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Department of the Treasury

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

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

Open to Public

OMB No 1545-0047

_		GDD 1 0011	31TC 21 201	^					
<u>A</u>	For th	e 2011 calendar year, or tax year beginning SEP 1, 2011 and ending	<u>AUG 31, 201</u>	2					
В	Check if	C Name of organization	D Employer ident	fication number					
	applicab								
Г	Addre	Theta Kappa Inc. LAMBDA CHI ALPHA							
Ē	Name	David Branch As	23-	7132598					
F	chang								
누	returr	Number and street (or P.O. box if mail is not delivered to street address) Room/su							
L	Termi	JOU WADASH AVE. FO BOX 2002	812	<u>-384-3094</u>					
L	Amer returr	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>75,607.</u>					
	Apple tion	Terre Haute, IN 47803	H(a) is this a group	return					
	pend		for affiliates?	Yes X No					
		14940 Mercury Court, Carmel, IN 46032	H(b) Are all affiliates i						
_									
				a list. (see instructions)					
		te: ► N/A	H(c) Group exempt						
K	Form o	forganization: X Corporation Trust Association Other ▶ LY	ear of formation: 1975	M State of legal domicile: IN					
P	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities. To maint	ain fraterni	tv chapter					
Governance	1	house.		<u> </u>					
ā			are then OFO/ of the not						
ē	2	Check this box if the organization discontinued its operations or disposed of m	וסופ נוומוז 25% טו וגא חפנ _	assets					
ó	3	Number of voting members of the governing body (Part VI, line 1a)	<u> 3</u>	4					
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4						
es S	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 0					
Ě	6	Total number of volunteers (estimate if necessary)	. 6	0					
Activities &	7.2	Total unrelated business revenue from Part VIII, column (C), line 12	7						
ĕ		Net unrelated business taxable income from Form 990-T, line 34	. 7						
	Н В	Net unrelated business taxable income from Form 990-1, line 34							
	1		Prior Year	Current Year					
ā	8	Contributions and grants (Part VIII, line 1h)	0						
Revenue	9	Program service revenue (Part VIII, line 2g)	72,000						
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	. 7.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	. 0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,005						
	 		0						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0						
Ŝ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>_</u> 0	. 0.					
Expenses	. Ы	Total fundraising expenses (Part IX, column (D), line 25)							
Ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED	20,792	. 24,519.					
	ì	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,792						
			51,213						
	19	Revenue less expenses. Subtract line 18 from line 12	1 42 0	T					
Net Assets or	₫	ŋ ⁻ Ŋ	Beginning of Current Yea						
SSE	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	728,548						
Ϋ́	21	Total liabilities (Part X, line 26)	0	.]0.					
캺	22	Net assets or fund balances Subtract line 21 from line 20 .	728,548	. 800,962.					
	art II	Signature Block							
Unc	ler nen:	alties of perjury, I declare that I have examined this peturn, including accompanying schedules and sta	tements, and to the best of	my knowledge and helief, it is					
	-	ct, and complete. Iteraration of preparer (other than officer) is based on all information of which prep		my knowledge and bollon, k la					
nue	e, corre	1. and complete, declaration of purpose (other than officer) is based on an information of which prep	arer has any knowledge.						
		- I las I lay	Data						
Sig	jn	Signature of officer	Date	110/2012					
He	re	Steve Nerney, Treasurer	10	110/2012					
		Type or print name and title		•					
_		Print/Type preparer's name Preparer's agnature	Date Check	PTIN					
Pai	d	Shawn Dreiman	12/3/12 15 self-emp	loyed P00380913					
									
	parer	Firm's name Alerding & Company, LLC	Firm's EIN	35-2043580					
Use	Use Only Firm's address ▶ 4181 E 96th Street, Suite 180								
		Indianapolis, IN 46240	Phone no.	<u>(317) 569-4181</u>					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
1320	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)					

orn Pa	rt IU Statement of Program Service Accor	<u>C. LAMBDA CHI A</u> nolishments	LLPHA 2	23-7132598 Page 2
. a	Check if Schedule O contains a response to any	•		
1	Briefly describe the organization's mission:	quodion in ano raic in	<u> </u>	
	To maintain fraternity chap	ter house.		
	Dath.		the contract of the contract o	
2	Did the organization undertake any significant program the prior Form 990 or 990-EZ?	services during the year which	on were not listed on	Yes X No
	If "Yes," describe these new services on Schedule O.		•-	L_Tes LALINO
3	Did the organization cease conducting, or make signific	cant changes in how it condu	cts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	3	, ,, ,	
4	Describe the organization's program service accomplis	hments for each of its three la	argest program services, as m	easured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section	on 4947(a)(1) trusts are requir	red to report the amount of gra	ants and allocations to
	others, the total expenses, and revenue, if any, for each			
4a		• including grants of \$		
	Provide services and advise	<u>fraternity in</u>	regards to char	oter nouse.
				
				
				
41-			\ /-	
4b	(Code) (Expenses \$	including grants of \$) (Revenue S	,,
				·
				
				
4c	(Code) (Expenses \$	uncluding grants of \$) (Payanya	
••	(Code) (Expenses \$			
				
		··		
				
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$including grants o	!\$) (Revenue \$	
4e		24,519.		
		-		Form 990 (2011)

	1990 (2011) Theta Kappa Inc. LAMBDA CHI ALPHA 23-7132	<u> 598</u>	Р	<u>age 3</u>
Pa	rt IV Checklist of Required Schedules			
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			x
2	If "Yes," complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- 22
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ł
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		}	l
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	İ
h	Part VI	114		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	}		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		•	
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	1	v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13 44-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		}	}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	ł	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	├	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		x
	complete Schedule G. Part III	19	ı	1 A

Form **990** (2011)

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2011)

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

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

Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2011)

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) Theta Kappa Inc. LAMBDA CHI ALPHA 23-7132598 Page
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.

	Check if Schedule O contains a response to any question in this Part VI			<u>LX</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	'	_X_
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_		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		_X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- }		
	more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ĺ		
а	The governing body?	8a	_X	
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 at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ļ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u></u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done .	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ĺ
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion. 🕨	_	
	Steve Nerney - 317-341-3876	-		
	14040 Manguary County County TN 46032			

2011)

Theta Kappa Inc. LAMBDA CHI ALPHA

23-7132598

⊃age **7**

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Erik Jansen										
President	2.00					<u>L</u> .		0.	0.	0
(2) Jim Nordmeyer										
Vice President	2.00	<u>L</u> .						0.	0.	0
(3) Steve Nerney										
Treasurer	2.00							0.	0.	0
(4) Jeff Myers										
Secretary	2.00	_				ļ		0.	0.	0
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Pai	t VII Section A. Officers, Directors, Tr		nplo	yee	s, a	nd l	High	<u>est</u>			 -			
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable			ımate	
		hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	1 '	compensation			ount c	of
		week (describe		Ter all		T	T	100,	from	from related			ther	
		hours for	Individual trustee or director				1_		the	organizations (W-2/1099-MISC	,,	•	ensat m the	
		related	eord	ee		{	safed	l	organization (W-2/1099-MISC)	(44-271099-141130	"丨		nızatı	
		organizations	truste	Institutional trustee		9	mge]	(11 27 1000 111100)		j	_	relate	
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	Sub-total .			٠					0.		<u>0.</u>			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable				_
	compensation from the organization			-									7	<u> </u>
											г		Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mpk	oyee	, or	highest compensated e	mployee on		ł	- {	
	line 1a? If "Yes," complete Schedule J for										}	3		<u>X</u>
4	For any individual listed on line 1a, is the s	•		-					•	the organization			Ì	
	and related organizations greater than \$15	i0,000? If "Yes,	" co	mpl	ete .	Sch	edul	e J	for such individual		.	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	an	y uni	elat	ted organızatıon or indıv	idual for services	1]	}	
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J f</i>	or s	<u>uch</u>	per	son_					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	ation fr	om	
	the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	ıthı	n the organization's tax	year.				
	(A)							1	(B)			(C)	
	Name and business	address	N(NC	E				Description of s	services	C	omper	satio	n
								_ }						
		· -												
								- [
			_				_							
									}					
					_									
									1	†				
	Total number of independent contractors	including but a	not fi	mito	d to	the	nse li		d above) who received n	nore than				
_	\$100,000 of compensation from the organ	-					0	J. (J.	a aboro, milo idogivou ii					
	g roo,ooo or compensation from the organ	izatiU(1			—		<u> </u>						200 "	2044

Statement of Revenue Part VIII (**D)** Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Moncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 2 a Fraternity House 531190 75,600. 75,600. Program Service Revenue f All other program service revenue 75,600 q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 75,607. 75,600. 0. Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	se to any question in thi		· <u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			-	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			-	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			·	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			<u> </u>	
10	Payroll taxes				
11	Fees for services (non-employees):		}		
а	Management .				
b	Legal				
С	Accounting	2,085.	2,085.		
d	Lobbying .				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .				
13	Office expenses .				
14	Information technology				
15	Royalties .				
16	Occupancy .				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,993.	6,993.		
23	Insurance	8,213.	8,213.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	Repairs & Maintenence	6,974.	6,974.		
b	Conference Calls & Comm	254.	254.	· · · · · · · · · · · · · · · · · · ·	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,519.	24,519.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			· 	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			52,864.	1	98,740.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, di	rectors	, trustees, key			
	•	employees, and highest compensated employee					
	ł	of Schedule L		`		5	
	6	Receivables from other disqualified persons (as	define	d under section			
	ĺ	4958(f)(1)), persons described in section 4958(c)			:		
	1	employers and sponsoring organizations of sect		·			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net			7		
Assets	8	inventories for sale or use		8			
•	9	Prepaid expenses and deferred charges		Ť		9	
	10a		1	ı			
	100	basis. Complete Part VI of Schedule D	10a	523.016.		 	
	ь	Less: accumulated depreciation	10b	523,016. 13,346.	504,457.	10c	509,670.
	11	Investments - publicly traded securities		11	= <u></u>		
	12	Investments - other securities. See Part IV, line 1	171,227.	12	192,552.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	728,548.	16	800,962.		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	•	Ť		20	
s	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
iğ	_	highest compensated employees, and disqualifi				l i	
Ë	ļ	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
	İ	Schedule D		,		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S	İ	lines 27 through 29, and lines 33 and 34.				1	
ည	27	Unrestricted net assets			728,548.	27	800,962.
aga	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets		•		29	
Š		Organizations that do not follow SFAS 117, c	heck h	ere ▶ ☐ and			
ř		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed	uunme	ent fund		31	
ţ	32	Retained earnings, endowment, accumulated in		F		32	
Š	33	Total net assets or fund balances	JUITE,	J. Saloi lando	728,548.	33	800,962.
	34	Total liabilities and net assets/fund balances		·	728,548.	34	800,962.
	<u> </u>	Total habilities and her assers/fully balafices			,20,5±0.		Form 990 /2011

Form	990 (2011) Theta Kappa Inc. LAMBDA CHI_ALPHA	<u> </u>	<u> 134398 </u>	Page	<u>: 12</u>		
Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,60 ,51			
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,5 <u>4</u> .,32			
5	5 Other changes in net assets or fund balances (explain in Schedule O) 5						
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X,-line 33, column (B))	6	800	96,	<u>2.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ 1 1				
	If the organization changed its method 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		<u>X</u> _		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	i i				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	{ {	[
	separate basis, consolidated basis, or both:]			
	Separate basis Consolidated basis Both consolidated and separate basis			Ì			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1				
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	- {	1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l_			
			Form \$	990 (20	011)		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Theta Kappa Inc. LAMBDA CHI ALPHA

Employer identification number

23-7132598 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area □ Preservation of land for public use (e.g., recreation or education). Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 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 170(h)(4)(B)(i) _ Yes No and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		appa Inc. 1							<u> 32598</u>	
Pa	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	s, čheck :	any of the	following tha	t are a sig	gnificant i	use of its	collection i	items
	(check all that apply).									
а	Public exhibition	d	L	oan or excl	hange progra	ams				
b	Scholarly research	е	L_] 0	ther						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ne organizati	on's exen	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or					er sımılar	assets		7	
_	to be sold to raise funds rather than to be ma								Yes	<u>No</u>
Pai	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered '	"Yes" to I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for co	ontribution	s or other as	sets not	included	Γ	٦	<u></u>
	on Form 990, Part X?								」Yes	L No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing ta	ıble.						
									Amount	
C	Beginning balance				•		1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
1	Ending balance	000 D. 4 V I	040				1f		7	No
	Did the organization include an amount on Fo	orm 990, Part X, line	217					L_	」 Yes	NO
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete if	the erganization an	ewered "	Vos" to For	rm 990 Part	IV line 1				
1 di	Litaovinenti anas. Complete ii				(c) Two year			vaare hack	(a) Four V	rears back
4	Paginning of year halance	(a) Current year	(6) (7)	or year	(C) I WO year	5 Dack	u) Tillee y	cais back	(e) i our y	cars Dack
1a	Beginning of year balance Contributions									
D	•					+		· · · · ·		
C	Net investment earnings, gains, and losses								 	
a	Grants or scholarships								 -	
е	Other expenditures for facilities									
	and programs									
'	End of year balance					+				
9 2	Provide the estimated percentage of the curr	ent year and balanc	e (line 1a	column (s	// held as:				l	 -
-	Board designated or quasi-endowment	•	%	, column (e	ij) ricia as.					
h	Permanent endowment	%								
-	Temporarily restricted endowment	^%								
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation that	are held a	nd administe	ered for th	ne organiz	zation		
	by:						J		<u></u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•	•			3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedu	ıle R?		•	·		3b	
4	Describe in Part XIV the intended uses of the									
Par										
	Description of property	(a) Cost or o			or other	(c) A	cumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	preciation			
1a	Land .									
	Buildings	495,	796.				2,2	12.	493	,584.
С	Leasehold improvements									
d	Equipment	27,	220.				11,1	34.	16	,086.
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	10(c))				509	<u>,670.</u>

Schedule D (Form 990) 2011

Theta Kappa Inc. LAMBDA CHI ALPHA

Schedule D (Form 990) 2011

23-7132598 Page 3

	dule D (Form 990) 2011 Theta Kappa Inc. LAMBDA CHI ALPHA			598 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ncial Sta	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		75,607.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		24,519.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		51,088.
4	Net unrealized gains (losses) on investments	4		21,326.
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		21,326.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	- Boturn	72,414.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per		
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:		1	
a	Net unrealized gains on investments 2a			
ь	Donated services and use of facilities		_	
C	Recoveries of prior year grants 2c		 	
d	Other (Describe in Part XIV.)		_	
е	Add lines 2a through 2d .			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
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 Seturn	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses p	er neturn	
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 2a			
b	Prior year adjustments . 2b			
С	Other losses			
d	Other (Describe in Part XIV)		- 	
e	Add lines 2a through 2d		. <u>2e</u>	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		<u> </u>	
	Other (Describe in Part XIV)		-	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I			
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to p	rovide any	additional inform	ation.

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Theta Kappa Inc. LAMBDA CHI ALPHA	<u> 23-7132598</u>
Form 990, Part VI, Section B, line 11: This 990 has been	reviewed by the
executive committee before filing.	
Form 990, Part VI, Section C, Line 19: All governing docu	uments, conflict
of interest policies, and financial statements are availa	able to the public
upon request.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments:	21,326.
Net diffed 12ed gaths on theestments.	21,320.

(g) Section 512(b)(13) Employer identification number 23-7132598 Open to Public Inspection OMB No 1545-0047 controlled Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets status (if section e Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code Ŧ section 501(c)(3) ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Indiana LAMBDA CHI ALPHA ▶ Attach to Form 990. Primary activity Primary activity Fraternity Theta Kappa Inc. 8741 Founders Road, Indianapolis, IN Lambda Chi Alpha Educational Foundation Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part 46268 Inc

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

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23-7132598 Page 2

Schedule R (Form 990) 2011 Theta Kappa Inc. LAMBDA CHI ALPHA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	l l	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	(j) (k) General or Percentagé managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	s a Corpo	oration or Trust (Coryear.)	nplete if the or	ganization	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	to Form 990, Par	t IV, line 34 b	ecause it had or	ne or more	related
(a) Name, address, and EIN of related organization	N. C		(b) Primary activity		(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) total Share of end-of-year assets		(h) Percentage ownership
132162 01-23-12				19					Schedule	B (Form	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Theta Kappa Inc. LAMBDA CHI ALPHA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	, S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
						;
† Sale of assets to related organization(s)				=	1	×
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				th Th		×
i Lease of facilities, equipment, or other assets to related organization(s)				;=	7	×
i lease of facilities equinoment or other assets from related organization(s)				Ţ		×
J. Least Office (1977) September of september of members of tradesisma solutions for related organization(s)	anization(s)			= =	1	(×
Deformance of sensions or membership or fundraining solicitations by	ariization(s)			₹ ∓	+	(×
m Sharing of facilities equipment mailing lists or other assets with related organization(s)	inn(s)			ξ.		×
				=		×
 Reimbursement paid to related organization(s) for expenses 				10	-	×
p Reimbursement paid by related organization(s) for expenses				đ		×
					_	
q Other transfer of cash or property to related organization(s)				10		×
r Other transfer of cash or property from related organization(s)				+	-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved	р		!
(1)						
6						
[7]						
(3)						
(4)						
					j	
(5)						
(9)						1
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partitions	tructions regarding exclu-	SION IOI CETTAIN INVE	semilerit parmersings	-						
(a)	(q)		(g)	(e)		(6)	Ξ	(C)	9	(X
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	9 partners sec 501(c)(3) 01gs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage tonners amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General of managin partner?	Percentage ownership
		country)	under section 512-514) Ye	N S	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2011 Supplemental Info	Theta Kappa	Inc.	LAMBDA	CHI ALPHA	23-7132598 F	age 5
Part VII	Supplemental Info	rmation					
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	Complete this part to pro	vide additional information	n tor resp	onses to ques	tions on Schedule H (s	ee instructions)	
	 						
							
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