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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)

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

OMB No 1545-0047

Open to Public Inspection

	eck if ap	collicable C Name of organization	and ending 06-30-20	12	D Employer id	entification number		
	dress cha	ange			43-604950			
┌ Na	me chan	Doing Business As nge			E Telephone n			
┌ Ind	tıal retur	Number and street (of P O box it mail is not delivered to	o street address) Room/s	uite	(314) 993-			
Tei	mınated	745 CRAIG ROAD NO 222			G Gross receipts	\$ 450,809		
_	ended r	eturn City or town, state or country, and ZIP + 4 CREVE COEUR, MO 63141 pending						
, .,		F Name and address of principal officer		H(a) Is the	 s a group retur	n for		
		RONJTRUCKS		affilia		⊤Yes ▽ No		
		745 CRAIG ROAD NO 222 CREVE COEUR,MO 63141		H(b) Are al	l affiliates includ	led? Yes No		
				1 ' '		(see instructions)		
		pt status		H(c) Grou	p exemption ni	ımber ►		
		:► WWW THETAXI ORG/FOUNDATION/FOUNDATION	NPHP	1	1.			
K For	m of org	anization 🔽 Corporation Trust Association Other 🕨		L Year of fo		M State of legal domicile		
Pa	rt I	Summary			_			
e e	т	Briefly describe the organization's mission or most signifi TO PROVIDE EDUCATIONAL PROGRAMMING AND SC THETA XI FRATERNITY		TANCE TO TH	E UNDERGRA	DUATE MEMBERS OF		
Governance	_							
ë E	-							
70 20	2 0	Check this box 🔭 if the organization discontinued its op	perations or disposed	of more than 2	5% of its net a	ssets		
		lumber of voting members of the governing body (Part VI			3	15		
Activities &		lumber of independent voting members of the governing l				15		
Σ Σ		otal number of individuals employed in calendar year 20			5	1		
ă		otal number of volunteers (estimate if necessary)		6 7a	48			
		let unrelated business taxable income from Form 990-T,		7b	0			
			,	Prio	r Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			387,028	364,485		
in	9	Program service revenue (Part VIII, line 2g)	31,596	33,168				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	24,626	53,156				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Total revenue—add lines 8 through 11 (must equal Part			517	0		
	12	12)		ie	443,767	450,809		
	13	Grants and similar amounts paid (Part IX, column (A), I	lines 1-3)		81,946	32,848		
	14	Benefits paid to or for members (Part IX, column (A), lir			0	0		
83	15	Salaries, other compensation, employee benefits (Part 10)	5-	47,743	30,188			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line		0	0			
ੜੇ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶72,277						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	l1f-24e)		165,575 194,1			
	18	Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)		295,264	257,157		
	19	Revenue less expenses Subtract line 18 from line 12			148,503	193,652		
Net Assets or Fund Balances					of Current ear	End of Year		
See	20	Total assets (Part X, line 16)			1,353,314	1,557,820		
A P	21	Total liabilities (Part X, line 26)			16,241	7,721		
	22	Net assets or fund balances Subtract line 21 from line	1,337,073	1,550,099				
	rt II	Signature Block						
know		ties of perjury, I declare that I have examined this return, inc nd belief, it is true, correct, and complete. Declaration of pre						
		*****			12-11-13			
Sigr		Signature of officer		Da	ite			
Her	e	RON J TRUCKS INTERIM EXECUTIVE DIRECTOR Type or print name and title						
)ata	Chack of	Droppers's town	avor idoptification		
י-!-ם		Preparer's signature MARIE CARLIE CPA	Date	Check if self-	(see instruction	ayer identification number s)		
Paid Pren	arer's	· •		employed 🕨	P00084927			
-	Only	ıf self-employed),			EIN • 43-0642	511		
-	,	address, and ZIP + 4 101 S HANLEY ROAD SUITE 800			Phone no 🕨 (314) 889-1100		
		ST LOUIS MO 6310E				•		

May the IRS discuss this return with the preparer shown above? (see instructions)

	1330 (2011)				raye a
Par	t IIII Statement of Program Check of Schedule O contain		-	т	৮
1	Briefly describe the organization's	· · · · · ·	question in this rait 11		,
_	PROVIDE EDUCATIONAL PROGRA		ARSHIP ASSISTANC	E TO THE UNDERGRADUAT	E MEMBERS OF THETA XI
	TERNITY	AMMING AND SCHOOL	LAKSIIII ASSISTANC	L 10 THE ONDERGRADOAT	E MEMBERS OF THEFA XI
	Did the organization undertake an	v significant program :	services during the ve	ar which were not listed on	
_	the prior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conduc	cting, or make signific	ant changes in how it c	onducts, any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the organization's progra	am service accomplish	nments for each of its t	hree largest program service	s, as measured by
	expenses Section 501(c)(3) and				port the amount of
	grants and allocations to others, t	he total expenses, an	d revenue, if any, for ea	ach program service reported	
 4a	(Code) (Expens	ses \$ 82,948	8 including grants of \$	16,022) (Revenue \$	30,575)
ти	LEADERSHIP DEVELOPMENT THE PRESI	•		, , ,	• ,
	GRASP A SHARED VISION, MOTIVATING/	EMPOWERING CHAPTER M	EMBERS FOR ENGAGEMENT	, AND DECISION-MAKING STYLE/SK	ILLS THROUGH ACTIVITIES
	INCLUDING COMMON PROBLEM-SOLVING THE 2011 PROGRAM THE RISING STAR:				
	DEVELOP THEIR LEADERSHIP STYLES AN	D SKILLS, GATHER IDEAS 1	TO STRENGTHEN THEIR CHA	APTERS IN THE AREAS OF RECRUITI	MENT, MEMBERSHIP EDUCATION
	AND OVERALL OPERATIONS, AND STREN SENT AT LEAST ONE MEMBER, FOR A TO				
	COUNTRY AND PROVIDE UNDERGRADUA	ATE LEADERS AND MEMBER	S WITH THE OPPORTUNITY	TO PARTICIPATE IN EDUCATIONAL	PROGRAMS AND LEADERSHIP
	DEVELOPMENT ACTIVITIES THAT ADDRE PROVIDING VALUABLE LEADERSHIP AND				
				,	
4b	(Code) (Expens	ses \$ 13,762	2 including grants of \$	11,150) (Revenue \$)
	ACADEMIC GRANTS INCLUDES FUNDING	SCHOLARSHIPS AND ACAL	DEMIC ACHIEVEMENT AWAR	DS DURING THE CURRENT REPORT	TING PERIOD, ACADEMIC GRANTS
	BENEFITED APPROXIMATELY 80 UNDERC	GRADUATES			
4c	(Code) (Expens	,	3 3	4,998) (Revenue \$)
	LEADERSHIP GRANTS SUPPORT UNDER C PROVIDE RESOURCES FOR EDUCATION				
	- TROVIDE RESOURCES FOR EDUCATION	TETRICIO OF CHAIR FERTION	SSEST ON THE BENEFIT OF	THE THE TITE OF THE TOTAL TO THE TOTAL TOT	THE THE TOE NO
	(Code) (Expens	ses \$ 8,864	4 including grants of \$	678) (Revenue \$	2,593)
	FOUNDATION PROVIDES UNDERGRADUA	•		, ,	• ,
	SOCIETY IN GENERAL, AND EDUCATION	AL ENDEAVORS IN PARTICU	JLAR ANNUAL FUND DRIVES	FUND LEADERSHIP AND EDUCATION	NAL ACTIVITIES THAT AID IN THE
	PERSONAL DEVELOPMENT OF MEMBERS BROTHER TO BROTHER FOCUSES ON SU				
	THEIR VALES, TEACH CRITICAL THINKIN				
	MEMBERS THE FOUNDATION ALSO FUN HOUSES THESE PROGRAMS ARE PROVI				ID FURNISHING CHAPTER
	Other program services (Descri	be in Schedule O)			
	, ,	864 including grants	of \$	678) (Revenue \$	2,593)
	Total program service expenses		·		, ,
46	rotai program service expenses	• р 118,4	100		

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νο
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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	.	
	gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the vear?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νc
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νc
=	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		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		Νo
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	file Form 8282?			110
_	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
-	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from members or snareholders			
ט	sources against 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?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_		_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI \dots . \dots \dots \dots \dots \dots \dots \dots

	Check it Schedule O contains a response to any question in this Part VI	• •	. 10	
Se	ection A. Governing Body and Management		V	N.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			110
b	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?	76		INO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			T
10-	Did the organization have local chanters, branches, or offiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	IUa		No
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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	16-		N. a
h	taxable entity during the year?	16a		No
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
6.	ection C. Disclosure	TOD		İ
<u> </u>	List the States with which a copy of this Form 990 is required to be filed.			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE ORGANIZATION

745 CRAIG ROAD NO 222 CREVE COEUR, MO 63141 (314) 993-6888

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) STEPHEN D BAKER CHAIRMAN	1 00	х		Х				0	0	0	
(2) MICHAEL A PITCHER TRUSTEE	1 00	х						0	0	0	
(3) ROBERT G DIETRICH TRUSTEE	1 00	х						0	0	0	
(4) FRED J HOWLETT TRUSTEE	1 00	х						0	0	0	
(5) DONALD G ALLISON HONORARY TRUSTEE	1 00	х						0	0	0	
(6) H ROBERT VEENSTRA JR TRUSTEE	1 00	х						0	0	0	
(7) DAVID A DEMURO TRUSTEE	1 00	х						0	0	0	
(8) WALTER S BROCK TRUSTEE	1 00	х						0	0	0	
(9) ANDREW CARLSON TRUSTEE	1 00	х						0	0	0	
(10) DONALD S MERINGER TRUSTEE	1 00	х						0	0	0	
(11) DUANE FOX TRUSTEE	1 00	х						0	0	0	
(12) KENNETH A MILLER TREASURER	1 00	х		х				0	0	0	
(13) DENNIS E MARSTALL NATIONAL PRESIDENT	1 00	х		х				0	0	0	
(14) DAVID C AUTEN HONORARY TRUSTEE	1 00	х						0	0	0	
(15) DR RICHARD C MCCORMAC HONORARY TRUSTEE	1 00	х						0	0	0	
(16) JAMES E VREDENBURGH DECEASED EXECUTIVE DIRECTOR	11 00			х				11,220	0	10,824	
(17) RON J TRUCKS INTERIM EXECUTIVE DIRECTOR	6 00			Х				2,699	0	0 Form 900 (2011)	

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ar	e bo is bo nda	x, oth		Repor comper from organiza	(D) portable pensation rom the nization (W- 1999-MISC) (E) Reportable compensatio from related organizations (W- 2/1099-		able Estimated sation amount of othe lated compensation from the .099- organization an				
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza			
1b					•	•		▶								
c d	Total from continuation sheets Total (add lines 1b and 1c) .			•	•	•				13,919		0		10,824		
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to	thos	e lıs		<u>.</u> above) who	o received	,	ın					
3	Did the organization list any for i	mer officer, direc	tor or t	ruste	e. k	ev e	mplov	ee. c	or highest	compens	ated employee		Yes	No		
	on line 1a? If "Yes," complete Sch							•				3		No		
4	For any individual listed on line : organization and related organization													N -		
5								5	Yes	N o						
		•	•									,	165			
Se	ection B. Independent Con															
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio														
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Compen			
												_	•			

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Form 99	•	•				Page 9
Part V	/	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated campaigns 1a				
恵吉	ь	Membership dues 1b				
S.G	c	Fundraising events 1c				
# <u>#</u> #	d	Related organizations 1d				
چ. E	e	Government grants (contributions) 1e				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and 1f 364,	485			
호 는 후	g	similar amounts not included above Noncash contributions included in				
걸		lines 1a-1f \$				
ခြင်	h	Total. Add lines 1a-1f	364,485			
		Business Co	de			
Program Service Revenue	2a	ACADEMY REG FEES 61	1710 30,575	30,575		
ek Sv	ь	ADMINISTRATION FEES 61	1710 2,593	2,593		
e. H	c					
ř	d					
À	e					
E E	f	All other program service revenue				
ွို	-					
	g	Total. Add lines 2a-2f	33,168			
	3	Investment income (including dividends, interest	53,156			53,156
	١,	and other similar amounts)	33,130			33,130
	4 5	Royalties				
		(i) Real (ii) Persona	1			
	6a	Gross rents	<u>'</u>			
	ь	Less rental				
	c	expenses Rental income	 			
	_	or (loss)				
	d		•			
	7a	(i) Securities (ii) Other Gross amount				
	′ ′ ′ ′	from sales of assets other				
		than inventory				
	b	Less cost or other basis and				
	l c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	- -			
	8a	Gross income from fundraising				
<u>•</u>		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>		a				
ŧ	Ь	Less direct expenses b				
0	C O=	Net income or (loss) from fundraising events	<u> </u>			
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities	^			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Co	de			
	11a					
	Ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	.			
	12	Total revenue. See Instructions	▶ - 450,809	33,168	0	53,156

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	13,537	13,537		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	19,311	19,311		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,919	2,081	5,901	5,937
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	10,824	1,614	4,594	4,616
10	Payroll taxes	5,445	812	2,311	2,322
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,825		1,825	
c	Accounting	13,950		13,950	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	33,774	9,835	16,914	7,025
12	Advertising and promotion				
13	Office expenses	20,486	4,981	9,690	5,815
14	Information technology				
15	Royalties				
16	Occupancy	12,598	3,399	5,402	3,797
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,338	61,108	3,230	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FUNDRAISING EXPENSES	39,671			39,671
ь	INTERFRATERNITY PROGRAM	6,080	1,778	2,607	1,695
c	DONOR RECOGNITION	1,399			1,399
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	257,157	118,456	66,424	72,277
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-			
					orm 990 (2011)

Form 990 (2011)

Pal	τχ	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	298,899	2	455,399
	3	Pledges and grants receivable, net	11,488	3	22,593
	4	Accounts receivable, net		4	
		Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
		Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
ایر		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
2 L	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	4,024	9	2,262
	10a	Land, buildings, and equipment cost or other basis Complete Part 3,019 VI of Schedule D 3,019			
	b	Less accumulated depreciation 10b 3,019	0	10c	0
	11	Investments—publicly traded securities	1,012,903	11	1,073,566
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	26,000	13	4,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,353,314	16	1,557,820
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
الم	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities		Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
읪		persons Complete Part II of Schedule L		22	
⊒	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	16 241	25	7 701
	36	D	16,241		7,721 7,721
+		Total liabilities. Add lines 17 through 25	10,241	26	1,121
2		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets		27	
۵		Temporarily restricted net assets		28	
፭		Permanently restricted net assets		29	
Assets of Fully Balance		Organizations that do not follow SFAS 117, check here ► 🔽 and complete lines 30 through 34.			
او	30	Capital stock or trust principal, or current funds	149,124	30	336,877
Ď	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
í	32	Retained earnings, endowment, accumulated income, or other funds	1,187,949	32	1,213,222
≨	33	Total net assets or fund balances	1,337,073	33	1,550,099
-	34	Total liabilities and net assets/fund balances	1,353,314	34	1,557,820

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	50,80
2	Total expenses (must equal Part IX, column (A), line 25)	2			257,15
3	Revenue less expenses Subtract line 2 from line 1	3		1	.93,65
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	37,07
5	Other changes in net assets or fund balances (explain in Schedule O)	5			19,37
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,5	50,09
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	 	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
Ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ıssued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493319041182

Employer identification number

OMB No 1545-0047

MB NO 1343 00

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization THETA XI FOUNDATION

									43-60495	00			
Par	tΙ	Reaso	า for Pu	blic Charity Sta	tus (All org	janızatıons	must comp	olete this p	art.) See ın	structioi	าร		
he o	rganız	zation is n	ot a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	x)				
1	Γ	A church	, conventı	on of churches, or as	ssociation of	churches s	ection 170(b)(1)(A)(i).					
2	Γ	A school	described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)						
3	Г	A hospita	ıl or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii)	.Enter t	:he	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal	, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	Γ	described	d in	at normally receives A)(vi) (Complete P		ıl part of ıts :	support from	a governme	ntal unit or fr	om the ge	eneral p	ublic	
8	Γ	A commu	nity trust	described in section	170(b)(1)(A)(vi) (Com	iplete Part II	·)					
9	<u> </u>	An organ	ızatıon tha	at normally receives	(1) more th	an 331/3% (of its support	from contrib	outions, mem	bership fe	ees, and	gros	s
		receipts	rom activ	ities related to its ex	kempt function	ons—subject	to certain e	xceptions, a	nd (2) no mo	re than 3	31/3% o	f	
			-	oss investment inco				,		tax) from	busines	ses	
	_	The state of the s		janization after June	•			•	•				
LO	<u>_</u>	_	-	ganized and operated	•	·	•						
L1	1	one or mo	re publici	ganized and operated y supported organiza bes the type of supp b Type I	ations descr orting organ	ibed in secti i <u>za</u> tion and d	on 509(a)(1)) or section 5 s 11e throug	509(a)(2) Se gh 11h	e sectio r	•	(3).	Check
e	Γ		n foundatı	ox, I certify that the on managers and otl	-					-	-		
f				received a written de	etermination	from the IRS	5 that it is a	Туре I, Туре	II or Type I	II suppo	rtıng org	anıza	ation,
		check thi		2006 1				•	6.11				Г
g		following		2006, has the organi	zation accep	ited any gift	or contributi	on from any	or the				
		_	•	rectly or indirectly c	ontrols, eithe	eralone orto	gether with	persons des	cribed in (ii)		Г	/es	No
		and (III) b	elow, the	governing body of th	e the suppor	ted organiza	ition?			1	1g(i)		
		(ii) a fam	ıly membe	er of a person descri	bed ın (ı) abo	ve?				1:	1g(ii)		
		(iii) a 35	% control	led entity of a perso	n described i	n (ı) or (ıı) a	bove?			11	Lg(iii)		
h		Provide t	he followır	ng information about	the supporte	ed organizati	on(s)						
s	(i) Name uppor ganıza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) organizati	ion in anized		(vi mou suppe	nt of
				mstructions))	163	110	163	140	1.52	140	1		

Total

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
7	A mounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See ins	tructions)		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first, second	. third. fourth. or	fifth tax vear as a	501(c)(3) organi	zation.
	check this box and stop here	.	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	▶ ┌
_ <u>s</u>	ection C. Computation of Pub							
14	Public Support Percentage for 2011	. (line 6 column	(f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2010) Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	6 or more	, check '	
_	and stop here. The organization qua		, ,,					▶ ┌
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% (or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	-2010. If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			► □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

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

Se	ction A. Public Support	acion fans to que	anny ander are	tests listed be	ion, piedse eei	пріссс	i ai c II.,	_
	ndar year (or fiscal year beginning						Т	
cuic	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
_	membership fees received (Do not	286,224	290,719	242,453	237,028		364,485	1,420,909
	ınclude any "unusual grants`")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in	18,370	23,091	30,900	31,596		33,168	137,125
	any activity that is related to the	10,570	25,051	30,300	31,350		33,100	157,125
	organization's tax-exempt							
	purpose							
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	304,594	313,810	273,353	268,624		397,653	1,558,034
6	Total. Add lines 1 through 5	304,394	313,610	2/3,333	200,024		397,033	1,556,034
7a	A mounts included on lines 1, 2,	62,022	47 202	66 220	EE 042		EE E22	287,020
	and 3 received from disqualified	62,033	47,303	66,220	55,942		55,522	287,020
	persons							
b	A mounts included on lines 2 and 3							
	received from other than disqualified persons that exceed	43,895	56,500	17,500	22,500		149,946	290,341
	·	45,055	30,300	17,500	22,500		143,340	250,541
	the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b	105,928	103,803	83,720	78,442		205,468	577,361
		103,320	103,003	03,720	70,442		203,400	377,301
8	Public Support (Subtract line 7c							980,673
	from line 6)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) ⊤otal
_	In)	304,594	313,810	273,353	268,624		397,653	1,558,034
9	A mounts from line 6	304,334	313,010	273,333	200,024		377,033	1,330,034
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	48,704	34,271	26,886	24,626		53,156	187,643
	and income from similar	10,701	34,271	20,000	24,020		33,130	107,045
ь	sources Unrelated business taxable							
D	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
c	Add lines 10a and 10b	48,704	34,271	26,886	24,626		53,156	187,643
11	Net income from unrelated	,	,	,	<i>'</i>			· · · · · ·
11	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		4.053	4 544	543			2.004
	capital assets (Explain in Part		1,953	1,511	517			3,981
	IV)							
13	Total support (Add lines 9, 10c,	353,298	350,034	301,750	293,767		450,809	1,749,658
	11 and 12)	333,290	330,034	301,730	293,707		430,609	1,749,036
14	First Five Years If the Form 990 is for	or the organization	's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organı	zation,
	check this box and stop here							▶ ┌
Se	ction C. Computation of Publ	ic Support Per	centage					
15	Public Support Percentage for 2011			3 column (f))		15		56 050 %
16	Dublic cuppert percentage from 201	O Cabadula A Dar	+ III lina 1 E	. , ,		_		
16	Public support percentage from 201	o Schedule A, Par	ciii, iine 15			16		60 690 %
_Se	ction D. Computation of Inve						1	
17	Investment income percentage for 2	2011 (line 10c colu	mn (f) divided by	line 13 column	(f))	17		10 720 %
1/								
18	Investment income percentage from	2010 Schedule A	Part III, line 17	•		18		11 270 %
18	Investment income percentage from 33 1/3% support tests—2011. If the				line 15 is more t		/3% and	

33 1/3% support tests—2010. 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

Schedule A (Form 990 or 990-EZ) 2011

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 43-6049500

Name: THETA XI FOUNDATION

678) (Revenue \$

2,593)

Form 990, Special Condition Description:

) (Expenses \$

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

FOUNDATION PROVIDES UNDERGRADUATE MEMBERS OF THETA XI FRATERNITY WITH NEW OPPORTUNITIES AND SPECIAL

8,864 including grants of \$

FOUNDATION PROVIDES UNDERGRADUATE MEMBERS OF THETA XI FRATERNITY WITH NEW OPPORTUNITIES AND SPECIAL SERVICES, WHILE CONTRIBUTING TO SOCIETY IN GENERAL, AND EDUCATIONAL ENDEAVORS IN PARTICULAR ANNUAL 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, BROTHER TO BROTHER FOCUSES ON SUBSTANCE ABUSE EDUCATION AND INTERVENTION SKILLS, 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 FOUNDATION ALSO FUNDS A HOUSING LOAN PROGRAM THAT ASSISTS CHAPTERS IN OBTAINING, REMODELING AND FURNISHING CHAPTER HOUSES THESE PROGRAMS ARE PROVIDED FOR THE BENEFIT OF ALL UNDERGRADUATES MEMBERS

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DLN: 93493319041182

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** THETA XI FOUNDATION 43-6049500 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose □ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements

c	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by th	e organization d	urıng			
	the taxable year 🗠						
4	Number of states where property subject to conservation easement is located 🛌						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of	violations, and	ΓYe	s	Γr	No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	nents di	uring the year ►				_
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during	, the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(1)$ and $170(h)(4)(B)(11)$?	tion		ΓYe	:s	<u>г</u>	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•	•				

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

2ar	Titl Organizations Maintaining Co	ollections of Art	, Hist	torical	Trea	sures, or C	<u> the</u>	r Similar Ass	ets (continued
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e followi	ng that	are a signific	ant u	se of its collecti	on	
а	Public exhibition		d	┌ Lo	an or e	xchange prog	rams			
b	Scholarly research		e	┌ ot	ther					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they fu	rther th	e organization	n's ex	empt purpose in	ı	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					- Yes	∏ No
Pai	t IV Escrow and Custodial Arrang					ion answere	d "Y	es" to Form 99	90,	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for cont	rıbutıon	s or other ass	sets r		Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng table	:	Г	1	_		
_	_					-	_	A mo	ount	
C	Beginning balance					}	1c			
d	Additions during the year					}	1d			
e	Distributions during the year					}	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F		21?						Yes	No
	If "Yes," explain the arrangement in Part XI\				U					
Pa	rt V Endowment Funds. Complete	(a)Current Year		wered ' Prior Year		:O FOrm 990 :)Two Years Back		Three Years Back	(e) Four	Vears Bac
la	Beginning of year balance	1,007,054	(6)		5,318	597,95	_	543,742	(C)i oui	rears bac
b	Contributions	46,862		255	5,194	158,26	51	162,505		
c	Investment earnings or losses	34,259		98	3,524	65,83	38	-46,347		
d	Grants or scholarships	30,298		79	,671	58,10	01	48,762		
e	Other expenditures for facilities	25,550		13	3,311	10,10	00	5,900		
f	and programs					7,53	37	7,281		
g	End of year balance	1,032,327		1,007	7.054	746,31		597,957		
9 2	Provide the estimated percentage of the year	, ,			,			,		
		0 %	15							
а	Board designated or quasi-endowment	2 ,7								
b	remailent endowment P									
c 3a	Term endowment 100 000 % Are there endowment funds not in the posse	ssion of the organiz	ation t	hat are	hold an	d administoro	d for	tha		
<i>,</i>	organization by	331011 Of the organize	1011 0	indi di c	iicia aiii	a aammistere	u 101	the	Yes	s No
	(i) unrelated organizations							3a(i)	Νο
	(ii) related organizations							3a(ii)	No
	If "Yes" to 3a(II), are the related organization						•	Зь		
1	Describe in Part XIV the intended uses of the									
<u>'</u> (a)	t VI Land, Buildings, and Equipme	ent. See Form 99	<u>0, Ра</u>	T .					.	
	Description of property				ost or oth investme			(c) Accumulated depreciation	1 (d)	Book valu
La	Land		•							
	Buildings		•							
c	Leasehold improvements		•						_	
d	Equipment		•				3,019	3,0	19	
e	Other			1						

0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	1	Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	. ,	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO THETA XI FRATERNITY	7,341		
DUE TO THETA XI NATIONAL MEETINGS FUND	380		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,721		
2 Fin 49 (ASC 740) Footpote In Bort VIV provide the toy		uzation's financial staton	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1 1	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	Return
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		
а	Donated services and use of facilities	1	
b	Prior year adjustments	4	
c	Other losses	4	
d	Other (Describe in Part XIV)	4	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	┨╻	
с -	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information	D / - 1	
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P VV line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, Also complete i		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF DONOR
OF ENDOWMENT FUNDS		RESTRICTED FUNDS INCLUDED IN THE CHAPTER
		EDUCATION FUND AND THE ENDOWMENT FUND THE
		CHAPTER EDUCATION FUND INCLUDES AMOUNTS
		DONATED FOR THE RESTRICTED USE OF SPECIFIED
		CHAPTERS TO PROVIDE SCHOLARSHIPS TO
		UNDERGRADUATES OR GRANTS TO DEFRAY
		REGISTRATION/TRAVEL RELATED COSTS OF
		UNDERGRADUATES ATTENDING EDUCATIONAL AND
		LEADERSHIP PROGRAMS OR GRANTS TO DEFRAY COSTS
		OF BUILDING, REMODELING AND EQUIPPING
		EDUCATIONAL AREAS OF CHAPTER HOUSES THE
		ENDOWMENT FUND INCLUDES AMOUNTS DONATED
		THROUGH AN ENDOWMENT CAMPAIGN THE FUND IS TO
		BE USED TO PRINCIPALLY FUND LEADERSHIP TRAINING
		AND QUALIFIED EDUCATION PROGRAMS

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Schedule I

(Form 990)

DLN: 93493319041182 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

unt of the grants or assistance the use of grant funds in the Use and Organizations in seceived more than \$5,000. space is needed. C Code tion (d) A mount of cation grant	Inited States the United States. Comp Check this box if no one r	lete if the organ	nization answered "You more than \$5,000.	∀ Yes □ es" to Use
unt of the grants or assistance the use of grant funds in the Use and Organizations in the Ecceived more than \$5,000. space is needed. C Code (d) A mount of cation grant	the United States. Comp Check this box if no one r	lete if the organ ecipient received 	nization answered "You more than \$5,000.	es" to Use
unt of the grants or assistance the use of grant funds in the Use and Organizations in the Ecceived more than \$5,000. space is needed. C Code (d) A mount of cation grant	the United States. Comp Check this box if no one r	lete if the organ ecipient received 	nization answered "Yed more than \$5,000.	es" to Use
cceived more than \$5,000. space is needed C Code (d) A mount of ca	check this box if no one r	ecipient received	d more than \$5,000.	Use
tion grant	cash		(g) Description of	
		(book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of gra or assistance
	cations listed in the line 1 table			rations listed in the line 1 table

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	· · · · · ·			

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ACADEMIC AND SCHOLARSHIP AWARDS	13	11,650			
(2) LEADERSHIP AND EDUCATIONAL PROGRAM ATTENDEES	18	7,661			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	1 '	SCHEDULE I, PART I, LINE 2 GRANTS ARE MONITORED IN SEVERAL WAYS 1 GRANTS FOR EDUCATIONAL RESOURCES REQUIRE THE SUBMISSION OF RECEIPTS 2 SCHOLARSHIP GRANTS GENERALLY FLOW THROUGH A LOCAL OVERSIGHT GROUP 3 GRANTS FOR LEADERSHIP PROGRAMS ARE EITHER PAID DIRECTLY TO THE
		PROVIDER OF THE PROGRAM OR REIMBURSED BASED ON THE SUBMISSION OF REGISTRATION RECEIPTS

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DLN: 93493319041182

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE	TA XI FOUNDATION			•			
			43-6	049500			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel		Housing allowance or residence for perso				
	Travel for companions	, _	Payments for business use of personal re				
	Tax idemnification and gross-up payments	Ë	Health or social club dues or initiation fee				
	Discretionary spending account	Ĺ.	Personal services (e.g., maid, chauffeur, c				
	,	·	(3 , , ,				
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ				1b		
2	Did the organization require substantiation prior to re-	mburs	sing or allowing expenses incurred by all				
	officers, directors, trustees, and the CEO/Executive [Direct	or, regarding the items checked in line 1a?		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha						
	Compensation committee		, Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation c	ommittee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VI	(, Section A , line 1a with respect to the filin	ng organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?		4a		Νo
Ь	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov			: 111			
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li	ne 1a	did the organization pay or accrue any				
	compensation contingent on the net earnings of						
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			d	7		No
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	occured pursuant to a contract that was				
	subject to the initial contract exception described in F		·	be			
	ın Part III				8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in R	egulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(I)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			reported in prior Form 990 or Form 990-EZ
(1) RON J TRUCKS	1)	2,699	0		I		2,699	0
(1) KON J TRUCKS	11)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		RON J TRUCKS SERVED AS THE INTERIM EXECUTIVE DIRECTOR FOR BOTH THETA XI FRATERNITY AND THETA XI FOUNDATION, UNRELATED ORGANIZATIONS HE WAS EMPLOYED BY THETA XI FRATERNITY AND A PERCENTAGE OF HIS COMPENSATION WAS REIMBURSED TO THETA XI FRATERNITY FROM THETA XI FOUNDATION BASED UPON TIME SHEETS MAINTAINED AND SUBMITTED ON A MONTHLY BASIS DURING THE CURRENT REPORTING PERIOD, THE AMOUNT ATTRIBUTABLE TO SERVICES PERFORMED IN THE CAPACITY AS THE INTERIM EXECUTIVE DIRECTOR OF THETA XI FRATERNITY WAS \$2,699

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493319041182

OMB No 1545-0047

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

	of the organization (I FOUNDATION							E	mployer i	dentifica	ition numb	er		
Part I								organı		only).				
	Complete if the organizat	ion ans	wered "	'Yes" on Fori	m 990, F	Part IV , line 25a o	or 25b,	or Form	990-EZ,	Part V , I				
1	(a) Name of disq	ualıfıed	person	son (b) Description				of trans	action		(c) C	(c) Corrected?		
						(5) 5030					Yes	No		
se	nter the amount of tax imposection 4958									r · \$				
3 Er	nter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			· · •	· \$				
Part :	Loans to and/or I Complete if the organiz					Part IV line 26	or For	m 990-F	=7 Part V	line 38	а			
(a) Nai	me of interested person and purpose	(b) Loan to		(c)O riginal		(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Writ agreeme			
		То	From				Yes	No	Yes	No	Yes	No		
											_			
Γotal		<u> </u>	<u>.</u>		▶ \$									
Part I		ice Be	enefitt	ing Intere	ested F		/ line	7						
	(a) Name of interested pers			b) Relationsh	nıp betwe	en interested per			nount of a	rant or t	pe of assı	stance		
	(-,			an	nd the or	ganızatıon		(-7:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) JAMES E VREDENBURGH	EXECUTIVE DIRECTOR		JAMES E VREDENBURGH SERVED 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 FOUNDATION FROM THETA XI FATERNITY 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		No

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THETA XI FOUNDATION **Employer identification number**

43-6049500

ldentifier	Return Reference	Explanation
	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 ESTABLISHED 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 OVERALL PERFORMANCE - THE COMMITTEE SEEKS THE INPUT OF THE BOARD OF TRUSTEES IN COMPLETING THIS 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 19,374
	FORM 990, PART XII, LINE 2C	THETA XI FOUNDATION DOES HAVE 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