990 Form

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)

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Interr	al Reven	ue Service	<u> </u>	The organization may have to use a copy of this return to satisfy state repo	rting req	uirements.	Inspection
A	For the	e 2008 calend	dar year, d	r tax year beginning , 2008, and e	nding		, 20
	Check if a	applicable:	Please	C Name of organization THEA FOUNDATION			D Employer identification no.
X	Address	change	use IRS label or	Doing Business As			52-2356755
Ц	Name ch	ange	print or type.	Number and street (or P.O. box if mail is not delivered to street address)	Room	v/suite	E Telephone number
	Initial retu	ım	See	401 MAIN ST			(501)833-8304
Ш	Terminati	ion	Specific Instruc-	City or town, state or country, and ZIP + 4			G Gross receipts \$
	Amended	d return	tions.	North Little Rock, AR 72114			392,713
X	Application	on pending	F Name	and address of principal officer:			
					H(a)	Is this a group raffiliates?	return for Yes X No
<u> </u>	Tax-exem		X 501(c) (H(b)	Are all affiliates	included? Yes No
J	Website:	the	afound	ation.org	H(c)	If "No," attach a Group exemption	list. (see instructions) on number
			Corporation	Trust Association	001	M State of leg	al domicile: AR
Pa	rt I	Summar	у				
	1		_				1 & performing art
		scholard	hips to	deserving high school students & to offer educ	ationa	al progra	ams to families
Ĉ G	1	& family	couns	elors			
I O	1						
Vе ir	2	Check this be	ox ▶ 🗌 if	the organization discontinued its operations or disposed of more than 25% of	of its ass	ets.	
t n	- 1	Number of vo	oting mem	pers of the governing body (Part VI, line 1a)		3	0
l a 6 n	. 4	Number of in	dependen	voting members of the governing body (Part VI, line 1b)		4	0
s c	5	Total number	r of employ	rees (Part V, line 2a)		5	2
& 6	6			ers (estimate if necessary)			
	7a			usiness revenue from Part VIII, line 12, column (C)			a 0
				taxable income from Form 990-T, line 34			· · · · · · · · · · · · · · · · · · ·
_						ior Year	Current Year
R	8	Contributions	and gran	s (Part VIII, line 1h)		1,128,53	
v e	9			ue (Part VIII, line 2g)		,_,	10,392
n	10			rt VIII, column (A), lines 3, 4, and 7d)		20,39	
u e	11			I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,50	
	12			s 8 through 11 (must equal Part VIII, column (A), line 12)		1,154,43	···································
	13			unts paid (Part IX, column (A), lines 1-3)		54,90	
É	14			nembers (Part IX, column (A), line 4)			0
x	15			sation, employee benefits (Part IX, column (A), lines 5-10)		78,41	.7 86,043
Þ	16a			g fees (Part IX, column (A), line 11e)			0
n				ses (Part IX, column (D), line 25) ▶ 43,855			
s e				K, column (A), lines 11a-11d, 11f-24f)		135,14	9 159,847
s	18			nes 13-17 (must equal Part IX, column (A), line 25)		268,46	
	19			s. Subtract line 18 from line 12		885,97	
Net					Reginn	ing of Year	End of Year
Asset	s 20	Total assets	(Part X. lin	e 16)		1,605,37	
or Fund	21	Total liabilities	•	,		319,51	
Bal- ances	22		'	nces. Subtract line 21 from line 20		1,285,86	
Pa	rt II	Signatur					1,313,032
		Under penaltie	s of perjup.	declare that I have examined this return, including accompanying schedules and statements, and	to the best	of my knowledg	е
		and belief, it is	true, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	oarer has a	ny knowledge.	
			/h				5-15-09
Sig	n	Signature	e of offiger	1 1 1			Pate
Her	e		MAN	LD- LEDALA			
		Type or p	orint name an	1 title			
		Preparer's		Date Check	if	Preparer's in	dentifying number
Paid		signature	11/1	self-	_	(see instruct	
	arer's		- ww	Financial Express	yed ► L		
	Only	Firm's name (o		•	EIN	•	
		address, and Z		320 Executive Ct ste 103			
\.\.	the IDC	diaguag this	roturn ···ial-	Little Rock, AR 72205		b. ► 501-22	
viay	ale IU9	ว นเอบนออ [MS	return With	the preparer shown above? (see instructions)			· · · · 🗌 Yes 🔯 No

	n 990 (2008) THEA FOUNDATION	52-23567 55	Page 2
Pa	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	to promote & provide visual & performing art scholardhips to deserving h	igh school stude	nts &
	to offer educational programs to families & family counselors		
2	Did the organization undertake any significant program services during the year which were not listed on	· · · · · · · · · · · · · · · · · · ·	
	the prior Form 990 or 990-EZ?	Yes 2	₹ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expen	nses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra allocations to others, the total expenses, and revenue, if any, for each program service reported.	ants and	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a		venue \$)
	Direct Scholarships Art exhibits furnished to schools Other programs dir Allocated program costs	ect payments	
	Allocated program costs		
	·		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
		· · · · · · · · · · · · · · · · · · ·	
			
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
ld	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$.)	
le	Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).)		

Form 990 (2008)

THEA FOUNDATION

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52-2356755 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," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Χ 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Χ 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 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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," 9 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Х 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 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 X 15 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 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Χ 19 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 23 X 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 question 25 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a X Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b X 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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

26

27

Χ

Form 990 (2008)
Part IV C Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	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		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
16	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		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

52-2356755 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a 3a Χ 3b 4a 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, securities account, or other financial Χ If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 5c 6a 6a Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? g 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9 а 9a Χ Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources against 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b

12a

Part V

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	ction A. Governing Body and Management			т
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		Yes	No
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that 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?			1 77
3	Did the organization delegate control over management duties customarily performed by or under the direct	· 2	 	X
	Supervision of officers, directors or trustops, or key applicage to a many annual supervision.			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X
5	Did the organization become assume design the constitution to the second state of the	_	ļ	X
6				X
7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members	6		X
	of the governing body?	_		
b	of the governing body?			X
8	Did the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply decument the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the organization contemporance uply deciment the most in a half and the most i	7b	81 (2000)	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а				
ь	The governing body?	8a	X	
9a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Does the organization have local chapters, branches, or affiliates?	_9a	<u> </u>	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
10	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	ļ	ļ <u>.</u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
• •	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
500	tion b. Folicies			
120	Does the arrest with the second state of the s	,	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		
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:			
a	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	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	150010100000000000000000000000000000000	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	. va		<u> </u>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		8888999
		100		
Sec	tion C. Disclosure			
	tion C. Disclosure			
17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► AR			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	-		7
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.			7 .
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website			÷ .
Sec 17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
17 18 19	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.			÷
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			Ŧ

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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)	key em		(D)	(E)	(E)
Name and Title	Average	Posi	tion (nat apply	١	1	İ	(F)
	hours per week	It con ridurises vt co	I I t	Office	Key empioyee	H c e m g n p l e e n y e e t e d	Form	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL LEOPOULOS		†-	 	├	-	 				
EXEC DIR	1			X				67,000		
TERRI WATKINS		+	_	<u> </u>	\vdash			87,000	0	
TREASURER		Í		X						
REBECCA WARD		1	_				\dashv	0	0	
PRES				X				ما		
PRESIDENT BILL CLINTON		 				-		0	0	
DIRECTOR								o		
JOHN GAUDIN							7		0	
DIRECTOR	1						ĺ	o	o	
J Timothy Cloyd							7			
DIRECTOR	ĺ		ł					o	0	_
L Qualls			_				\dashv		U	
DIRECTOR					ı			o	0	_
ESLIE LIPKE				1			_			
IRECTOR					-			o	0	_
NDY MANATOS							+			0
IRECTOR			ĺ					o	0	
UDY TENENBAUM										0
IRECTOR					Ī	ļ		0	0	
INCENT INSALACO				\exists		$\neg \neg$	\top			0
IRECTOR	1	1	ļ	X		İ		o	0	
HIP MURPHY			T	\neg			7			0
IRECTOR			-				ĺ	o	0	
ALTER NUNNELLY							_			0
IRECTOR		_						o	0	^
ANIEL F SMITH			1		1		$\neg \vdash$		- J	0
IRECTOR					ļ		İ	o	0	•
				\top	7	$\neg +$				0
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				-			-			

Name and title Average Possion (stock at that Possion in the Possion (stock at that Possion in the Possion in	Form 990 (200	<u> </u>									52-2356	755 Page
Name and title Average Position crossed at hat hours are applicable of the compensation of the compensati	Part VII		ees, Key Employ	ees, ar	nd H	ligh	est (Comp	ensa	ted Employees (continued)	
tour per la compensation compensa			(B)							(D)	(E)	(F)
## Post Post		Name and title	Average	Position apply)	on (ch	neck a	ill that	t		Reportable	Reportable	Estimated
Veal Veal			1		Τ.	Τ	K o	الله م	E		· ·	l .
Total Total				n ri	lu -	0	e m	i m m				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual side on line 1a received or according to the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual individual side on line 1a received or according to the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual individual side on line 1a received organization and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual indivi			week	1: "	t u		1	gpp			·	compensation
Total Fraging Fragin				V t c	l t +	10	١.	n م	е	="		1
the Total Total				d eo	t e	r	е	t t e		(VV-2/1099-WISC)	(VV- 2/1099-MISC)	
1b Total 1b Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (8) (5)				a o	n		е	e e d				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes				' r	a I							organizations
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						 						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes						-						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes	*****		•	-								
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes							_					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes		A				<u> </u>						N-2-00-1-1
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes	<u></u>											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes				-	_	 						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes				 		 						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► Yes												
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b Total .				• •	• •			•	67,000	0	0
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			ı) who received mo	ore than	n \$10	00,0	00 ir	repoi	table	e compensation fro	m the	
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the or	ganization list any former officer, direc	tor or trustee, kev	employ	/ee.	or h	iahe:	st con	npens	sated		Yes No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		-					_		•			3 X
individual		•										
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	the organi	zation and related organizations greate	er than \$150,000?	If "Yes,	," со	mple	ete S	Schedu	ıle J	for such		
services rendered to the organization? If "Yes," complete Schedule J for such person												4 X
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)				-				-				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)			complete Schedule	J for s	uch	pers	son					5 X
compensation from the organization. (A) (B) (C)		· · · · · · · · · · · · · · · · · · ·										
			sated independent	contra	ctor	s tha	at red	ceived	mor	e than \$100,000 of		
Name and business audress												
		name and business a	luuress							Description of si	ervices	Compensation
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶			ng those in 1) who	receiv	ed n	nore	thar	\$100	,000	in		

EEA

Part	YIII.	Statement of Revenue				, , , , , , , , , , , , , , , , , , , ,
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
C g o a o i t m n f h o t t e u r s, r n i t b g s s u r i t a m i o t l n s a	1a b c d e	Membership dues				
s, r a n d	g h	Total. Add lines 1a-1f	327,371			
	22	Workshops, etc	l			
PSR ree orv gve rin	b c		10,392	10,392		
a c u m e e	1	All other program service revenue	10,392			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	8,193	8,193		
	b c	(i) Real (ii) Personal Gross Rents	(8,368	\	,	
	_	Gross amount from sales of assets other than inventory	(0,300) (8,368)	
O t h	c d	Less: cost or other basis and sales expenses	(752) (752)	
r R e v e n	b	Gross income from fundraising events (not including \$				
e	9a b	Gross income from gaming activities. See Part IV, line 19				
	10a	Net income or (loss) from gaming activities				
ļ		Net income or (loss) from sales of inventory				
ĺ		Miscellaneous Revenue Business Code				
	11a b c	sale of Found. mdse.	1,757	1,757		
	d	All other revenue	1,757			
		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	338,593	11,222	0	0

Part IX Statement of Functional Expenses

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

organizations must complete column (A) but are not required to complete columns (

	All other organizations must complete co	lumn (A) but are not r	equired to complete	columns (B), (C), and	(D).
	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7k	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				OAPO ISCO
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	49,800	49,800		
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,				
	trustees, and key employees	67,000	45,560	5,360	16,080
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	12,928	8,791	1,034	3,103
8	Pension plan contributions (include section 401(k)				0,103
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,115	4,158	489	1,468
11	Fees for services (non-employees):				1,100
а	Management				
ь	Legal			in the state of th	
С	Accounting	8,037	5,465	643	1,929
ď	Lobbying			013	1,323
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	260	177	21	63
g	Other	200	1//	21	62
12	Advertising and promotion				
13	Office expenses	15,445	10,585	1,215	2 645
14	Information technology	4,991	3,394	399	3,645
15	Royalties		3,334	399	1,198
16	Occupancy	53,368	36,290	4,269	12 000
17	Travel	5,903	5,903	1,209	12,809
18	Payments of travel or entertainment expenses	3,755	3,303		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,434	2,962	240	2.504
20	Interest	0,131	2,902	348	3,124
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,144	550		
24	Other expenses. Itemize expenses not	1,144	778	92	274
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	BANK CHGS and misc	681	4.62		
b	program & workshop exp other	7,396	463	55	163
c	Art Closet		7,396		
ď		20,593	20,593		
e	Art exhibits	35 505	25 - 25		
f	All other expenses	35,595	35,595		
25	Total functional expenses. Add lines 1 through 24f	205 505			
26	Joint Costs. Check here ▶ ☐ if following \	295,690	237,910	13,925	43,855
	SOP 98-2. Complete this line only if the organization				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·				

Balance Sheet

				(A)			(B)
				Beginning of year		End	of year
	1	Cash - non-interest-bearing		24,545	1		47,023
	2	Savings and temporary cash investments		394,819	2		102,760
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trust					1100
		employees, or other related parties. Complete Part II of Sche	dule L		5		
	6	Receivables from other disqualified persons (as defined under	er section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B).	Complete				
A		Part II of Schedule L			6		
s	7	Notes and loans receivable, net			7		
s	8	Inventories for sale or use			8		
e t	9	Prepaid expenses and deferred charges			9		
s	10a	Land, buildings, and equipment: cost basis 10a					
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	34,774	1,108,749	10c	1	163,401
	11	Investments - publicly traded securities		20,227	11	<u> </u>	9,008
	12	Investments - other securities. See Part IV, line 11		57,035	12		299,217
	13	Investments - program-related. See Part IV, line 11		3,,033	13		233,211
	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)		1,605,375	16		601 400
	17	Accounts payable and accrued expenses		19,515	17		621,409
	18	Grants payable		17,313	18		11,032
L	19	Deferred revenue			19		
i a	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·	20		
b	21	Escrow account liability. Complete Part IV of Schedule D .			21	<u> </u>	
į	22	Payables to current and former officers, directors, trustees, ke	ev		21		
ľ	İ	employees, highest compensated employees, and disqualified					
t		persons. Complete Part II of Schedule L			22		
i e	23	Secured mortgages and notes payable to unrelated third parti		300,000	23		205 245
s	24	Unsecured notes and loans payable		300,000	24	· · · · · ·	295,345
	25	Other liabilities. Complete Part X of Schedule D			25		····
	26	Total liabilities. Add lines 17 through 25		319,515	26		206 277
		Organizations that follow SFAS 117, check here ▶ ☐ ar	ıd	319,313			306,377
N F		complete lines 27 through 29, and lines 33 and 34.	-				
u	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·		27		
n d	28	Temporarily restricted net assets			28		
۸ _	29	Permanently restricted net assets			29	· · · · · · · · · · · · · · · · · · ·	
5 B		Organizations that do not follow SFAS 117, check here					
ia el		and complete lines 30 through 34.	J				
a	30	Capital stock or trust principal, or current funds			30		
n C	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
) е	32	Retained earnings, endowment, accumulated income, or other		1,285,860	32		215 020
S	33	T		1,285,860	33		315,032
	34	—		1,605,375	34		315,032
Parl	XI	Financial Statements and Reporting		1,003,373			521,409
							Yes No
			Accrual Other	•			Yes No
2a	Were th	e organization's financial statements compiled or reviewed by		?		2a	X
b	Were th	e organization's financial statements audited by an independer	nt accountant?	• • • • • • • • • • • • •			X
		to lines 2a or 2b, does the organization have a committee that					22
i	the audi	t, review, or compilation of its financial statements and selectio	n of an independent accoun	ntant?		2c	x
3a .	As a res	ult of a federal award, was the organization required to underg	o an audit or audits as set t	forth in			
						3a	x
		did the organization undergo the required audit or audits?				3h	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

		OUNDATION	D 11: A1 1						52 -	<u> 2356755</u>			
	art I	Reason to	r Public Chari	ty Status (All organiz	ations mu	st complete	e this part.) (see instr	uctions)				
The	orga			use it is: (Please check o							,		
1		A church, convention	on of churches, or a	ssociation of churches d	lescribed ir	section '	170(ь)(1)(,	A)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital se	rvice organization descrit	bed in sec l	tion 170(b)(1)(A)(iii)	. (Attach S	chedule H.)			
4		A medical research	organization opera	ited in conjunction with a	hospital de	escribed in	section 1	ı70(ь)(1)(A)(iii). Ente	, r the hospit	al's nam	ne	
		city, and state:			,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a. o man	.0,	
5		An organization ope	erated for the benef	it of a college or universit	tv owned o	r operated	by a gove	rnmental	nit describ	ed in			
		section 170(b)(1)(A	A)(iv). (Complete P	art II.)	,		o, a gore	, minoritar d	init describ	od III			
6				r governmental unit desci	ribed in se	ction 170(h)(1)(A)(v	,					
7	X			a substantial part of its s					o gonoral	nublia			
	_	described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)	apportion	n a goven	imental un	it of floring	ie general	public			
8	П			n 170(b)(1)(A)(vi). (Com	nlete Part I	H \							
9	П			: (1) more than 33 1/3% o			ntributiono	momboro	hin food				
	_	receipts from activiti	ies related to its ex	empt functions - subject	to cortain o	voortions	and (0) n	, members	nip iees, ai	na gross			
		support from gross i	investment income	and unrelated business	tavabla ina	omo (loca	anu (2) 11	o more ma	11 33 1/3%	ot its			
		acquired by the oras	anization after lune	30, 1975. See section !		(Commiste	Section 5	r (ax) from	Dusinesse	es			
10	П							V4) 4					
11	H			d exclusively to test for p						s)			
• •	ш	nurnesen of one or r	anizeu anu operate	d exclusively for the ben	ent or, to p	errorm the	tunctions	of, or to ca	rry out the				
		purposes of one of t	nore publicly support	orted organizations descr	ribea in sea	ction 509(a	i)(1) or sec	ction 509(a)(2). See s	ection			
		a Type I		s the type of supporting o					gh 11h.				
_	\Box	_ ,.	b ∐ Typ	-		l-Functiona			d		III-Other		
-				organization is not contro									
				rs and other than one or	more publi	cly suppor	ted organi	zations des	scribed in s	ection			
		509(a)(1) or section	, , , ,										
1				etermination from the IRS	that it is a	Type I, Ty	pe II, or T	ype III sup	oorting				
_		organization, check				• • • • •	• • • • •		• • • • •				• • [
9			06, has the organiz	zation accepted any gift o	or contribut	ion from ar	ny of the						
		following persons?											
				controls, either alone or		ith person	s describe	ed in (ii)				Yes	No
				of the supported organized							11g(i)		
				cribed in (i) above?			· · · · ·				11g(ii)		
				n described in (i) or (ii) al							11g(iii)		
h		Provide the following	information about	the organizations the org	ganization	supports.					<u></u>		
	(i) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did	ou notify	(vi)	ls the	(vii)	Amoun	t of
		organization		(described on lines 1-9	in col. (i) lis	sted in your	the organiza	•	organiza (i) organiza	tion in col.		upport	01
				above or IRC section (see instructions)	governing of	document?	(i) of you	r support?	1	S.?			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
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			***************************************	<u>tarangan at at at at at ang at an ang at at ang at at at ang at at at ang at at at at at at at at at at at at</u>	ar.x000000000000000000000000000000000000		gyananan miningini dalah	u n uroreareacide (1666-1666)	1,000,000,000,000,000,000	recent and a state of the state			

18

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 118,107 209,279 227,889 1,128,537 331,152 2,014,964 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 118,107 209,279 227,889 1,128,537 331,152 2,014,964 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) Public support. Subtract line 5 from line 4 2,014,964 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 118,107 209,279 227,889 1,128,537 331,152 2,014,964 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,910 7,512 7,731 19,931 7,441 45,525 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 2,060,489 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 14 97.79 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2007. 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 and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test - 2007. 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

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

52-2356755 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)

	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) check this box and stop here	(3) org	anization,	 •
Sec	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		 9
6	Public support percentage from 2007 Schedule A. Part IV-A. line 27g	16		

	D. Computation of Investment Income Percentage	 	***************************************
17 Inves	estment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	 17	

10	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%	
19a	33 1/3% support tests - 2008. 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		. ▶ [

	33 1/3% support tests - 2007. 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			Γ			
20	Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		•	Ē			

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization **Employer identification number** THEA FOUNDATION 52-2356755 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

THEA FOUNDATION

Employer identification number 52-2356755

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Pres Bill Clinton Chappaqua, NY	\$ 100,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Chip Murphy	-	Person Payroll
	Little Rock, AR	\$24,838	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Chesapeake Energy Little Rock, AR	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Frueauff Foundation Little Rock, AR	\$ 15,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	City of North Little Rock North Little Rock, AR	\$ 24,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THEA FOUNDATION

Employer identification number 52 = 2356755

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts Complete if
<u> </u>	the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1		(b) Funds and other accounts
2		
3		
4	Aggregate value at end of year	
5		
	funds are the organization's property, subject to the organization's exclusive legal control?	Tyes No
6		
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	impermissible private benefit?	
Pa	art II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	important land area
	Protection of natural habitat Preservation of certified histori	
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation e	easement
	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
b		2b
С	the state of the second state of the second state included in (a)	2c
d	the state of the s	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	tion during
	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, violations, and	
_	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$	· · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes
Da	the organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art. Historical Treasures or Other	
	5 · · · · · · · · · · · · · · · · · · ·	r Similar Assets.
1a	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
14	5 The first of the first of the form of the form of the first of the f	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	public service,
ь		
_		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub provide the following amounts relating to these items:	lic service,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	
_	following amounts required to be reported under SFAS 116 relating to these items:	vide trie
а		.
b	Assets included in Form 990, Part X	
-		· · · · • \$

	dule D (Form 990) 2008 THEA FOUNDATIO					52-2356	3755	Page
خننننا	ert III Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Oth	ner Similar As	ssets (cor	ntinued)
3	Using the organization's accession and other re	ecords, check any of	the following that are	a significant	use of its	collection		
	items (check all that apply):	_						
a	☐ Public exhibition	j d 🗌 Loa	an or exchan <mark>ge progr</mark>	ams				
ь	Scholarly research	e 🗌 Otl	ner					
С	Preservation for future generations							·····
4	Provide a description of the organization's colle	ctions and explain h	ow they further the or	ganization's e	exempt pu	rpose in		
_	Part XIV.							
5	During the year, did the organization solicit or re	eceive donations of a	art, historical treasure	s, or other sir	milar			
8 . 7	assets to be sold to raise funds rather than to b	e maintained as part	of the organization's	collection?		<u></u>	🗌 Ye	s 🗌 No
	rt IV Trust, Escrow and Custod	ial Arrangemer	its. Complete if orga	anization ans	wered "Ye	s" to Form 990,		
4-	Part IV, line 9, or reported an amour	nt on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or o	other assets r	not			
	included on Form 990, Part X?						. [] Ye:	s 🗌 No
Ь	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ving table:					
						Am	ount	
c	Beginning balance	• • • • • • • • • • •			1c		-	
d	Additions during the year							
e	Distributions during the year							
f	Ending balance	• • • • • • • • • •			1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21	?				. Yes	s No
b	If "Yes," explain the arrangement in Part XIV.							_
Ha	TIV Endowment Funds. Complete	if organization answ	ered "Yes" to Form 99	90, Part IV, lir	ne 10.			
		(a) Current Year	(b) Prior Year	(c) Two Years	s Back (d) Three Years Back	(e) Four Ye	ears Back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	d balance held as:					<u>akan</u>	
а	Board designated or quasi-endowment	%						
b	Permanent endowment • %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization	that are held and ad	ministered for	r the			
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on S	chedule R?				3b	
4	Describe in Part XIV the intended uses of the organization	ganization's endowm	ent funds.					
Par	t VI Investments - Land, Buildi	ngs, and Equip	ment. See Form 99	0, Part X, line	e 10.			
	Description of investment	(a) Cost or othe	er basis (b) Cost	or other		preciation	(d) Book va	alue
1a	Land		, Dasis	(other)				
b	Buildings		7	102,768		34 774		67 00:
С	Leasehold improvements		1,	76,007		34,774		67,994
ď	Equipment			19,186				76,007
е	Other			214				19,186
otal	Add lines 1a-1e. (Column (d) should equal Form		(B) line 10(c) \					214
	((-)	- 100, and the condition	· (=), iiile 10(0).)			· · · · >	1,16	63,401

investments - Other Securities. See	e Form 990, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security) Financial derivatives and other financial products		Cost or end-of-year market value
Closely-held equity interests		
Other		
Interest-assets held by others	40 417	
Other	40,417	
	258,800	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	299,217	
Part VIII Investments - Program Related. See	Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
		Source of your market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.	•	
(a) Desc	cription	(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
	-	
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X, line 2		
(a) Description of liability		
Federal income taxes	(b) Amount	-
		+
		-
		+
	· · · · · · · · · · · · · · · · · · ·	1
	The second secon	1
		-
		1
	· · · · · · · · · · · · · · · · · · ·	-
	4.1	1
		1
otal. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	·	-
n Part XIV, provide the text of the footnote to the organization's fina	incial statements that reports	the organization's liability for

	edule D (Form 990) 2008 THEA FOUNDATION	52-2356755	Page
2000000	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		ugo
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	338,593
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	295,690
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	42,903
4	Net unrealized gains (losses) on investments	4	(25,166)
5	Donated services and use of facilities	5	(23,100)
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	(25.166)
10	Excess or (deficit) for the year per financial statements, Combine lines 3 and 9	10	(25,166) 17,737
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	17,737
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		1	
C	Recoveries of prior year grants	1	
d	L	-	
е		2e	(2F 166)
3	Subtract line 2e from line 1	3	(25,166)
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		25,166
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	4c 5	05.166
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ner Peturn	25,166
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:	•	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d	2-	
3	Subtract line 2e from line 1	2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part VIV)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	4c	
Pai	Supplemental Information	5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
and 2	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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