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

OMB No. 1545-0047

2009

Department of the Treasury

benefit trust or private foundation)

Open to Public

		and Service	4	The organization in	ay nave to use a copy o	of this return	n to satisfy sta	te reporting re	quiremen	ts.	Inspection
_				or tax year beginnin			, 2009,	, and ending			, 20
		applicable:	Please use IRS		THEA FOUNDATION	1				D	Employer identification no.
		change	label or	Doing Business As							2-2356755
. 📙 1	Name ch	hange	print or type.	Number and street (or	P.O. box if mail is not delivered	d to street add	ress)	Roc	m/suite	E	Telephone number
<u></u>	Initial ret	tum	See	401 MAIN ST							501)379-3512
Ц.	Termina	ted	Specific Instruc-	City or town, state or co	ountry, and ZIP + 4				Gross receipts		
□ /	Amende	d return	tions.	North Little	Rock, AR 72114	1				1	\$ 571,282
	Applicati	ion pending	F Name	and address of principal of	ficer:						
								H(a)	ls this a g affiliates?	roup return	for Yes X No
1 7	Tax-exe	mpt status:	X 501(c) (3) ◀ (insert no.)	4947(a)(1) or	527		Н(р)	Δro all aff	ilioton inali	udoda 🗍 v 🗍 v.
J \	Website:	: ► the	afound	ation.org				H(c)	If "No," at	tach a list.	(see instructions)
K F	orm of	organization:	Corporation		on X Other > Foun	dation	L Year of forma			emption nu	
Pa	rt I	Summar	у				L Tour or forme	alion. 2001	M State	e of legal d	omicile: AR
	1	Briefly descr	ibe the ord	anization's mission c	r most significant activit	ios.	to promot				
					gh school stude		to offer	e & prov	ide Vi	sual 8	& performing ar
A C G		& family	couns	elors	-gn beneel Bende	encs &	co offer	education	al pro	grams	to families
t o									 		
, A	2	Check this h	ox 🕨 🗌 if	the organization disc	continued its operations		-1 - 6				· · · · · · · · · · · · · · · · · · ·
ir	3	Number of v	otina mem	here of the governing	body (Part VI, line 1a)					1 - 1	
ia	4							• • • • • • •	• • • •	3	0
e n s c	5	Total number	r of omploy	t voting members of t	he governing body (Par	t VI, line 1b)		• • • •	4	0
2 6	"	Total number	r of values	rees (Part V, line 2a)	•••••••	• • • • •	• • • • • •	•,••••	• • • •	5	2
•	6	Total number	r or volunte	ers (estimate if nece	ssary)	• • • • •	• • • • • • •	• • • • • •		6	
	7a	lotal gross u	inrelated b	usiness revenue from	n Part VIII, column (C), I	ine 12 .	• • • • • • •	· · · · · · · ·		7a	0
	- D	Net unrelated	d business	taxable income from	Form 990-T, line 34 .					7b	0
R								Į į	rior Year		Current Year
e	8				• • • • • • • • • • • • • • • • • • • •				327	,371	499,901
e	9								10	,392	3,500
n	10	Investment in	ncome (Pa	rt VIII, column (A), Iin	es 3, 4, and 7d)				7	,441	12,641
e	11	Other revenu	ıe (Part VII	II, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11	e)				,611)	(15,725)
	12	Total revenue	e - add line	s 8 through 11 (must	equal Part VIII, column	(A), line 12	2)			,593	500,317
	13	Grants and s	imilar amo	unts paid (Part IX, co	lumn (A), lines 1-3) .					,800	45,750
E	14	Benefits paid	to or for m	nembers (Part IX, coli	umn (A), line 4)					,,,,,,	23,730
x	15				efits (Part IX, column (A				86	,043	95,152
e e	16a	Professional	fundraising	g fees (Part IX, colum	ın (A), line 11e)					,013	95,152
n	b	Total fundrais	sing expen	ses (Part IX, column	(D), line 25) ▶		37,400				<u> </u>
6	17				1a-11d, 11f-24f)				150	0.4.7	
s	18				l Part IX, column (A), lir			• •		,847	126,548
	19	Revenue less	s expenses	Subtract line 18 fro	om line 12	10 23) • ·	• • • • • • •	• •	295		267,450
Net			опролос	2. Cabadot inte 10 ile	MITHOUGH 12		• • • • • •			,903	232,867
Assets	20	Total assets ((Part X line	o 16)				Beginning	of Current Y		End of Year
or Fund	21	Total liabilities	(Port V	ino 06)	• • • • • • • • • • • • • • • • • • • •			• •	1,621	,409	1,549,363
Bal-	22			•				• •	306	,377	6,315
ances		Signatur	nund balai	ices. Subtract line 2	1 from line 20	• • • • •		• •	1,315,	,032	1,543,048
Par	T 11	Signatur									
		and belief, it is	s of perjury, I true, correct.	declare that I have examine and complete. Declaration	ed this retum, including accompof preparer (other than officer)	panying sched	fules and statemer	nts, and to the bes	t of my know	viedge	
Sign					or property (office trial officer)	is based on all	i inionnation of wif	ich preparer nas a	ny knowiedę	ge.	
Here	•	Signature	of officer							Date	
		Type or pa	rint name and	J title					**		
		Preparer's	· · · · · · · · · · · · · · · · · · ·			Date		Check if	Prepare	er's identifie	ing number
		signature						self		structions)	my nomber
Paid		'				00 7	2010	employed 🟲 🗀	1		
Prepa				Financial E	mrogg	N8-17	2-2010	<u> </u>		·	
Use O	inly	Firm's name (or		Financial Ex				EIN	>		
		if self-employed address, and ZI		320 Executiv	· · · · · · · · · · · · · · · · · · ·	03					
				Little Rock,				Phone no	b. ►501	-225-3	3927
May th	e IRS	discuss this re	eturn with	the preparer shown a	bove? (see instructions)					
n.				4							· <u>EA</u> !!V

_	m 990 (2009) THEA FOUNDATION	52-2356755 Page 2
المنتشا	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	to promote & provide visual & performing art scholardhips to deserving hi	gh school students &
	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 🗵 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□vaa ₽Na
	If "Yes," describe these changes on Schedule O.	∐ tes <u>X</u> No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	nts and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	/ (Tite Veri	nue \$)
	Direct Scholarships Art exhibits furnished to schools Other programs dire	ct payments
	Allocated program costs	
		The state of the s
4b	(Code:) (Expenses \$ including grants of \$) (Reven	
	(Code:) (Expenses ©) (Reven	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services. (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
4e	Total program service expenses ▶	

Form 990 (2009) THEA FOUNDATION 52-2356755 Page 3 Part IV **Checklist of Required Schedules** Yes No

•	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	1
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		<u> </u>	
	Schedule C, Part II	4	İ	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		 	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		11
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	i		ĺ
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			-
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		- V
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	- 10		X
	VII, VIII, IX, or X as applicable	44	v	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	Χ	88888888
	Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII			
2A		12		Odonova o
	Yes No			
3	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	ĺ	ĺ	
5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
3	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
e	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
7	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_X
7	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		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	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		Х
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Part IV

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ь 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? d 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 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 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 36 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, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 Х

Form	990 (2009) THEA FOUNDATION	52-23	3567	755	F	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable		0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	····				
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		2			
ь	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					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by					
	this return?			3a	processory)	processors.
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			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			}		
	account)?			4a		Х
b	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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	3000000000	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		• •	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		• •			
·	Prohibited Tax Shelter Transaction?			5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		• •	50		
Va	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		• •	- Oa		Λ.
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		• •	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			7-		- V
L	and services provided to the payor?		• •	7a		X
b			• •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					37
	required to file Form 8282?		• •	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal					37
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		٠.	7g	X	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					ĺ
_	required?		• •	7h	Χ	200000000
8	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	**********	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		• •	9b	300000000000	0.00000000
10	Section 501(c)(7) organizations. Enter:					
a	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					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					

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

		_	_	-		Yes	No
1a	Enter the number of voting members of the governing body 1a			0			
b	Enter the number of voting members that are independent 1b			0			
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	222220000000	Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				<u> </u>		
	of the governing body?				7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?				8a	X	68866666
b	Each committee with authority to act on behalf of the governing body?			• •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		•	• •	- 05		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			· ·			Λ.
	enue Code.)						
-						Yes	Ma
0a	Does the organization have local chapters, branches, or affiliates?				10a	168	No X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	• • •	•	• •	IVa		- 21
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		•	• •	100		
-	form?				11		
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	• • •	• •	• •	•••		
2a					120		<u> </u>
b	Does the organization have a written conflict of interest policy? If "No," go to line 13		•	• •	12a		
-	rise to conflicts?				126		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	• • •	•	•	12b		
•	describe in Schedule O how this is done				12c		
3	Does the organization have a written whistleblower policy?						
4	Does the organization have a written document retention and destruction policy?				13		
5	Did the process for determining compensation of the following persons include a review and approval by	• • •	• •	• •	14		
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
•	The organization's CEO, Executive Director, or top management official						
a b	Other officers or key employees of the organization	• • •	• •	•	15a		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	• • •	• •	•	15b		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
Va							
h		• •	•••	٠ . ا	16a	***********	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	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		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed AR						
8	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 Upon request Upon request						
9	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.						
0	State the name, physical address, and telephone number of the person who possesses the books and records of the						
	organization: > (501) 379 - 3512						

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

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

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

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

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

(A)	(B)	(C)						(D)	Œ)	(F)	
Name and Title	Average hours per week	per Itd ItOK Hce nrinrfeiom dursufygmp					F	Reportable compensation from the	Reportable compensation from related	Estimated amount of other	
		i se v t c i e t d e o	t s i t t e u e	c e	e E p –	e m p l e s n y l a e l t	r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related	
		a o I r	0		y	ė				organizations	
			n a	ĺ	8	d					
PAUL LEOPOULOS		+	 			 					
EXEC DIR				Х				69,500			
TERRI WATKINS	1	†			 	 		03,300			
DIRECTOR		X		1					*	÷	
VINCENT INSALACO	1	+									
DIRECTOR PRES		X									
PRESIDENT BILL CLINTON		1	T	\vdash			†		<u> </u>		
DIRECTOR		X									
GAYLE CORLEY											
DIRECTOR		X									
J Timothy Cloyd											
DIRECTOR		X									
R L Qualls		Ī									
DIRECTOR		X									
CLAIRE HAUN											
DIRECTOR	<u> </u>	X					j.				
BOB TRIVINO											
DIRECTOR		X	L							* .	
JUDY TENENBAUM											
DIRECTOR		X									
KYLE PITTS											
DIRECTOR		X					<u> </u>				
CHIP MURPHY											
DIRECTOR		X									
WALTER NUNNELLY											
DIRECTOR		X									
		-	_								
	1	1	1							1	

Section A. Onicers, Directors, Trustees	T in the second	yees,	and			t Com	pen		<u> </u>	
(A)	(B)	_			C)			(D)	(E)	(F)
Name and Title	Average hours per week	l t d n r i d u r i s e v t c i e t d e o u r	I t n r s u t s i t	Office	K e m p l	H c e i o m g m p h p l e e o s n y t s e a e	ForEer	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
		a o I r	i o n a l		o y e e	t e d				organizations
	·									
								· · · · · · · · · · · · · · · · · · ·		
- 								<u> </u>		
							_			
				_				:		
		1								
						:				
lb Total								69,500	· · · · · · · · · · · · · · · · · · ·	0 0
2 Total number of individuals (including but not limited to										
reportable compensation from the organization									(0
										Yes No
Did the organization list any former officer, director or t									•	
employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of reporta								· · · · · · · · · · · · · · · · · · ·	• • • • • • •	. 3 X
the organization and related organizations greater than										
individual	• • • • • •							or such		4 X
Did any person listed on line 1a receive or accrue comp	ensation fro	m any	unre	elate	d or	ganiza	tion f	or		1 11
services rendered to the organization? If "Yes," comple	te Schedule	J for s	uch	pers	on					5 X
Section B. Independent Contractors										
Complete this table for your five highest compensated i compensation from the organization.	ndependent o	contrac	ctors	tha	t rec	eived	more	than \$100,000 of		
(A)			******					(B)		(C)
Name and business address								Description of se	rvices	Compensation
								<u> </u>		
			····							
2 Total number of independent contractors (including but	not limited to	those	liste	ed at	ove) who i	ecei	ved		
more than \$100,000 in compensation from the organiza					_	,				

art VIII	Statement of Revenu	<u> e</u>		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function revenue	business revenu e	excluded from ta under sections 512, 513, or 514
1 a	, •			_			
tri- l	b Membership dues	—		4			
	Fundraising events	-		_			
	d Related organizations			_			
ts e	 Government grants (contribution 	ons) <u>1</u>	e	_			
<u> </u>	f All other contributions, gifts, gra						
ar unts	and similar amounts not include			_			
	9 Noncash contributions included		·	_			
	h Total. Add lines 1a-1f		<u></u>	499,901			
			Business Code				
2a	Workshops, etc			3,500	3,500		
pravn							ļ
rice	c		-				
enue (d						
•	e						
1	All other program service revenue	ue	•				
	g Total. Add lines 2a-2f		.	3,500			
3	Investment income (including di	vidends, interes	t, and				
	other similar amounts)		· · · · · · · •	14,392	14,392		
4	Income from investment of tax-e	exempt bond pro	oceeds >				
5	Royalties						
		(i) Real	(ii) Personal				
6a	a Gross Rents	49,09	90				
1	b Less: rental expenses	69,2	14				
	Rental income or (loss)	(20,1	24)				
(d Net rental income or (loss)			(20,124	(20,124	L)	
72	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
	b Less: cost or other basis						
	and sales expenses		1,75	1			
	c Gain or (loss)		(1,75	1)			
	d Net gain or (loss)			(1,751	(1,751	4)	
8a	a Gross income from fundraising						
	events (not including \$						
ı	of contributions reported on line	1c).					
	See Part IV, line 18		a				
	b Less: direct expenses	1	b				
	 Net income or (loss) from fundra 						
1	a Gross income from gaming activ	-					
	See Part IV, line 19		a				
	b Less: direct expenses		b				
4	c Net income or (loss) from gamin						
1	a Gross sales of inventory, less	•					
100	returns and allowances		a				
	b Less: cost of goods sold			\exists			
ı i	c Net income or (loss) from sales		·		*	*	apacasacasassisistetti (1866)
	Miscellaneous Revenue		Business Code				
112				7			***************************************
1	b sale of Found. mdse.			4,399	4,399		
						<u> </u>	
	d All other revenue					 	-
				4,399			1
ŀ	Total revenue. See instructions			500,317	1	C	
1 16				1 300.31/	410	. 1.	

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). (B) Program service expenses Do not include amounts reported on lines 6b. (A) Total expenses (D) Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to governments and 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 45,750 45,750 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 69,500 47,260 5,560 16,680 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 18,616 12,659 1,489 4,468 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 10 7,036 4,784 562 1,690 11 Fees for services (non-employees): а Legal...... 4,748 6,983 559 1,676 C Lobbying d Professional fundraising services. See Part IV, line 17 . f g 12 Advertising and promotion 13 9,060 6,160 725 2,175 14 4,777 3,619 290 868 15 16 17 2,481 2,481 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,631 3,829 450 1,352 20 21 22 Depreciation, depletion, and amortization 32,424 22,048 2,594 7,782 23 1,887 1,283 151 453 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) BANK CHGS and misc 618 420 49 149 program & workshop exp other 2,998 2,998 Art Closet 29,540 29,540 305 36 Dues 448 107 Art exhibits 29,701 29,701 f 25 Total functional expenses. Add lines 1 through 24f . . 267,450 217,585 12,465 37,400 Joint Costs. Check here ▶ ☐ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Par		Balance Sheet		- 27	50/55
	::::::::::::::::::::::::::::::::::::::	- Similar Wilder	(A)	1	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	47,023	1	183,230
	2	Savings and temporary cash investments		2	103/230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		•	
	-	employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
As		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
e	8	Inventories for sale or use		8	
t	9	Prepaid expenses and deferred charges		9	933
•	10a	Land, buildings, and equipment: cost or			933
		other basis. Complete Part VI of Schedule D 10a 1,198,175			
	ь	Less: accumulated depreciation 10b 67,198	1,163,401	10c	1,130,977
	11	Investments - publicly traded securities	9,008	11	· · · · · · · · · · · · · · · · · · ·
	12	Investments - other securities. See Part IV, line 11	299,217	12	9,008
	13	Investments - program-related. See Part IV, line 11		13	225,215
	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)		16	1 540 262
	17	Accounts payable and accrued expenses	1,621,409	17	1,549,363
	18	Grants payable	11,032	18	6,315
	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
a	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key		<u> </u>	
į		employees, highest compensated employees, and disqualified			
t		persons. Complete Part II of Schedule L		22	
ì	23		205 245	22	
e	24	Secured mortgages and notes payable to unrelated third parties	295,345	24	
3	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	306,377	26	6,315
		Organizations that follow SFAS 117, check here ▶ ☐ and	300,377	20	0,313
		complete lines 27 through 29, and lines 33 and 34.			
l F	27	Unrestricted net assets		27	
n	28	Temporarily restricted net assets		28	
ď	29	Permanently restricted net assets		29	
В		Organizations that do not follow SFAS 117, check here ▶ ☒		4 3	
a		and complete lines 30 through 34.			
e i a	30	Capital stock or trust principal, or current funds		20	
n	31			30	
c e	32		5 05 P 000	31	9 740 04-
S	33	Retained earnings, endowment, accumulated income, or other funds	1,315,032	32	1,543,048
		Total net assets or fund balances	1,315,032	33	1,543,048
	34	Total liabilities and net assets/fund balances	1,621,409	34	1,549,363

Pa	rt XI Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		X
b	Were the organization's financial statements audited by an independent accountant?	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		
	issued on a consolidated basis, separate basis, or both:		
	▼ Separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

EEA

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

ation or a section

Employer identification number

2009
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THEA FOUNDATION 52-2356755 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 q An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III-Other a ☐ Type I **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11q(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the support? (see instructions)) U.S.? Yes No Yes No Yes No Total

THEA FOUNDATION 52-2356755 Page 2 Schedule A (Form 990 or 990-EZ) 2009 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 209,279 227,889 1,128,537 331,152 449,901 2,346,758 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 through 3 209,279 227,889 1,128,537 331,152 449,901 2,346,758 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 In 4 2,346,758 Section B. Total Support (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (c) 2007 209,279 227,889 449,901 2,346,758 1,128,537 331,152 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 7,512 7,731 19,931 7,441 12,641 55,256 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.) 11 Total support. Add lines 7 through 10 . 2,402,014 12 Gross receipts from related activities, etc. (see instructions) 12 13 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) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ightharpoonsand stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop** here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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

10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support	<u> </u>	1 (1)			1	
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or faclities 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 bus. under sec 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	000000000000000000000000000000000000000					
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support	()	(1)			T ()	T
calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				
Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				·		
Total support. (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for the orga organization, check this box and stop here.			, or fifth tax year as	a section 501(c)(3) • • • • • • • • • • • • • • • • • • •	▶ □
Section C. Computation of Public Sup	·				<u></u>	
Public support percentage for 2009 (line 8, colu		,	•		15	
6 Public support percentage from 2008 Schedule					16	· ·
Section D. Computation of Investment			(0)			
7 Investment income percentage for 2009 (line 10		-	, , , ,		17	9
8 Investment income percentage from 2008 Sche					18	9
 33 1/3% support tests - 2009. If the organizat 17 is not more than 33 1/3%, check this box an 33 1/3% support tests - 2008. If the organizat 	id stop here. Th tion did not chec	e organization qual k a box on line 14 c	ifies as a publicly so or line 19a, and line	upported organiza	tion	▶ □
 33 1/3% support tests - 2009. If the organizat 17 is not more than 33 1/3%, check this box an b 33 1/3% support tests - 2008. If the organizat line 18 is not more than 33 1/3%, check this box 0 Private Foundation: If the organization did not 	id stop here. Th tion did not chec x and stop here	e organization qual k a box on line 14 c The organization	ifies as a publicly so or line 19a, and line qualifies as a public	upported organiza 16 is more than 3 ly supported organ	tion	

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

2009

Name of the organization		Employer identification number
THEA FOUNDATION		52-2356755
Organization type (check one):		32-2330733
•		
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	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	
Note. Only a section 501(c)(7), (instructions.	rered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a S pec	ial Rule. See
General Rule		
	p Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (contributor. Complete Parts I and II.	in money or
Special Rules		
sections 509(a)(1) and 1	organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Com	ibution of the greater
the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any one of tributions of more than \$1,000 for use exclusively for religious, charitable, scient the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
the year, contributions for aggregate to more than year for an exclusively r applies to this organizati	(8), or (10) organization filing Form 990 or 990-EZ that received from any one of use exclusively for religious, charitable, etc., purposes, but these contribution \$1,000. If this box is checked, enter here the total contributions that were receiveligious, charitable, etc., purpose. Do not complete any of the parts unless the on because it received nonexclusively religious, charitable, etc., contributions of the parts unless that the the parts un	ns did not ved during the General Rule of \$5,000 or more
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schedu answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its o certify that it does not meet the filing requirements of Schedule B (Form 990,	Form 990-EZ,

Name of organization

Employer identification number 52-2356755

THEA FOUNDATION Contributors (see instructions) Part I (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. X Person 1_ Pres Bill Clinton **Payroll** 100,000 Noncash (Complete Part II if there is a noncash contribution.) Chappaqua, NY (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. X Person Windgate Charitable Found 2 П **Payroli** Noncash 109,500 (Complete Part II if there is a noncash contribution.) Siloam Springs, AR (d) (c) (a) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. Person Chesapeake Energy 3 **Payroll** Noncash 29,000 (Complete Part II if there is a noncash contribution.) Little Rock, AR (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person X Frueauff Foundation 4 \Box **Payroli** \Box Noncash 15,000 (Complete Part II if there is a noncash contribution.) Little Rock, AR (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person X City of North Little Rock 5 Pavroli 24,000 Noncash (Complete Part II if there is a noncash contribution.) North Little Rock, AR (d) (c) (b) (a) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. X Person Arkansas Arts Council 6 Pavroll П Noncash 16,245 (Complete Part II if there is a noncash contribution.) Little Rock, AR

Name of organization
THEA FOUNDATION

Employer identification number

52-2356755

Part I	Contributors (see instructions)		4 -1
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_7	Hot Springs Giving Circle	\$\$5,250	Person 🛚 🖂 Payroll 🖂 Noncash 🖂
	Hot Springs, AR		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. ➤ See separate instructions.

Inspe Employer identification number

	the organization	52-2356755
THE	A FOUNDATION Char Similar Funds	or Accounts Complete if
Part	A FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds	Of Accounts. Complete in
	the organization answered "Yes" to Form 990, Part IV, line 6.	,
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
A	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
U	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
	Form 990, Pr	art IV, line 7.
Par	Purpose(s) of conservation easements held by the organization (check all that apply).	
1	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an histor	ically important land area
	Preservation of land for public des (e.g., section of a cortific	
	Protection of righting righting	
	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
2		
	easement on the last day of the tax year.	Held at the End of the Tax Year
		2a
а	Total number of conservation easements	2b
b	Total acreage restricted by conservation easements	2c
С	Number of conservation easements on a certified historic structure included in (a)	2d
d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	gamzaton samg
	the tax 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, handling of	No Yes No
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements durin	ig the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	☐ Yes ☐ No
	470/h\/4\/P\/i) and section 170(h)(4\/B\/ii)?	
9	In Boat XIV, describe how the organization reports conservation easements in its revenue and expense s	statement, and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	s that describes
	the few appearation agreements	and the state of t
P	the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
33.000	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
10	If the expeniencing elected, as permitted under SEAS 116, not to report in its revenue statement and bala	ince sheet works of
1a	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public service,
	provide in Part XIV, the text of the footnote to its financial statements that describes these items.	
	www. institute aleated as permitted under SEAS 116 to report in its revenue statement and balance	sheet works of art,
р	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce of public service,
	the test suring amounts relating to these items.	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	(ii) Assets included in Form 990, Part X	gain, provide the
2	If the organization received or neid works of any nistorical freasures, or other similar assets of many first the repeated under SEAS 116 relating to these items:	-
	following amounts required to be reported under SFAS 116 relating to these items:	▶\$
a	Revenues included in Form 990, Part X	> \$
	a state already and in Form 000 Part Y	

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990. ▶ See separate instructions.

Internal Revenue Service Employer identification number Name of the organization 52-2356755 THEA FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c C d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: 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:

			•			terings and property of the same of the second state of
	le D (Form 990) 2009 THEA FOUNDATION				52-23567	55 Page 2
	100 (10111100)	collections of A	rt, Historical	Treasures, or O		
a b c 4 5	Using the organization's acquisition, accession, a collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collect Part XIV. During the year, did the organization solicit or recassets to be sold to raise funds rather than to be tiv Escrow and Custodial Arrai Part IV, line 9, or reported an amount Is the organization an agent, trustee, custodian or	d Loan Loan Othe ons and explain how eive donations of art maintained as part o ngements. Com on Form 990, Part X	or exchange programmer withey further the organization's plete if organization, line 21.	rganization's exempt es, or other similar collection?	purpose in	
1a	included on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·				. 🗌 Yes 🗌 No
c d e f	If "Yes," explain the arrangement in Part XIV and Beginning balance				Amoi	
2a		990, Fan A, IIII 21:		,		
b	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete in	(the examination on	swored "Ves" to E	orm 990 Part IV line	10	
Pai	t V Endowment Funds. Complete		(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Current year	(b) Phoryean	(C) TWO years back	(0) 11100 / 1010	
b	Contributions				-	<u> </u>
С	Net investment earnings, gains, and losses .					A CONTRACTOR C
d				_		
	Grants or scholarships					
е	Other expenditures for facilities					
e	Other expenditures for facilities and programs					
f	Other expenditures for facilities and programs					
f g	Other expenditures for facilities and programs	d balance held as:				
f g 2	Other expenditures for facilities and programs					
f g 2 a	Other expenditures for facilities and programs	d balance held as: %				
f g 2	Other expenditures for facilities and programs					
f g 2 a b	Other expenditures for facilities and programs	on of the organization				Yes No
f g 2 a b	Other expenditures for facilities and programs	n of the organization				3a(i) 3a(ii)
f g 2 a b	Other expenditures for facilities and programs	on of the organization	chedule R?			3a(i)
f g 2 a b c 3a	Other expenditures for facilities and programs	n of the organization ted as required on S	chedule R?			3a(i) 3a(ii)
f g 2 a b c 3a	Other expenditures for facilities and programs	n of the organization ted as required on S	chedule R?			3a(i) 3a(ii)
f g 2 a b c 3a	Other expenditures for facilities and programs	on of the organization ted as required on Siganization's endown ings, and Equi	Schedule R? nent funds. Diment. See Form er basis (b)	n 990, Part X, line 10	(c) Accumulated	3a(i) 3a(ii)
f g 2 a b c 3a	Other expenditures for facilities and programs	on of the organization ted as required on S ganization's endown ings, and Equi	Schedule R? nent funds. Diment. See Form er basis (b)	n 990, Part X, line 10		3a(i) 3a(ii) 3b

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.			
(a)	Description of security or category	(b) Book value	(c) Method of valuation:		
	(including name of security)		Cost or end-of-year market value		
inancial derivativ	/es	•			
Closely-held equi	ty interests	•			
Other					
Interest- as	sets held by others	49,102	FMV		
Other		176,113	FMV		
		_			
		_			
	ust equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related	See Form 990, Part X, line 13.	I		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:		
			Cost or end-of-year market value		
		<u> </u>			
	The state of the s				
	lust equal term beef t arrive en (5) me tery	<u> </u>			
Part IX	Other Assets. See Form 990, Part X, lin		(b) Book value		
	(6	a) Description	(b) Book value		
		45.			
	b) must equal Form 990, Part X, col. (B) line				
- Constitution of the Cons	Other Liabilities. See Form 990, Part X				
1.	(a) Description of liability	(b) Amount	\dashv		
Federal income	taxes		\dashv		
			\dashv		
			\dashv		
			-		
			-		
		I			

		14-4350/55	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	T XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per 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		
b	Prior year adjustments	7	
c	Other losses	7 1	
d	Other (Describe in Part XIV.)	7 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	1 XIV Supplemental Information		
Com	olete 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
this p	part to provide any additional information.		
			10. 1. married 10.

			· · · · · · · · · · · · · · · · · · ·

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time to File an **Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

miternal nevenue		
	, , , , , , , , , , , , , , , , , , , ,	
• If you are fi	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of	this form).
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete
-		an automaion of
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ome tax returns.	an extension of
one of the retuelectronically returns, or a c	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extenurns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file form (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities &	Form 8868 or 8870, group e 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	THEA FOUNDATION	52-2356755
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 401 MAIN ST	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	North Little Rock, AR 72114	
Check type of	of return to be filed (file a separate application for each return):	
X Form 990	Form 990-T (corporation)	Form 4720
Form 990-	BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
Form 990-	EZ Form 990-T (trust other than above)	Form 6069
Form 990-	PF Form 1041-A	Form 8870
If the organIf this is for for the whole	No. ► 501-379-9512 FAX No. ► nization does not have an office or place of business in the United States, check this box r a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box I if it is for part of the group, check this box and attach names and EINs of all members the extension will cover.	
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until	08-16 , 20 10, to file the exempt organization return for the organization named above	e. The extension is
for the	organization's return for:	
► X	calendar year 20 09 or	
▶ □	tax year beginning, 20, and ending	, 20
2 If this ta	ax year is for less than 12 months, check reason:	in accounting period
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
less an	y nonrefundable credits. See instructions.	3a \$
b If this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	
paymer	nts made. Include any prior year overpayment allowed as a credit.	3b \$
	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
deposit	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	
	n). See instructions.	3c \$
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For	m 8879-EO
for payment in		
For Privacy	Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time to File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue S	ervice File a Separate application for each return.		
 If you are fil 	ing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🏻
 If you are fil 	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m).	
•	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed F		3.
	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
	equired to file Form 990-T and requesting an automatic 6-month extension - check this box and complete		
Part I only			▶ □
	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte me tax returns.	nsion of	
one of the retuing one of the returns, or a co	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8 (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 pmposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpro	368 , group .rt II) of F	
Type or	Name of Exempt Organization Em	oloyer id	entification number
print	, -	23567	55
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		
due date for filing your	401 MAIN ST		
retum. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions.	North Little Rock, AR 72114		
Chook type o	f return to be filed (file a separate application for each return):		
71		rm 4720	
Form 990		rm 5227	
Form 990-E		rm 6069	
Form 990-E			
∐ Form 990-F	F	rm 8870	
● If the organ ● If this is for for the whole galist with the r 1 I requesuntil for the o ■ □ t	ization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box If it is for part of the group, check this box mames and EINs of all members the extension will cover. It an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08-16 08-16 09 10, to file the exempt organization return for the organization named above. The example of the group of the organization of the organization's return for: Product Product Product Product Product Product	, 20	
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
less any	nonrefundable credits. See instructions.	3a	\$
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
	ts made. Include any prior year overpayment allowed as a credit.	3b	\$
1-7	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
•). See instructions.	3с	\$
	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		
· .			
for payment in			0000 /P 1 0000
Can Britisans A	ct and Danarwork Reduction Act Notice see Instructions	FΩ	rm 8868 (Rev. 4-2009)