORGANIZATION FOR DEVELOPMENT OF WOMEN Primary activity THE EDUCATION AND 9 Name, address, and EIN ZONTA INTERNATIONAL - 36-1999220 of related organization 1211 W, 22ND ST, SUITE 900 OAK BROOK, IL 60523

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012

36-3396932

Page 2

Schedule R (Form 990) 2012 ZONTA INTERNATIONAL FOUNDATION

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

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	l l	(f) Share of total income	(g) Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule	Genera Manag X manag	General or Percentage partner?	96.04
		country)		T C SHOTON	(†)			Yes	DO	O Kes No	9	
				44744								1
							·					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	ss a Corportion (see tax.)	oration or Trust (Co year.)	omplete if the or	ganization ans	wered "Yes" to	Form 990, P	art IV, line 3⁄	t because it had	d one or r	nore related	
(a) Name, address, and EIN of related organization	N CO	Prim	(b) Primary activity	(c) Legal domicile Diff (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) y Share of total p, income) of total me	(g) Share of end-of-year assets	(h) Percentage ownership	Ge Section 512(b)(13) controlled entity?	اء
												1
												ı
											- 11 11 11	
232162 12-10-12				37					Sched	ule R (F	Schedule R (Form 990) 2012	일

Page 3

Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to 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	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	elated organizations listed	J in Parts II-IV?		_	
a Receipt of (i) interest (ii) annuitles (iii) royalties or (iv) rent from a controlled entity	>			m m		×
				2		×
				10	×	
				1d	X	
Loans or loan quarantees by related organization(s)				1 e		×
				Ÿ		>
f Dividends from related organization(s)				=		4
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organiza				ŧ		×
				Ę		×
i Lease of facilities, equipment, or other assets to related organization(6)				1j		X
Œ				¥		×
Derformance of sentines or membership or fundraising solicitations	for related organization(s)			=		×
Defendance of services of membership or fundances of locations	garimation(s)	***************************************		Ę		×
m Performance of services of merribership of iunuralsing solicitations by related of	ganization(s)		***************************************	 ,	>	:
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)		***************************************	Ę	4	
o Sharing of paid employees with related organization(s)				10	×	
 Peimbursement paid to related organization(s) for expenses 				1р	×	
				1գ		×
				÷		×
				-ts		×
If the answer to any of the above is "Yes," see the instructions for	who must complete t	nis line, including covered	nformation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	pevlo/		
	type (a.s)					
(1) ZONTA INTERNATIONAL	Z	228,657	228,657.BOOK VALUE		İ	
(2) ZONTA INTERNATIONAL	0	832,751	.BOOK VALUE			
(3)						
(4)						
(5)						
(
(6) 232183 12-10-12	38		Schedule R (Form 990) 2012	R (Form	(066	2012

36-3396932

Schedule R (Form 990) 2012 ZONTA INTERNATIONAL FOUNDATION

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

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

under section 512-514) yes No income assets under section 512-514 yes No income assets under section 512-514 yes No income assets	(a) (b) (c) (a) (b) (c) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec.	(f) Share of	(g) Share of	(h) Dispropor-	(i) Code V-UBI	(J) General o	(k) Percentage
			(state or foreign country)	(related, unrelated, 51 excluded from tax under section 512-514)	01(c)(3) 01(s)(3) ss No	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes No	ownership

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	ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Form AG990-IL Revised 3/05
PM1	# Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando		# 01-016524
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AM1	Report for the Fiscal Period:		Copy of IRS Return
		Make Checks X	Audited Financial Statements
	203g <u>007 017 10111</u>	Payable to الله الله الله الله الله الله الله الل	Copy of Form IFC
INIT		Charity Bureau Fund	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Feder	al ID# 36-3396932 MO DAY YR	Duleau Fuliu []	MO DAY YR
		ganization was create	
	LEGAL	Year-end	
	NAME ZONTA INTERNATIONAL FOUNDATION	amounts	
	MAIL	A) ASSETS	A) \$ 11,923,757.
	DDRESS 1211 W 22ND STREET, SUITE 900	B) LIABILITIES	B) \$ 1,948,855.
	STATE OAK BROOK, IL	C) NET ASSETS	c) \$ 9,974,902.
	P CODE 60523 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
l.	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	90.092%	D) \$ 2,270,940.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	9.908%	F) \$ 249,736.
	T) OTTENTION	7	2237.001
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,520,676.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	15.400%	H)\$ 577,987.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	15.400%	J) \$ 577,987.
	b) TOTAL SHARITABLE FROMININ SERVICE EXILENCE (ABB II & I)	13.100%	σ, φ σ, τ, σο, τ.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	84.252%	к) \$ 3,162,000.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	99.652%	L) \$ 3,739,987.
	M) MANAGEMENT AND GENERAL EXPENSE	0.348%	M)\$ 13,057.
			,,
	N) FUNDRAISING EXPENSE	%	N) \$
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 3,753,044.
111.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		s) \$ 0.
117	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AD.	
""	T) NAME, TITLEN/A - THE ORGANIZATION HAS NO EMPLOYEES		T) \$
	U) NAME, TITLE:		U) \$
	V) NAME, TITLE:		V) \$
٧. 2	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on back side of instructions CODE
5-01-1	W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATION	1S	W)# 150
298091 05-01-12	X) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS		X) # 200
298	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	100	Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	BANK OF AMERICA, 135 SOUTH LASALLE STREET, CHICAGO, IL 60603			
	MERRILL LYNCH, 2001 SPRING ROAD, OAK BROOK, IL 60523			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MARGARET INGRAM, ACCOUNTANT & HR SP		630-	928-
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

KATHLEEN HUGHES

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE GREGORY S. ADAMS SIGNATURE

298101 05-01-12 PREPARER (PRINT NAME)

DATE