# Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form **990-EZ** Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

For the 2011 calendar year, or tax year beginning JUN 1, and ending 2012 2011 Check if applicable: **C** Name of organization D Employer identification number ZONTA FOUNDATION OF SOUTHWEST FLORIDA, Address change 65-0584445 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite **E** Telephone number Initial return P.O. BOX 1244 239-395-0752 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return SANIBEL, FL 33957-1244 Number > X Cash Accrual H Check X if the organization is not Accounting Method: Other (specify) Website: WWW.ZONTASANCAP.COM required to attach Schedule B **Tax-exempt status** (check only one) — **X** 501(c)(3) — 501(c) ( ) ◀(insert no.) — 4947(a)(1) or — 527 (Form 990, 990-EZ, or 990-PF). Check \( \) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 99,540. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 Investment income SEE SCHEDULE O 110. 4 5a Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 86,950 of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 11,688. c Less: direct expenses from gaming and fundraising events 11.688. 0. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d **7a** Gross sales of inventory, less returns and allowances b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 8 87,852. 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 74,150. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 250. 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 793. 16 Other expenses (describe in Schedule 0) 16 17 17 75,193. Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 12,659. 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 87,242. 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

99,901.

21

Net assets or fund balances at end of year. Combine lines 18 through 20

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Pa	art II	<b>Balance Sheets.</b> (see the instructions for Part II.)					
		Check if the organization used Schedule O to resp	ond to any questior	n in this Part II			
				A) Beginning of year		( <b>B</b> ) E	nd of year
22	Cash,	, savings, and investments		87,242	• 22		99,901.
23		and buildings		<u> </u>	23		-
24		assets (describe in Schedule O)			24		
25		assets		87,242			99,901.
26	Total	liabilities (describe in Schedule O)		0 7 7 2 1 2			0.
27		issets or fund balances (line 27 of column (B) must agree with line 21)		87,242	-   -0		99,901.
		Statement of Program Service Accomplishmer			•   21	F.	
Pa	art III		`	,	Х		<b>(penses</b> for section
		Check if the organization used Schedule O to response	ond to any question	in this Part III	Δ	501(c)(3)	and 501(c)(4)
vvna	it is the (	organization's primary exempt purpose? SEE SCHEDULE O					ons and section
		organization's program service accomplishments for each of its three largest program s		es. In a clear and concise		for others.	) trusts; optional
		ibe the services provided, the number of persons benefited, and other relevant inform				101 0111010.	·· <i>)</i>
28		FOUNDATION CONDUCTS FUNDRAISING			<u>r</u>		
		LIC CHARITIES THAT BENEFIT WOMEN					
	ADV	ANCE THE STATUS OF WOMEN LOCALLY					
	(Grants	55,400 . ) If this amount includes foreign g	rants, check here			28a	55,400.
29							
	(Grants	s \$ ) If this amount includes foreign g	rants check here	<b>•</b>	$\Box$	29a	
30	(Grante	) in this amount molace foreign g	ranto, oncon noro				
00							
	<u></u>	\\[ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				200	
0.4	(Grants	,				30a	
		program services (describe in Schedule O)					
	(Grants		rants, check here	<b></b>	<u> </u>	31a	FF 400
			I			32	55,400.
Pa	art IV	List of Officers, Directors, Trustees, and Key E		even if not compensated. (s	see the	instructions for	or Part IV.)
		Check if the organization used Schedule O to resp	ond to any question	n in this Part IV			
		Check if the organization used Schedule O to resp	(b) Title and average hours	(C) Reportable		alth benefits,	(e) Estimated
		Check if the organization used Schedule O to responsible (a) Name and address	(b) Title and average hours per week devoted to		contr	ributions to byee benefit	amount of other
		(a) Name and address	(b) Title and average hours	(C) Reportable compensation (Forms	contr emplo plans,	ibutions to	, , ,
CA	ROL	(a) Name and address	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo plans,	ributions to byee benefit and deferred	amount of other
	ROL:	(a) Name and address YN GRAY, 2010 WILD LIME DRIVE,	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo plans,	ributions to byee benefit and deferred	amount of other
SA	NIBI	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo plans,	ributions to byee benefit and deferred pensation	amount of other compensation
SA	NIBI SAN	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE,	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •	contr emplo plans,	ributions to byee benefit and deferred pensation	amount of other compensation
SA SU SA	NIBI SAN NIBI	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo plans,	ibutions to be benefit and deferred pensation	amount of other compensation
SA SU SA SU	NIBI SAN NIBI E DI	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE,	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  RECTOR	contr emplo plans,	ibutions to byee benefit and deferred pensation	amount of other compensation  0 •
SA SU SA SU SA	NIBI SAN NIBI E DI NIBI	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957  ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •	contr emplo plans,	ibutions to be benefit and deferred pensation	amount of other compensation
SA SU SA OR	NIBI SAN NIBI E DI NIBI LENI	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957  ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  RECTOR  0 •	contr emplo plans,	open benefit and deferred pensation   O .	amount of other compensation  0.  0.
SA SU SA OR 45	NIBI SAN NIBI E DI NIBI LENI 62 I	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957  ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  RECTOR	contr emplo plans,	ibutions to byee benefit and deferred pensation	amount of other compensation  0 •
SA SU SA SA OR 45 RU	NIBI SAN NIBI E DI NIBI LENI 62 I	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0.  RECTOR  0.	contr emplo plans,	output of the control	amount of other compensation  0.  0.  0.
SA SU SA OR 45 RU 26	NIBI SAN NIBI E DI NIBI LENI 62 I TH V	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957  ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  RECTOR  0 •	contr emplo plans,	open benefit and deferred pensation   O .	amount of other compensation  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957  ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0.  RECTOR  0.	contr emplo plans,	output of the control	amount of other compensation  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
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SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 (	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
SA   SU   SA   SU   SA   OR   45   RU   26   VI	NIBI SAN NIBI E DI NIBI LENI 62 I TH V 17 ( RGII	(a) Name and address  YN GRAY, 2010 WILD LIME DRIVE, EL, FL 33957  TUCKER, 5379 SHEARWATER DRIVE, EL, FL 33957 ENHAM, 613 LAKE MUREX CIRCLE, EL, FL 33957 E SHIMBERG BAYOU ROAD, SANIBEL, FL 33957 WOODHAM COCONUT DRIVE, SANIBEL, FL 33957 NIA PARKER	(b) Title and average hours per week devoted to position  PRESIDENT/DIF 2.00  TREASURER/DIF 3.00  SECRETARY 2.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  RECTOR  0 •  0 •  0 •	contr emplo plans,	O .  O .  O .	amount of other compensation  0.  0.  0.  0.

Form 990-EZ (2011)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Parl		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			Х
0.4	activity in Schedule 0  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		Λ
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
35 2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		21
υσα	1, 000 12	35a		Х
b	on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  39a  N/A			
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A  N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40α	section 4911   O • ; section 4912   O • ; section 4955   O •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			37
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed. $\blacktriangleright$ <b>FL</b> The organization's books are in care of $\blacktriangleright$ <b>SUSAN TUCKER</b> Telephone no. $\blacktriangleright$ <b>239–46</b>	1 – 8	939	
42 a		395		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	, 5 , 5		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		163	140
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(00.1.1)
	-	Form 9	90-EZ	(2011)

Page 4

						-	Yes	No
	rganization engage, directly or indirectly, in pol				· ·			37
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizations	and section 40	47(a)(1) non	ovomnt	oboritoble tru	oto oply All-	46	X
	organizations and section 4947(a)(1) non			-		-		1(C)(3)
	for lines 50 and 51. Check if the organiza	· · · · · · · · · · · · · · · · · · ·				-		
	To lines of and or. officer if the organiza	ation asca scricadic	O to respond to	J arry quest	IOT III CIIIS I AIC VI		Yes	No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) elec	tion in effect duri	ng the tax ye	ar? If "Yes," complete	e Sch. C, Part II	47	Х
48 Is the org	panization a school as described in section 170	(b)(1)(A)(ii)? If "Yes," c	omplete Schedul	e E		<u>[</u>	48	Х
49 a Did the o	rganization make any transfers to an exempt n	on-charitable related or	ganization?				49a	Х
	vas the related organization a section 527 orga						49b	
-	this table for the organization's five highest co		•	ers, directors	, trustees and key er	nployees) who ea	ch received	more
than \$10	0,000 of compensation from the organization.	· · · · · · · · · · · · · · · · · · ·				1745	1	
	(a) Name and address of each employe paid more than \$100,000	e	(b) Title and ave per week de		(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estin	
	NON	re-	per week de		W-2/1099-MÌSC)	employee benefit plans, and deferred	compens	
	NON	IE.	· ·			compensation	<u> </u>	
			-					
							-	
			1					
			1					
	nber of other employees paid over \$100,000							
-	this table for the organization's five highest co		nt contractors wh	o each receiv	ved more than \$100,	000 of compensa	tion from th	е
	ion. If there is none, enter "None." NON					1		
(a) Name and	d address of each independent contractor paid	more than \$100,000		<b>(b)</b> Type o	f service	(c) C	ompensatio	n
<b>d</b> Total nun	nber of other independent contractors each rec	ceiving over \$100,000			▶			
	rganization complete Schedule A? <b>Note:</b> All se	ction 501(c)(3) organiz	ations and 4947(	a)(1) nonexe	mpt			_
	e trusts must attach a completed Schedule A	luding accompanying sche	iules and statement	s and to the be	st of my knowledge and	X	Yes L	No
	parer (other than officer) is based on all information of		wledge.	0, 41.4 10 11.0 0				
Sign	Signature of officer					Date		
Here	3	משמוני						
	SUSAN TUCKER, TREAS Type or print name and title	UKEK						
	Print/Type preparer's name	Preparer's signature		Date	Check	if I PTIN		
Paid	Time Type proparer 3 manie	1 reparer 3 signature		Date	self- emplo	_		
Preparer	MARIETTA MEACHAM					´	78188	ł
Use Only	Firm's name MCHALE, CARU	ISO, SCIILLI	ON & KNO	XC	Firm's FIN	▶ 65-044		
<b></b>	Firm's address > 8191 COLLEG				Phone no.	000101		
	FORT MYERS,	•					•	
May the IRS di	scuss this return with the preparer shown above					<b>X</b>	Yes	No
·							orm <b>990-EZ</b>	(2011)
								. ,

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ZONTA FOUNDATION OF SOUTHWEST FLORIDA. **Employer identification number** INC 65-0584445 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

# 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) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	I					
2	Tax revenues levied for the organ-	 					
	ization's benefit and either paid to	1					
	or expended on its behalf	1					
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge	I					
4	Total. Add lines 1 through 3						
	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.						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	 					
	dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources	I					
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)	I					
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2011 (I	ine 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test	<b>է - 2011.</b> If the oro	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and <b>stop</b> l	<b>here.</b> Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances test	<b>է - 2010.</b> If the orc	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	าe "facts-and-circเ	umstances" test, c	check this box and	<b>stop here.</b> Explair	n in Part IV how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶
					Sche	edule A (Form 990	or 990-EZ) 2011

132022 01-24-12

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	лете натти.)				
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Gifts, grants, contributions, and	(,	(-)	(-/	(,	(-/	(-)
·	membership fees received. (Do not						
	include any "unusual grants.")	520.	2,437.	906.	1,221.	792.	5,876.
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	79,357.	84,104.	82,469.	82,154.	98,638.	426,722.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	79,877.	86,541.	83,375.	83,375.	99,430.	432,598.
	Amounts included on lines 1, 2, and	73,0776	00,511.	03,373.	03,373.	33,4300	452,5500
	3 received from disqualified persons						0.
K	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						432,598.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	79,877.	86,541.	(c) 2009 83,375.	(d) 2010 83,375.	99,430.	(f) Total 432,598.
	a Gross income from interest, dividends, payments received on		, .	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,
	securities loans, rents, royalties and income from similar sources	461.	562.	347.	347.	110.	1,827.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b	461.	562.	347.	347.	110.	1,827.
	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						
13	assets (Explain in Part IV.)	80,338.	87,103.	83,722.	83,722.	99,540.	434,425.
	First five years. If the Form 990 is for					-	
	check this box and <b>stop here</b>	-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2011 (I			olumn (f))		15	99.58 %
	Public support percentage from 2010				F	16	99.58 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	.42 %
	Investment income percentage from 2					18	.42 %
	a 33 1/3% support tests - 2011. If the						, ,
	more than 33 1/3%, check this box a						<b>.</b> ▼
k	33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n aid not check a l	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	<u></u>

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

**Open To Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

ZONTA FOUNDATION OF SOUTHWEST FLORIDA, INC

Employer identification number 65-0584445

Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "\	es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration			

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

Schedule G (Form 990 or 990-EZ) 2011

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PEEK @ THE NONE (add col. (a) through UNIQUE col. (c)) (event type) (event type) (total number) 98,638. 98,638. 1 Gross receipts 86,950. 86,950 2 Less: Charitable contributions 11,688. 11,688. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs **7** Food and beverages 8 Entertainment 11,688. 11,688. Other direct expenses ..... 11,6884 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ..... 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

# ZONTA FOUNDATION OF SOUTHWEST FLORIDA,

Schedule G (Form 990 or 990-EZ) 2011 INC	65-0584445 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events book.</li></ul>	
Enter the name and address of the person who prepares the organization's gaming/special events book	s and records.
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	venue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ a	nd the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
c ii Tes, entername and address of the third party.	
Name ▶	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	ο
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, I	ine 2h, columns (iii) and (v), and Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any ac	
	(======================================

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization ZONTA FOUNDATION OF SOUTHWEST FLORIDA,

Employer identification number 65-0584445

INC	65-0584445
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	110.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	648.
CORPORATE FILING	145.
TOTAL TO FORM 990-EZ, LINE 16	793.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUND	DATION PROVIDES
SUPPORT TO OTHER CHARITABLE ORGANIZATIONS ENGAGED IN ACT	IVITIES WHICH
ADVANCE THE STATUS OF WOMEN AROUND THE WORLD.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	_

### Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or ZONTA FOUNDATION OF SOUTHWEST FLORIDA, print 65-0584445 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your P.O. BOX 1244 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANIBEL, FL33957-1244 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 01 Form 4720 09 Form 990-EZ Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 SUSAN TUCKER The books are in the care of ▶ 5379 SHEARWATER DRIVE - SANIBEL, FL 33957 Telephone No. ► 239-464-8939 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📖 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year  $\blacktriangleright X$  tax year beginning JUN 1, 2011 , and ending MAY 31, If the tax year entered in line 1 is for less than 12 months, check reason: Initial return □ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2012)

123841 01-04-12

# **IRS e-file Signature Authorization** for an Exempt Organization

For calendar year 2011, or fiscal year beginning	JUN	1	, 2011, and ending	MAY	31	,20 12

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Internal Revenue Service		See instr	ructions.		
Name of exempt organization				Employer identi	fication number
ZONTA FOUNDAT	ION OF SOUTHW	EST FLORIDA,		1	
INC				65-0584	445
Name and title of officer					
SUSAN TUCKER					
TREASURER					
	Return and Return I	•	• • • • • • • • • • • • • • • • • • • •		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	a, below, and the amount	on that line for the return	enter the applicable amount, if any, f being filed with this form was blank return, then enter -0- on the applical	, then leave line <b>1</b>	b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total rev	venue, if any (Form 990, F	Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check he			90-EZ, line 9)		
3a Form 1120-POL check			_, line 22)		
4a Form 990-PF check he			come (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here			ine 3c or Part II, line 8c)		
	•	• • • • •	, , , , , , , , , , , , , , , , , , , ,		
Part II Declarat	ion and Signature A	<b>Authorization of Off</b>	icer		
return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a organization's consent to	stitution to debit the entry an 2 business days prior t ic payment of taxes to rec a personal identification nu electronic funds withdrawa	to this account. To revok to the payment (settlemen seive confidential informat umber (PIN) as my signati	n software for payment of the organice a payment, I must contact the U.Snt) date. I also authorize the financiation necessary to answer inquiries arure for the organization's electronical	S. Treasury Finand I institutions invol nd resolve issues	cial Agent at ved in the related to the
Officer's PIN: check one	box only				
X I authorize MC	HALE, CARUSO,	SCULLION & 1	KNOX	to enter my PIN	14445
		ERO firm name			Enter five numbers, b do not enter all zeros
is being filed wit enter my PIN on  As an officer of t indicated within program, I will er	h a state agency(ies) regul the return's disclosure co the organization, I will ente this return that a copy of t nter my PIN on the return's	lating charities as part of onsent screen. or my PIN as my signature the return is being filed w s disclosure consent scre	D	uthorize the afore	mentioned ERO to
Officer's signature			Date		
Part III   Certifica	tion and Authentica	ation			
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing	identification			
number (EFIN) followed by			6511411840 do not enter all zeros		
-	ng this return in accordance		2011 electronically filed return for the of <b>Pub. 4163,</b> Modernized e-File (Me	-	
ERO's signature			Date <b>&gt;</b>		
- · · ·			<del></del>		

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

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form **8879-EO** (2011)

Department of the Treasury Internal Revenue Service

# **Power of Attorney** and Declaration of Representative

► Type or print. ► See the separate instructions.

ı	01111	J 140.	10 1	0 0 1	00
$\overline{}$	_			$\overline{}$	

For IRS Use Only

ceived	hv.		

Name

ceived	by:	

Port I Power of Attorney	Telephone	Telephone		
Part I Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any				
purpose other than representation before the IRS.				
1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.			·	
Taxpayer name and address		Taxpayer identification numbe	r(s)	_
ZONTA FOUNDATION OF SOUTHWEST FLORIDA,		65-0584445	( )	
INC				
P.O. BOX 1244				
SANIBEL, FL 33957-1244		Douting talanhana number	Plan number (if applicable	٥/
SANIBED, FD 33937-1244		Daytime telephone number 239-395-0752	Tail fluffiber (II applicable	(د
		239-395-0752		_
hereby appoints the following representative(s) as attorney(s)-in-fact:				
2 Representative(s) must sign and date this form on page 2, Part II.			6500 454005	_
Name and address		CAF No.	6500-47120R	
MARIETTA MEACHAM		PTIN	P00178188	
8191 COLLEGE PARKWAY # 302		Telephone No.	239-481-7400	
FORT MYERS, FL 33919		Fax No.	239-481-7128	
Check if to be sent notices and communications		Check if new: Address	Telephone No. Fax No.	
Name and address		CAF No.	320594984R	_
JARRAD BROWN		PTIN	P00017578	
8191 COLLEGE PARKWAY #302		Telephone No.	239-481-7400	
FORT MYERS, FL 33919		Fax No.	239-481-7128	
Check if to be sent notices and communications		Check if new: Address	Telephone No. Fax No.	
		0.55		_
Name and address		D.T.I.I.		
		Telephone No.		
		Fax No		
		Check if new: Address	Telephone No. Fax No.	
to represent the taxpayer before the Internal Revenue Service for the following matters:				
3 Matters				
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whisteblower,		Tax Form Number	Year(s) or Period(s) (if applicab	ole)
Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	(1040, 9	941, 720, etc.) (if applicable)	(see instructions for line 3)	
			· · · · · · · · · · · · · · · · · · ·	_
INCOME	990EZ		2010 - 2018	
				_
			1	
				_
			1	
4 Specific use not recorded on Centralized Authorization File (CAF). If the power of at	tornov ic for a	enacific use not recorded on C	AE chack	_
				$\neg$
		solve and increat confidential to		_
5 Acts authorized. Unless otherwise provided below, the representatives generally are au and all acts that I can perform with respect to the tax matters described on line 3, for expecting the second	illiofized to re cample the ai	sceive and inspect confidential to	ax illiorillation and to perioril an	ıy
The representative(s), however, is (are) not authorized to receive or negotiate any amou				
by either electronic means or paper checks). Additionally, unless the appropriate box(e	s) below are o	checked, the representative(s) is	s (are) not authorized to execute	a
request for disclosure of tax returns or return information to a third party, substitute an				rns
Disclosure to third parties; Substitute or add representative(s);	Signing a	return;		
Other acts authorized:		(see	instructions for more information	n)
<b>Exceptions.</b> An unenrolled return preparer cannot sign any document for a taxpayer	and may only	represent taxpayers in limited s	situations. An enrolled actuary m	ıay
only represent taxpayers to the extent provided in section 10.3(d) of Treasury Departm	ent Circular N	lo. 230 (Circular 230). An enrolle	ed retirement plan agent may on	ıly
represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A register				
section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters limited (for example, they may only practice under the supervision of another practition		most cases, the student practiti	uner's (leverk) authority is	
List any specific deletions to the acts otherwise authorized in this power of attorney:	·· /•			

ZONTA FOUNDATION OF SOUTHWEST FLORIDA,

Forn	n 2848 (Rev. 3-2012) INC	65-	0584445	Page
6	Retention/revocation of prior power(s) of attorney. The filing of this power of at	rney automatically revokes all earlier		
	power(s) of attorney on file with the Internal Revenue Service for the same matter	and years or periods covered by this		
	document. If you <b>do not</b> want to revoke a prior power of attorney, check here			
	YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REI	AIN IN EFFECT.		
7	Signature of taxpayer. If a tax matter concerns a year in which a joint return was	led, the husband and wife must each file a separate p	ower of attorney eve	en if
	the same representative(s) is (are) being appointed. If signed by a corporate offic	r, partner, guardian, tax matters partner, executor, rec	eiver, administrator	, or
	trustee on behalf of the taxpayer, I certify that I have the authority to execute this	orm on behalf of the taxpayer.		
	▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURN	D TO THE TAXPAYER.		
		TREASURER		
	Signature	Date Title	(if applicable)	
		ZONTA FOUNDATION OF S	OUTHWEST	
Ş	SUSAN TUCKER	FLORIDA, INC		
_	Print Name PIN Number	Print name of taxpayer from line 1 if other	er than individual	. – – –
P	art II Declaration of Representative			
=				
Unc	er penalties of perjury, I declare that:			
	<ul> <li>I am not currently under suspension or disbarment from practice before the Interest</li> </ul>	nal Revenue Service;		

- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent enrolled as an agent under the requirements of Circular 230.
  - **d** Officer a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee a full-time employee of the taxpayer.
  - f Family Member a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - **g** Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
    - ► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
В	FLORIDA	11365		
В	FLORIDA	AC34566		

113962 03-12-12 Form **2848** (Rev. 3-2012)