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A For the 2012 calendar year, or tax year beginning 06-01-2012

DLN: 93492105005154

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

Inspection

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

, and ending 05-31-2013

Inspection

B Check if applicable			C Name of organiza SIGMA KAPPA SO		ADTED							DE	mploy	er ide	entification number
Address change Name change Initial return												4	18-041	7710	
			Number and stree 8733 FOUNDERS		८, ıf maıl ıs not	delivered to	o street add	ress) Rooi	m/suite	!		ΕT	elepho	ne nun	nber
_	emina								(317)	872-3275					
Amended return City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46268							p Exemption								
Γ	Application pending Number						0594								
ΙW	ebsite	ting Method								re	equire	d to a	ttach	Sche	nızatıon ıs not dule B 990-PF)
J Tax	c-exem	npt status(check o	only one)— 501(c)(3) 501(c	c)(7) ◄ (ınsert	: no)	947(a)(1) oı	- Г 527							
norr inst L A c	nally i ructio dd line	ns) But if the order 5b, 6c, and 7 (B) below) are \$	50,000 A Forn rganization choose b, to line 9 to do 500,000 or mo	n 990-EZ or oses to file a etermine gro re, file Form and Chang	Form 990 rareturn, be soss receipts 990 instead	eturn is n sure to file If gross d of Form t Assets	ot require e a comple receipts a 990-EZ or Fun	d though ete retur ere \$200	h Form n),000 nces	orm (se	o-N (e lore, ol	-post	card) al ass \$\blue \$ 1 ctions	may sets (15,2	Part II, line 25,
		Check if the	organization us	ea Scheaule	O to respon	nd to any	question	IN THIS P	art I	• •		• • •	• • •	• •	
	1	Contributions,	gıfts, grants, ar	nd sımılar an	nounts recei	ıved .								1	7,415
	2	Program servi	ce revenue incli	ıdıng govern	ıment fees a	nd contra	cts .							2	
	3	Membership di	ues and assess	ments .										3	92,130
	4	Investment in	come										•	4	
	5a	Gross amount	from sale of ass	ets other th	ian inventor	у .			. <u>L</u> !	5a					
ē	ь	Less cost or o	other basıs and	sales expen	ses .				. [5b					
Revenue	c	Gain or (loss)	from sale of ass	ets other tha	an inventory	/ (Subtrac	t line 5b f	rom line	5a)					5c	
Se.	6	Gaming and fundraising events								_					
	а														
	b		from fundraising ng events report				of of	contribu	tions						
		sum of such gr	oss income and	l contribution	ns exceeds	\$15,000)			5b					
	c	Less direct ex	xpenses from ga	ımıng and fur	ndraising ev	ents			. [6с					
	d	Net income or	(loss) from gam	nng and fund	traising ever	nts (add l	ines 6a ar	nd 6b an	d subt	tract	line 6	c)		6d	
	7a	Gross sales of	finventory, less	returns and	allowances				. 2	7a					
	ь	Less cost of g	goods sold						2	7b					
	c	Gross profit or	(loss) from sale	es of invento	ory (Subtrac	t line 7b f	rom line 7	a) .						7c	
	8	O ther revenue	(describe in Sc	hedule O)										8	15,704
	9	Total revenue.	. Add lines 1, 2,	3,4,5c,6d	, 7c, and 8	<u> </u>	<u> </u>						•	9	115,249
	10	Grants and sin	nılar amounts p	aıd (lıst ın So	chedule O)									10	
	11	Benefits paid t	o or for member	·s										11	
	12	Salaries, other compensation, and employee benefits					12								
S d S	13						13								
ens	14	Occupancy, rent, utilities, and maintenance			14	14,552									
Expenses	15			•	15	2,193									
	16	O ther expense	es (describe in S	Schedule O)									•	16	105,380
	17	Total expenses	s. Add lines 10	through 16	<u> </u>		<u></u>	<u>.</u>	<u>.</u>	<u>.</u> .	<u>.</u> .		•	17	122,125
ಲ	18	Excess or (def	ficit) for the yea	r (Subtract li	ıne 17 from	line 9)	•							18	-6,876
9.5.S	19	Net assets or t	fund balances a	t beginning o	of year (from	ı lıne 27,	column (A	()) (mus	t agre	e wit	h				
etAssets		end-of-year fig	gure reported on	prior year's	return)									19	25,031
ž	20	O ther changes	ın net assets o	r fund balan	ces (explair	ın Sched	lule O)							20	0
	21	Net assets or	fund balances a	t end of year	r Combine l	ınes 18 tl	nrough 20						•	21	18,155
		1 0 1	A . N												200 ===

Check if the organization use	ed Schedule O to respond to	any question in t	his Part	: II	<u></u>	<u></u>
			(A) E	Beginning of year		(B) End of year
22 Cash, savings, and investments .				25,031	22	18,155
23 Land and buildings					23	
24 Other assets (describe in Schedule	0)			0	24	
25 Total assets				25,031	25	18,155
26 Total liabilities (describe in Schedule	eO)			0	26	0
27 Net assets or fund balances (line 27	of column (B) must agree w	ith line 21)		25,031	27	18,155
Part III Statement of Program Check if the organization us	ed Schedule O to respond to					Expenses equired for section 501)(3) and 501(c)(4)
What is the organization's primary exempTO PROVIDE WOMEN LIFELONG OPPCSPIRITUAL DEVELOPMENT BY BRINGICOMMUNITIES	ORTUNITIES AND SUPPOR NG WOMEN TOGETHER TO	O POSITIVELY I	MPACT	OUR	org 49	ganizations and section 47(a)(1) trusts, tional for others)
Describe the organization's program serv measured by expenses In a clear and co benefited, and other relevant information	ncise manner, describe the					_
28 SOCIAL FORMAL AND INFORMAL S CONNECT (Grants \$ 0) Ift						
29 RECRUITMENT INCREASE CHAPTE	his amount includes foreign	<u> </u>			28a	0
NEW MEMBERS TO MEET AND INTERA		ERS			29a	0
30						
(Grants \$) If t	hıs amount ıncludes foreıgn	grants, check her	e .	▶┌	30a	
31 Other program services (describe in S (Grants \$)	chedule O) his amount includes foreign	grants, check her	·е		31a	
32 Total program service expenses (add					32	
Part IV List of Officers, Directors, To Check of the organization use	rustees, and Key Employees	List each one even if	not comp	pensated (see the instr		
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportab compensation (Forms W-2/10 MISC) (if not enter -0-)	on)99- paid,	(d) Health benef contributions t employee benefit p and deferred compensatior	o lans,	(e) Estimated amount of other compensation
See Additional Data Table						

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>v</u>		<u>l~ </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 -, section 4912 -, section 4955 -			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of PENNY PICKETT Telephone no	(31	7)872	-3275
	Located at • 8733 FOUNDERS ROAD INDIANAPOLIS, IN ZIP + 4	<u>46</u>	268	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No No
	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.			
C	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		Νo
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 「
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O			<u> </u>
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	012)						Page 4
						Yes	No
	ganization engage, directly s for public office? If "Yes,"			ehalf of or in opposition to	L		No
All	ection 501(c)(3) orga section 501(c)(3) orga	_	questions 47-49b ar	nd 52, and complete th	e tables	s for lir	nes 50
	l d 51 leck if the organization used	d Schedule O to respond to	o any question in this P	art VI			Г
						Yes	No
	ganızatıon engage ın lobbyıı omplete Schedule C, Part I		tion 501(h) election in		·? 47		
IS Is the orga	anızatıon a school as descri	ıbed ın section 170(b)(1)((A)(II)? If "Yes," comple	ete Schedule E .	. 48		
19a Did the org	ganızatıon make any transfe	ers to an exempt non-char	ritable related organizat	ion?	. 49a		
b If "Yes," w	was the related organization	a section 527 organization	on?		. 49b		
	this table for the organizations) who each received more t						
	itle of each employee paid than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	of othe		amoun ensatior
f Total nur	mber of other employees pa	nd over \$100,000 .			▶		
1 Complete of compen	mber of other employees pa this table for the organization sation from the organization and address of each indepe	on's five highest compens n If there is none, enter "I	None "	actors who each received (b) Type of service		an \$10 Compen	
1 Complete of compen	this table for the organizations	on's five highest compens n If there is none, enter "I	None "				
1 Complete of compen	this table for the organizations	on's five highest compens n If there is none, enter "I	None "				
1 Complete of compen	this table for the organizations	on's five highest compens n If there is none, enter "I	None "				
Complete of compen	this table for the organizations	on's five highest compens n If there is none, enter "I	None "				•
51 Complete of compen	this table for the organizations	on's five highest compens n If there is none, enter "I	None "				•
d Total nur	this table for the organizations	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000 gover \$100,000 n 501(c)(3) organizatio	(b) Type of service ▶ ns and 4947(a)(1)		Compen	sation
d Total nur 2 Did the onexen	this table for the organization from the organization and address of each independent of other independent of organization organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service	(c)	Compen Yes	sation
d Total nur 2 Did the onowledge and be nowledge.	this table for the organization sation from the organization and address of each independent of the organization of the organization complete Schempt charitable trusts must a figure that I have elief, it is true, correct, and contact that it is true, correct.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service	(c)	Compen Yes	sation
d Total nur 2 Did the onexen ander penalties onewledge and be nowledge.	this table for the organization sation from the organization and address of each independent of the organization complete. So the organization complete so the organization complete so the organization complete so the organization complete so the organization complete.	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, including	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service	(c)	Compen Yes	sation
d Total nur 2 Did the nonexen nder penalties on wiedge and be nowledge.	this table for the organization sation from the organization and address of each independent of the organization of the organization complete. So the organization complete Schempt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and contains the organization of the or	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclu- complete. Declaration of prep	over \$100,000 sover \$100,000 sover \$100,000 souding accompanying schewarer (other than officer)	(b) Type of service	(c) C	Compen Yes	sation
d Total nur 2 Did the nonexen nder penalties on owledge and be nowledge.	this table for the organization sation from the organization and address of each independent of the organization and address of each independent of the organization complete. Schempt charitable trusts must a figure from the organization complete schempt charitable trusts must a figure from the organization complete. It is true, correct, and contains the organization complete schempt charitable trusts must a figure from the organization complete.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclu- complete. Declaration of prep	e than \$100,000 g over \$100,000	(b) Type of service	to the be of which	Compen Yes	sation
d Total nur Total nur Did the onowledge and be nowledge.	this table for the organization sation from the organization and address of each independent of the organization of the organization complete. So the organization complete Schempt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and contains the organization of the or	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclusion complete. Declaration of prep	e than \$100,000 g over \$100,000	(b) Type of service	(c) C	Compen Yes	sation

Software ID: Software Version:

EIN: 48-0417710

Name: SIGMA KAPPA SORORITY XI CHAPTER

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week	(c)Reportable compensation	(d) Health benefits, contributions to	(e) Estimated amount
	devoted to position	(Forms W-2/1099- MISC) (if not paid, enter -0-)	employee benefit plans, and deferred compensation	of other compensation
SHELBY CATO PRESIDENT	2 00	0	0	0
MEGHAN MCCLOSKEY EXECUTIVE VICE PRESIDENT	2 00	0	0	0
JULIE KUDLACZ VP NEW MEMBER EDUCATION	2 00	0	0	0
LAUREN LAWTON VP MEMBERSHIPS	2 00	0	0	0
MACKENZIE OATMAN VP ALUMNAE RELATIONS	2 00	0	0	0
BAILEY PETRILLO VP SCHOLARSHIPS	2 00	0	0	0
KRISTA LOPEZ VP PHILANTHROPIC SERVICES	2 00	0	0	0
MADDIE GAUGHAN VP COMMUNICATIONS	2 00	0	0	0
KATIE GOLL VP FINANCE	2 00	0	0	0
CHARLOTTE SOUDEK PANHELLENIC DELEGATE	2 00	0	0	0

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DLN: 93492105005154

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

	Employer identifi	cation number
SIGMA KAPPA SORORITY XI CHAPTER		
	48-0417710	

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION FINES AND PENALTIES AMOUNT 10,817 DESCRIPTION MISCELLANEOUS AMOUNT 4,887 TOTAL TO FORM 990-EZ, LINE 8 15,704
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OTHER MEMBER SERVICES AMOUNT 12,084 DESCRIPTION SOCIAL ACTIVITIES AMOUNT 44,639 DESCRIPTION RECRUITING AMOUNT 11,609 DESCRIPTION DUES AMOUNT 3,847 DESCR IPTION TRAVEL AMOUNT 471 DESCRIPTION COMPOSITES AMOUNT 2,291 DESCRIPTION SCHOLARS HIPS AND DONATIONS AMOUNT 10,611 DESCRIPTION TAX PREPARATION AMOUNT 120 DESCRIPTION BANK FEES AMOUNT 6,174 DESCRIPTION FUNDRAISING AMOUNT 6,733 DESCRIPTION INSURANC E AMOUNT 6,801 TOTAL TO FORM 990-EZ, LINE 16 105,380

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: SIGMA KAPPA SORORITY XI CHAPTER

EIN: 48-0417710

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.