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## Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2009

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

Open to Public Inspection

	AF	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and e	inding U	UN 30, 2010			
	B CI	heck if	Please C Name of organization ** use IRS		D Employer identific	cation number		
		Addre:	SS- label or miliputa VI POIINIDAMION					
	$\vdash$	Name	type		43-6	049500		
	-	_chang ]initial _return	See Number and street (or P.O. box if mail is not delivered to street address)					
	-	Termir	Constitution	(314)993-6888				
	$\vdash$	Jated Amend return	module		G Gross receipts \$ 361,750.			
	F	Applic			H(a) Is this a group return			
		pendir		H	for affiliates?	Yes X No		
			SAME AS C ABOVE	H(b) Are all affiliates included? Yes No				
	I T	ax-exe	empt status. X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)		
			e: > WWW.THETAXI.ORG/FOUNDATION/FOUNDATION.	PHP	H(c) Group exemption	n number 🕨		
	K F	orm of	organization: X Corporation	L Year	of formation: 1949 N	State of legal domicile: MO		
	Pa	rt I	Summary					
	ø		Briefly describe the organization's mission or most significant activities TO PF					
	Activities & Governance		PROGRAMMING AND SCHOLARSHIP ASSISTANCE TO					
	r.		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as			
	Š		Number of voting members of the governing body (Part VI, line 1a)		3	15		
	8		Number of independent voting members of the governing body (Part VI, line 1b)		4	15		
	ies	_	Total number of employees (Part V, line 2a)		. 5	<u></u>		
	Ž	-	Total number of volunteers (estimate if necessary)			60		
_	AC		Total gross unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u> 7b	0.		
2010	$\dashv$	b	Net unrelated business taxable income from Form 990-T, line 34	1	Prior Year	Current Year		
7			Contributions and grants (Part VIII line 1h)	-	290,719.	242,453.		
₹ <del></del> )	E I		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	.	29,355.	34,021.		
<b>8</b> 7	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	25,912.	22,051.		
DEC	ř		Other revenue (Part VIII, column (A), lines 5 6d, 80-90, III and TTe)	-	1,953.	1,511.		
		12	Total revenue - add lines 8 through 11 (must equal Pan VIII column (A), line 12)		347,939.	300,036.		
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,637.	57,976.		
Ž			Benefits paid to or for members (Page X, & Limin (A), 2n 2110					
2	S	15	Salanes, other compensation, employee benefits (Part IX, column 44), lines 5-10)		40,418.	51,337.		
Ö	Expenses	16a	Professional fundraising fees (Part IX, column (A) rine 11e)					
W	xbe		Total fundraising expenses (Part IX_column (D. line 25) 59,56	52.	ţ			
	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		176,237.	165,474.		
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	265,292.	274,787.		
	- 70	19	Revenue less expenses Subtract line 18 from line 12		82,647.	25,249.		
	Assets or Balances			Ве	ginning of Current Year	End of Year		
	Sset	20	Total assets (Part X, line 16)	·	<u>973,136.</u>	1,067,779.		
	PetA		Total liabilities (Part X, line 26)	<u> </u>	10,772.	12,854.		
			Net assets or fund balances. Subtract line 21 from line 20		962,364.	1,054,925.		
	Pé	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements	and to the best of my knowled	ine and belief it is true, correct		
			and complete Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	and to the book of my knowled	4		
	C:	_	1 Halley		14 1/15	110		
	Sign		Signatule of officer		Date	<del>  `                                   </del>		
	пет	<del>-</del>	JAMES E. VREDENBURGH, EXECUTIVE DIRECT	TOR				
			Type or print name and title	1011		-		
			Preparer's Date			er's identifying number istructions)		
	Paid		signature 10 ma St. 4 Wolfor 11-12	-10 se	nployed			
		oarer's	Firm's name (or STONE CARLIE & COMPANY, LLC		EIN ▶			
	บรย	Only	self-employed), 101 S. HANLEY ROAD, SUITE 800					
			ZIP+4 ST. LOUIS, MO 63105-3437		Phone no. ► 3	14-889-1100		
	May	v the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

A)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

932002 02-04-10

Form 990 (2009) THETA XI FOUNDATION
Part IV | Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	<u> </u>
_3_	_Did-the-organization-engage.in-direct.or.indirect.political.campaign.activities.on.behalf.of.or.in.opposition.to.candidates.for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	NT /	_
^	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	N/	A
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		A
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	æ		, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	·		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-
12	Schedule D, Parts XI, XII, and XIII	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	' <u>-</u>		<del></del>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	,		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,7
00	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	(2009)
		LOUI	220	(4003)

Form **990** (2009)

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X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Par	t V Statements Regarding Other in S Fillings and Tax Compliance			
		Γ-	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ا		Ì
	U.S. Information Returns. Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	띡		
	Did-the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- v-	l
	(gambling) winnings to prize winners?	1c	<u>X</u> -	<del></del>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		,
	filed for the calendar year ending with or within the year covered by this return  2a  2a	<b>⊣</b>	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		$\vdash$
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	200		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		<del>                                     </del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44		
	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		ŀ	
			i	i
	Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del>                                     </del>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	35	_	_ <del></del>
	Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"		
	any contributions that were not tax deductible?	6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		,	
	provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	}	X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			-
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u></u>	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		1	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	1	1	
	at any time during the year?	8	<u> </u>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		+
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	4	↓
10	Section 501(c)(7) organizations. Enter	i		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	+	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		- 000	(2009)
		⊢∩r	11 25 25 1	こしいけいり

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management		-		
	ı			Yes	No
	Enter the number of voting members of the governing body  1a	15	٦ ١	-	
—b	-Enter the number of voting members that are independent	15	·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	at supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 99	0 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		<u>X</u>
6	Does the organization have members or stockholders?		6		<u>X</u>
7a	·	of the			
	governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, the year	_		
	by the following:		_		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		_8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at the		1	7.7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Coae)		\ <u>\</u>	
	Decide a service de la collection de service de service de la collection de service de la collection de la c		40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		10a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapt	ers, aπiliates,	406		
	and branches to ensure their operations are consistent with those of the organization?		10b	v	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	e tomi?	11	X	
11A			40-	x	
12a			12a	^	<del></del>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts?	e 115e	12b	х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe			
	ın Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does 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 approval by it	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	*
а	The organization's CEO, Executive Director, or top management official	•	15a	X	
b	Other officers or key employees of the organization		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			
	taxable entity during the year?		16a	ļ	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ion's			
	exempt status with respect to such arrangements?		16b	<u> </u>	l
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MO	( ) (0)	•		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s only) availabl	e tor		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request	A n6			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	t of interest policy,	ana tina	anciai	
	statements available to the public	nordo of the	nt.c= •		
20	State the name, physical address, and telephone number of the person who possesses the books and re-	Jords of the organiz	ation	_	
	THE ORGANIZATION - (314)993-6888				
	745 CRAIG ROAD, NO. 222, CREVE COEUR, MO 63141			990	(2000)

932008 02-04-10

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F) Estimated	
Name and Title	Average	Ι		Pos	_			Reportable	Reportable		
	hours per week	H		all		app		compensation from the	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	
		Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
DUANE J. FOX										_	
CHAIRMAN	1.00	X		X	ļ	ļ		0.	0.	0.	
STEPHEN D. BAKER									_	_	
VICE CHAIRMAN	1.00	X	<u> </u>	X	<u> </u>	-		0.	0.	0.	
MICHAEL A. PITCHER					1						
TRUSTEE	1.00	X		<u> </u>	╁	+	-	0.	0.	0.	
ROBERT G. DIETRICH	1 00			l				1	0	•	
TRUSTEE	1.00	X			⊢	<del> </del>		0.	0.	0.	
FRED J. HOWLETT	1 00	v						0.	0.	•	
TRUSTEE DONALD G. ALLISON	1.00	^		-	┢	+	-	U .	0.	0.	
TRUSTEE	1.00	x						0.	0.	0.	
H. ROBERT VEENSTRA, JR.	1.00	^				╁		0.	0.		
TRUSTEE	1.00	x			1		l	0.	0.	0.	
DAVID A. DEMURO	1.00	1		-		+	-				
TRUSTEE	1.00	x				1		0.	0.	0.	
WALTER S. BROCK					T	_		,			
TRUSTEE	1.00	X			ŀ			0.	0.	0.	
DR. RICHARD C. MCCORMAC								1			
HONORARY TRUSTEE	1.00	X	L_		ļ.,			0.	0.	0.	
ANDREW CARLSON					Г	T					
TRUSTEE	1.00	X		<u></u>	<u> </u>			0.	0.	0.	
KENNETH A. MILLER					1						
TREASURER	1.00	X	<u>L</u> .	X			ļ	0.	0.	0	
DONALD S. MERINGER		1									
TRUSTEE	1.00	X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0	
DAVID C. AUTEN	1	{	1				}				
HONORARY TRUSTEE	1.00	X	<u> </u>	<u> </u>	$\perp$	$\perp$	$oxed{oxed}$	0.	0.	0	
DR. RONALD L. SMITH						1			_	_	
HONORARY TRUSTEE	1.00	X	_	<del> </del>	+	+	-	0.	0.	0	
JAMES E. VREDENBURGH	10.00		]		1		-	20 412		14 004	
EXECUTIVE DIRECTOR	12.00	$\leftarrow$		X	+	+	$\vdash$	29,410.	0.	14,824	
						1	1	1	i e	1	

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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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	n 990 ( art <b>VII</b>		NDATION	<del></del>	<u> </u>	43-6049	500 Page <b>9</b>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and		,	-	~ <sub>.</sub> <del></del>	
contribution and other	g	similar amounts not included above  Noncash contributions included in lines 1a-1f \$	242,453.	242 453			
	2 a	ACADEMY REG. FEES SEE SCHEDULE O	Business Code 611710 611710	242,453. 28,050. 3,121.	28,050. 3,121.		
Program Service Revenue		ADMINITURE OF A PROPERTY OF THE PROPERTY OF TH	611710	2,850.	2,850.		
P		All other program service revenue  Total, Add lines 2a-2f	<b>•</b>	34,021.			
	3 4 5	Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond particles	<b>&gt;</b>	23,765.			23,765.
	6 a b c	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal			- 1.	,
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  (i) Securities 60,000 61,714	(ii) Other	,	,	,	·
	d	Gain or (loss) <a>&lt;1,714</a> .  Net gain or (loss)  Gross income from fundraising events (not	<b>&gt;</b>	<1,714.	> -		<1,714.>
Other Revenue		including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b					
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less. direct expenses.			-		
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold b	<u> </u>				
:		Net income or (loss) from sales of inventory  Miscellaneous Revenue  MISCELLANEOUS	Business Code 900099	1,511.	1,511.		
	e 12	All other revenue  Total, Add lines 11a-11d  Total revenue See instructions.	<b>&gt;</b>	1,511. 300,036.	35,532.	0.	22,051.
9320 02-04				9	<u></u>		Form <b>990</b> (2009)

# Form 990 (2009) THETA XI FOUNDATION Part IX Statement of Functional Expenses

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

	All other organizations must complete 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	(D) Fundraising expenses
_1_	-Grants and other assistance to governments and				·
	organizations in the U.S. See Part IV, line 21	19,334.	19,334.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	38,642.	38,642.		<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44 224	9,440.	20 002	14 700
_	trustees, and key employees	44,234.	9,440.	20,002.	14,792.
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				<del></del>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			<del></del>	<del></del>
9	Other employee benefits	7,103.	1,516.	3,212.	2,375.
10	Payroll taxes		1,510.	J, 2120	4,313.
11	Fees for services (non-employees):				
	Management				
b	Legal	13,271.	2,083.	8,070.	3,118.
C	Accounting	13,4/10	2,003.	0,070.	3,110.
d	Lobbying Professional fundraising services. See Part IV, line 17			1	
e					
f	Investment management fees	39,397.	5,554.	25,697.	8,146.
g 40	Other	39,3916	3,334.	25,057.	0,140.
12 13	Advertising and promotion	9,314.	1,462.	5,663.	2,189.
14	Information technology	J, J14.	1, 402.	3,003.	2,103.
15	Royalties				
16	Occupancy	10,840.	1,702.	6,591.	2,547.
17	Travel	10,010.	1,702.	0/3/11	4,5414
18	Payments of travel or entertainment expenses			-	<del></del>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,876.	63,853.	1,023.	
20	Interest	0270700	00,000.		
21	Payments to affiliates		··		
22	Depreciation, depletion, and amortization	······			<del></del>
23	Insurance				<del></del>
24	Other expenses. Itemize expenses not covered		<del></del>		· <del></del>
2-4	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		:	-	
а	FUNDRAISING EXPENSES	24,436.			24,436.
b	MISCELLANEOUS	1,805.	283.	1,098.	424.
c	DONOR RECOGNITION	1,535.			1,535.
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	274,787.	143,869.	71,356.	59,562.
26	Joint costs Check here   If following		<u> </u>		<del></del>
	SOP 98-2. Complete this line only if the organization	ļ		]	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		<u> </u>		
93201	0 02-04-10				Form <b>990</b> (2009)

	rt X	Balance Sheet					1043300 Fage 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .				1	
	2	Savings and temporary cash investments		Ĺ	222,242.	2	287,752.
	-3	-Pledges-and grants receivable, net		·		_3 -	<u> </u>
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, d	irectors,	trustees, key			
		employees, and highest compensated employe		]			
	İ	of Schedule L				5	
	6	Receivables from other disqualified persons (as	under section				
		4958(f)(1)) and persons described in section 49	B). Complete				
		Part II of Schedule L			6		
}	7	Notes and loans receivable, net			90,434.	7	80,166
	8	Inventories for sale or use		1		8	
	9	Prepaid expenses and deferred charges			1,079.	9	1,079
	10a	Land, buildings, and equipment cost or other	1 1			İ	•
	l	basis. Complete Part VI of Schedule D	10a	3,019.	•	1	
	ь	Less accumulated depreciation	10b	3,019.	0.	10c	0.
	11	Investments - publicly traded securities			649,381.	11	0. 688,782
	12	Investments other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line	Ī		13		
	14	Intangible assets	Ī		14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	4)	973,136.	16	1,067,779
$\dashv$	17	Accounts payable and accrued expenses		·/		17	
	18	Grants payable		18			
	19	Deferred revenue	"		19		
	20	Tax-exempt bond liabilities			·	20	
ı	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D	<del></del>	21	
	22	Payables to current and former officers, directo		l l	- <del></del>		<del></del>
		highest compensated employees, and disqualif			·		
		of Schedule L	nea pers	ons. complete rare ii		22	
	200	Secured mortgages and notes payable to unrel	latad thur	d portion		23	
	23	Unsecured notes and loans payable to unrelate		•		24	
	24	Other liabilities. Complete Part X of Schedule D		Parties	10,772.	25	12,854
	25 26	Total liabilities. Add lines 17 through 25		• -	10,772.	26	12,854
_	20	Organizations that follow SFAS 117, check h		and complete	10,712.	20	12,034
	1	-	lere -	and complete			
		lines 27 through 29, and lines 33 and 34.				27	
	27	Unrestricted net assets		• •	·		
	28	Temporarily restricted net assets			<del></del>	28	
	29	Permanently restricted net assets		ere 🕨 🗓 and		29	
		Organizations that do not follow SFAS 117, o	check he	ere 🖊 🖾 and			
	١.	complete lines 30 through 34.			116 070		107 710
	30	Capital stock or trust principal, or current funds		<u>}</u>	116,070.	30	127,712
	31	Paid-in or capital surplus, or land, building, or e			0.	31	0 0 7 013
	32	Retained earnings, endowment, accumulated in	ncome, d	or other funds .	846,294.		927,213
•	33	Total net assets or fund balances		}	<u>962,364.</u>		1,054,925
	34	Total liabilities and net assets/fund balances			973,136.	34	<u>1,067,779</u>

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

2009

Open to Public Inspection

Name of the organization

THETA YT FOINDATION

Employer identification number

			<u> </u>			_			<u>    4 3                               </u>	<u>-6049</u>	<u>500</u>	
Part i	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	te this part	t.) See inst	ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	1 through 1	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churche	es, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2 🔲	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	ital service organization of	described i	n section	170(b)(1)	(A)(ıii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	e,
	city, and stat	e:					_					
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	lete Part II)									
6	A federal, sta	te, or local governm	nent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	nbed ii	n
	section 170(	b)(1)(A)(vi). (Comple	ete Part II.)									
8 🔲	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			ceives. (1) more than 33 1			rom contri	butions, m	nembershi	p fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fi	rom gross	invest	ment
	income and u	inrelated business t	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	fter June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complet	e Part III.)									
10	An organizati	on organized and o	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>!).</b>				
11 🔲	An organizatı	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	f one o	or
	more publicly	supported organiz	ations described in section	on 509(a)(1	l) or sectio	n 509(a)(2	). See sec	tion 509(	a)(3). Ched	ck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h.						
	a Type I	ь	Type II d	: 🔲 Тур	e III - Func	tionally int	egrated		d 🔲	Type III - C	ther	
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly of	r ındirectly	by one or	more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	: III				
	supporting or	rganization, check t	his box .									
9	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A person	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	in (II) and (	III) below,		Yes	No
	the gove	erning body of the s	supported organization?							. 11g(i)		
	• •	· · · · · · · · · · · · · · · · · · ·	n described in (i) above?	-				-		11g(ii)		
	(iii) A 35% d	controlled entity of a	a person described ın (i) (	or (II) above	∍?			•		11g(iii)	L	
ħ	Provide the fe	ollowing information	about the supported or	ganızatıon(	(s).							
						r —						
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organizati		(vii) Am	ount o	ıf
orga	anization		(described on lines 1-9		sted in your document?		ion in col.	l(i) organiz	ed in the	sup	port	
			above or IRC section	<u> </u>		· · · · · ·		U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
					1	]	[					
				<u> </u>	<b> </b>				-			
							1					
							<del> </del> -	<del> </del>	<del>├</del>			
						1	1					
						<del> </del>	-		+ +			
		<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>		<del> </del>	<del>                                     </del>			
		<del>                                     </del>	<del> </del>					<del> </del>	<del> </del>			
Total						1						

Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2009

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" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, 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" test. The organization qualifies as a publicly supported organization

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

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2008, If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2009

15

15 Public support percentage from 2008 Schedule A, Part II, line 14

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19a 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

#### Schedule D

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

r=-	THETA XI FOUNDATIO		43-6049500
Pa	rt IOrganizations_Maintaining_Donor_Advise	ed.Funds_or Other_Similar_Eunds	s_or_AccountsComplete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	used only
•	for charitable purposes and not for the benefit of the donor of	- · ·	•
	impermissible private benefit?		Yes No
Pa		panization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space	1 icaci vation of a cert	med Historic Structure
		find concentation contribution in the form	of a consequence assument on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hald at the End of the Tay Year
	Total asserbas of accounting accounts		Held at the End of the Tax Year
a	Total number of conservation easements		2a
Ъ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		. 2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items.	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		<b>♥</b> : 9 F: = ::==
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
J	, additional and office of a contract of the c		· ·

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Schedule D (Form 990) 2009

Sche		I FOUNDATION				049500 Page <b>2</b>			
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other records, che	eck any of the	following that	are a significant use of it	ts collection items			
	(check all that apply).	_	_						
а	Public exhibition	d <u>L</u>	_	hange prograi					
þ	Scholarly research	e	J Other						
—с-	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain how	they further th	ne organizatio	n's exempt purpose in P	art XIV.			
5	During the year, did the organization solicit or				r sımilar assets				
	to be sold to raise funds rather than to be ma					Yes No			
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par					<del></del>			
1a	Is the organization an agent, trustee, custodi	an or other intermediary fo	or contribution	s or other ass	ets not included				
	on Form 990, Part X?				Ļ	Yes			
b	If "Yes," explain the arrangement in Part XIV	and complete the followin	g table <sup>.</sup>		<del></del>				
						Amount			
	Beginning balance				_1c				
	Additions during the year	•			1d	<del></del>			
е	Distributions during the year				1e				
f	Ending balance		-		<u>  1f                                       </u>				
	Did the organization include an amount on Fo	orm 990, Part X, line 21?			L	Yes  No			
	b If "Yes," explain the arrangement in Part XIV.  Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
Fai	Elidowillent Funds. Complete ii					ok (a) Four years back			
	-		Prior year 43,742.	(c) Two years	back (d) Three years back	ck (e) Four years back			
	Beginning of year balance				<del></del>				
b	Contributions		62,505. 46,347.						
c	Net investment earnings, gains, and losses	58,101.	$\frac{40,347}{48,762}$ .	<del></del>	- ,				
a	Grants or scholarships		40,104.			<del></del>			
е	Other expenditures for facilities	10,100.	5,900.			*			
	and programs	7,537.	7,281.	~		<del></del>			
	Administrative expenses		97,957.						
g	End of year balance		91,931.	L		<u></u>			
2	Provide the estimated percentage of the year								
	Board designated or quasi-endowment ►  Permanent endowment ► .00	<u>.00</u> %							
		<sup>76</sup> %							
C	Term endowment ► 100.00 9  Are there endowment funds not in the posse	· -	that are held a	nd administer	ed for the organization				
34		SSION OF the Organization	illat ale lielu a	iiu aumimistei	ed for the organization	Yes No			
	by: (i) unrelated organizations					3a(i) X			
	(i) unrelated organizations (ii) related organizations	• •			•	3a(ii) X			
<b>h</b>	If "Yes" to 3a(ii), are the related organizations	Slieted as required on Sch	nedule R2		•	3b 2x			
4	Describe in Part XIV the intended uses of the	·		•	• •	30			
	rt VI Investments - Land, Building			Part X line 1	0				
	Description of investment	(a) Cost or other		or other	(c) Accumulated	(d) Book value			
	Description of investment	basis (investment)	1	(other)	depreciation	(u) Book value			
1a	Land .		<u> </u>						
b	Buildings								
С	Leasehold improvements .								
d	Equipment .			3,019.	3,019.	0.			
	Other		<u> </u>						
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, co	lumn (B), line	10(c).)	<u> </u>	0.			

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 THETA XI FOUNDATION			43-604	1500 Page 4		
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Finance	ial State	ments			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ļ					
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. ,	3				
4	Net unrealized gains (losses) on investments	]	4				
<b>5</b>	Donated services-and-use-of-facilities		_5				
6	Investment expenses		6				
7	Prior period adjustments .	. [	7				
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net). Add lines 4 through 8		9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10				
	t XII Reconciliation of Revenue per Audited Financial Statemen		ue per R	eturn			
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:						
a	Net unrealized gains on investments	2a		1 1			
h	Donated services and use of facilities	2b		1			
_	Recovenes of prior year grants	2c		1			
d	Other (Describe in Part XIV)	2d		1			
	Add lines 2a through 2d			2e			
_	•			3			
3	Subtract line 2e from line 1	•					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>			
b	Other (Describe in Part XIV)	4b					
_	Add lines 4a and 4b			4c	<del></del>		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto With Evno	2000 005	Boturn			
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	iits with Exper	ises per				
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:	(		<b> </b>			
а	Donated services and use of facilities			^			
b	Prior year adjustments	2b		ļ*-			
C	Other losses	2c	<del></del>	4			
d	Other (Describe in Part XIV.)	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:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	****	]			
b	Other (Describe in Part XIV.)	4b		]			
С	Add lines 4a and 4b			4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5			
	t XIV Supplemental Information						
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4, Pai	t IV, lines 1	b and 2b, Pa	rt V, line 4, Part		
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
	T V, LINE 4: THE FOUNDATION'S ENDOWMENT CO						
RES	TRICTED FUNDS INCLUDED IN THE CHAPTER EDUC	ATION FUN	D AND	THE EN	DOWMENT		
FUN	ID. THE CHAPTER EDUCATION FUND INCLUDES AMO	UNTS DONA	TED FO	R THE			
RES	TRICTED USE OF SPECIFIED CHAPTERS TO PROVI	DE SCHOLA	RSHIPS	TO			
UNI	DERGRADUATES OR GRANTS TO DEFRAY REGISTRATI	ON/TRAVEL	RELAT	ED COS	rs of		
UNI	DERGRADUATES ATTENDING EDUCATIONAL AND LEAD	ERSHIP PR	OGRAMS	OR GR	ANTS TO		
DEI	DEFRAY COSTS OF BUILDING, REMODELING AND EQUIPPING EDUCATIONAL AREAS OF						
				mus 4			
CH2	APTER HOUSES. THE ENDOWMENT FUND INCLUDES A	MOUNTS DO	NATED	THROUG	H AN		

Schedule D (Form 990) 2009 THETA XI FOUNDATION	43-6049500 Page 5
Schedule D (Form 990) 2009 THETA XI FOUNDATION  Part XIV Supplemental Information (continued)	
·	
ENDOWMENT CAMPAIGN. THE FUND IS TO BE USED TO PRINCIPALI	LY FUND LEADERSHIP
TRAINING AND QUALIFIED EDUCATION PROGRAMS.	
	<del></del>
	<del></del>

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Schedule I (Form 990) 2009 **2** Employer identification number 43-6049500 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more and address of organization (b) ElN (c) IRC section or government assistance or government (c) IRC section (d) Amount of assistance or government (e) ElN (f) Method of recipient received more than \$5,000. Use Part IV and Schedule i-1 (Form 990) if additional space is needed (h) Purpose or assistance or assistance or assistance or government assistance or government or growther) 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations THETA XI FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Part I Part

THETA XI FOUNDATION Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

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(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
ACADEMIC AND SCHOLARSHIP AWARDS	45	32,500.	0		
TEADERGIE AND EDITCHIONAL DECIDEM APPENDERS	7.	6 142	0		·
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	ine 2, and any other	additional information.	

LINE 2: GRANTS ARE MONITORED IN SEVERAL WAYS: PART I, SCHEDULE I, 1. GRANTS FOR EDUCATIONAL RESOURCES REQUIRE THE SUBMISSION OF RECEIPTS

SCHOLARSHIP GRANTS GENERALLY FLOW THROUGH A LOCAL OVERSIGHT GROUP. 2 3. GRANTS FOR LEADERSHIP PROGRAMS ARE EITHER PAID DIRECTLY TO THE PROVIDER

OF THE PROGRAM OR REIMBURSED BASED ON THE SUBMISSION OF REGISTRATION

RECEIPTS

Schedule I (Form 990) 2009

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	ETA XI						. <u></u> _		4	3-60	4950	0	
Part I Excess Benefi					-								
Complete if the org	anization ansv	vered_"	'Yes <u>"</u>	on Form 9	990, Part IV,	line 25a or	25b, or For	m 990-l	Z, Part	V, line 40	0b.		
(a) Name of di	of disqualified person				(b) Description of transaction								rected?
· · · · · · · · · · · · · · · · · · ·												Yes	No
<del></del>	<del></del>								_				<del> </del>
	<del></del>												<del></del>
					-								
			•										
2 Enter the amount of tax imp	oosed on the c	organiza	ation i	managers	or disqualifi	ed persons	s during the	year ur	der				
section 4958										<b>&gt;</b> \$			
3 Enter the amount of tax, if a	any, on line 2, a	above,	reımb	oursed by	the organiza	ation	• •			▶ \$			
Part II Loans to and/o	or From Int	erest	ed P	ersons									
Complete if the org						line 26. or	Form 990-E	Z. Part \	/. line 38	Ba.			
(a) Name of interested	(b) Loan t				al principal		ince due		) In	(f) Ap	proved	(g) W	/ritten
person and purpose	person and purpose the organization?		1?	am	nount	, ,		def	ault?	by board o committee		agree	ement?
<u> </u>	То	Fro	m					Yes	No	Yes	No	Yes	No
<del> </del>									ļ	ļ			<u> </u>
	<del></del>						<del> </del>			<u> </u>	ļ		
	<u> </u>				<del></del>	 		<u> </u>		<del> </del>	-		<del>                                     </del>
	ļ				<del></del>					<del> </del>	-		<del> </del> -
	<del></del>				<del></del>		<del></del> -			ļ	<del> </del>		<del>                                      </del>
Total					<b>▶</b> \$	J	<del></del>		!	<del> </del>			<u> </u>
Part III Grants or Assi	stance Ber	nefitir	ng In	tereste		s.		I		<del></del>		·	
Complete if the org	anization ansv	vered "	Yes"	on Form 9	990, Part IV,	line 27.							
(a) Name of interested	person			(b) Relation	onship betwe		ted person	and		(c) An	nount an		əf
					the organization assista					assistan			
							·		4—				
<del></del>							<del></del>		-				
								-					
		<del></del>							+	<del></del> -			
<del></del>									<del> </del>				
Part IV Business Trans	sactions In	volvii	ng Ir	ntereste	d Person	ıs.			<del></del>				
Complete if the org	anization ansv	vered "	'Yes"	on Form 9	990, Part IV,	lıne 28a, 2	8b, or 28c.						
(a) Name of interested	(a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of							(e) Sharing of organization's					
			þ	erson and	nd the organization		transaction			transaction		revenues?	
												Yes	No
JAMES E. VREDENB	URGH		EXE	CUTIV	E DIRE	CTOR	75	, 368	ALU.	IES E	I. VR	<del> </del>	<u> </u>
	<u>.</u>												+
					-	-			_			<del> </del>	1
									<del></del>				1
									<del> </del>				+

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

(Form 990)

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or to provide any additional information. Attach to Form 990.

**Supplemental Information to Form 990** 

Inspection Employer identification number

THETA XI FOUNDATION	43-6049500
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	ISSION:
OF THETA XI FRATERNITY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHM	MENTS:
ONE MEMBER, FOR A TOTAL OF 90 ATTENDEES. THE DISTRICT I	LEADERSHIP
ACADEMIES ARE HELD AT HOST CHAPTERS THROUGHOUT THE COUNT	TRY AND PROVIDE
UNDERGRADUATE LEADERS AND MEMBERS WITH THE OPPORTUNITY	O PARTICIPATE
IN EDUCATIONAL PROGRAMS AND LEADERSHIP DEVELOPMENT ACTIV	/ITIES THAT
ADDRESS CURRENT CAMPUS AND FRATERNITY ISSUES AND EXPANDS	E EACH MEMBER'S
EDUCATIONAL OPPORTUNITIES WHILE PROVIDING VALUABLE LEADS	ERSHIP AND
CITIZENSHIP TRAINING. 46 OF 51 (90%) OF CHAPTERS SENT AT	r least one
MEMBER, FOR A TOTAL OF 314 ATTENDEES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FOUNDATION PROVIDES UNDERGRADUATE MEMBERS OF THETA XI FI	RATERNITY WITH
NEW OPPORTUNITIES AND SPECIAL SERVICES, WHILE CONTRIBUT	ING TO SOCIETY
IN GENERAL, AND EDUCATIONAL ENDEAVORS IN PARTICULAR. AND	NUAL FUND DRIVES
FUND LEADERSHIP AND EDUCATIONAL ACTIVITIES THAT AID IN	THE PERSONAL
DEVELOPMENT OF MEMBERS INCLUDING VALUES INTO ACTION, AN	AWARD WINNING
PROGRAM THAT FOCUSES ON PERSONAL VALUES EDUCATION; BROTI	HER TO BROTHER
FOCUSES ON SUBSTANCE ABUSE EDUCATION AND INTERVENTION S	KILLS; ROADMAP
PROVIDES GROUPS A METHOD TO SELF-EVALUATE THEIR VALES, '	TEACH CRITICAL
THINKING SKILLS, AND ADDRESSES THE ROLES OF MENTORS AND	HOW TO RECRUIT
AND TRAIN THEM TO HELP UNDERGRADUATE MEMBERS. THE FOUND	ATION ALSO FUNDS
A HOUSING LOAN PROGRAM THAT ASSISTS CHAPTERS IN OBTAINI	NG, REMODELING
AND FURNISHING CHAPTER HOUSES. THESE PROGRAMS ARE PROVI	DED FOR THE

932211 02-03-10

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

Schedule O (Form 990) 2009

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(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

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Name of the organization

THETA XI FOUNDATION

Employer identification number 43-6049500

BENEFIT ALL UNDERGRADUATES MEMBERS.
EXPENSES \$ 5192. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7482.
FORM 990, PART VI, SECTION B, LINE 11: THETA XI FOUNDATION PROCEDURES FOR
PREPARATION OF AND INTERNAL APPROVAL OF FORM 990, INCLUDING ALL SCHEDULES,
PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE SHALL CONSIST OF
PREPARATION BY STAFF WITH ASSISTANCE AND COUNSEL OF AN INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANT FOLLOWED BY REVIEW BY THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT IS
STABLISHED BY DISTRIBUTING THE CONFLICT OF INTEREST STATEMENT TO ALL
FOUNDATION TRUSTEES AT THEIR FIRST MEETING OF THE FISCAL YEAR OR FOLLOWING
ELECTIONS. DISCUSSION AND QUESTIONS REGARDING THE POLICY ARE ADDRESSED
PRIOR TO COLLECTING EXECUTED STATEMENTS FOR EACH TRUSTEE THAT IS THEN FILED
FOR REFERENCE AND USE AS NECESSARY.
FORM 990, PART VI, SECTION B, LINE 15A: THETA XI FOUNDATION POLICY ON
COMPENSATION COMMITTEE:
THE COMPENSATION COMMITTEE SHALL BE COMPOSED OF FOUNDATION CHAIRMAN AS
CHAIRMAN OF THE COMMITTEE WITH THE TREASURER AND EX-OFFICIO NATIONAL
PRESIDENT AS THE ADDITIONAL COMPENSATION COMMITTEE MEMBERS.
ON AN ANNUAL BASIS, THE COMMITTEE:
- REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR BASED ON ACHIEVEMENTS
AGAINST THE ESTABLISHED GOALS AND HIS OVERALL PERFORMANCE.
- THE COMMITTEE SEEKS THE INPUT OF THE BOARD OF TRUSTEES IN COMPLETING THIS

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

Schedule O (Form 990) 2009

(Form 990)

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Supplemental Information to Form 990

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

Attach to Form 990.

THETA XI FOUNDATION

Employer identification number 43-6049500

REVIEW.
- MAY REVIEW APPROPRIATE MARKET DATA ON COMPENSATION FOR EXECUTIVE
DIRECTORS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS, AS SUPPLIED AND ANALYZED
BY THE COMPENSATION COMMITTEE CHAIR.
- THE COMMITTEE DETERMINES ANY CHANGE IN COMPENSATION FOR THE EXECUTIVE
DIRECTOR BASED ON:
- JOB PERFORMANCE
- FOUNDATION FINANCIAL RESOURCES AND SOUND BUDGET PRACTICES
- AFFORDABILITY
THE COMMITTEE HAS THE LATITUDE TO PROVIDE A CHANGE IN BASE PAY, A BONUS, A
LUMP-SUM "MERIT" INCREASE, AN INCREASE IN ALLOWANCES, OR NON-CASH
COMPENSATION.
CONSIDERATION OF THE ANNUAL FOUNDATION BUDGET INCLUDES NOTICE TO THE BOARD
OF TRUSTEES FOR CHANGES IN COMPENSATION OF ALL EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C:
THETA XI FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION
OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE
PRIOR YEAR.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

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(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

THETA XI FOUNDATION

Employer identification number 43-6049500

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: JAMES E. VREDENBURGH
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
EXECUTIVE DIRECTOR
(C) AMOUNT OF TRANSACTION \$ 75368.
(D) DESCRIPTION OF TRANSACTION: JAMES E. VREDENBURGH SERVES AS THE
EXECUTIVE DIRECTOR FOR BOTH THETA XI FOUNDATION AND THETA XI FRATERNITY,
UNRELATED ORGANIZATIONS. HE IS EMPLOYED BY THETA XI FOUNDATION AND A
PERCENTAGE OF HIS COMPENSATION IS REIMBURSED TO THETA XI FOUNDATION FROM
THETA XI FRATERNITY BASED UPON TIME SHEETS MAINTAINED AND SUBMITTED ON A
MONTHLY BASIS. THE NET APPLICABLE COMPENSATION IS REASONABLY PRESENTED
ON EACH ORGANIZATION'S FEDERAL FORM 990 AND RELATED SCHEDULES.
(E) SHARING OF ORGANIZATION REVENUES? = NO
FORM 990, PART VI, SECTION B, LINE 15B:
DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES:
THE FOUNDATION HAS ONLY ONE EMPLOYEE, THE EXECUTIVE DIRECTOR;
THEREFORE, THERE ARE NO ADDITIONAL OFFICERS OR KEY EMPLOYEES WHO
RECEIVE COMPENSATION.
FORM 990, PART VII, SECTION A:
COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR:
THETA XI FRATERNITY, AN UNRELATED ORGANIZATION, CONTRACTS FOR EXECUTIVE
DIRECTOR SERVICES THROUGH THETA XI FOUNDATION. THE FOUNDATION
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  932211  92-03-10

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Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

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THETA XI FOUNDATION

Employer identification number 43-6049500

DETERMINES THE OVERALL COMPENSATION FOR THE EXECUTIVE DIRECTOR AND
RECEIVES REMUNERATION BASED ON ACTUAL TIME SPENT PROVIDING SERVICES TO
THE FRATERNITY. DURING THE CURRENT REPORTING PERIOD, THE EXECUTIVE
DIRECTOR'S TOTAL REPORTABLE COMPENSATION WAS \$94,072, OF WHICH \$64,662
WAS ATTRIBUTABLE TO SERVICES PROVIDED IN THE CAPACITY AS THE EXECUTIVE
DIRECTOR OF THETA XI FRATERNITY AND THE REMAINING \$29,410 WAS
ATTRIBUTABLE TO SERVICES PROVIDED IN THE CAPACITY AS THE EXECUTIVE
DIRECTOR OF THETA XI FOUNDATION. THE TOTAL OTHER COMPENSATION RECEIVED
WAS \$25,530, OF WHICH \$10,706 WAS ATTRIBUTABLE TO THETA XI FRATERNITY
AND \$14,824 WAS ATTRIBUTABLE TO THETA XI FOUNDATION.
FORM 990, PART VIII, LINE 2B:
PROGRAM SERVICE REVENUE:
INTEREST FROM LOANS TO CHAPTER HOUSING ASSOCIATIONS