Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A For t	he 20	15 ca <u>l</u>	endar year, or tax year beginn	ing 06-01-2015 , and ending 05-31-20	)16		_	
B Check	ıf applic	able	C Name of organization Sigma Kappa Sorority			D Empl	oyer ide	ntification number
- Addres	s chang	e	oigina nappa soloney			01-0	15894	8
— Name	change	ŀ	Doing business as					
— Initial r	return					F. T. J		I
Final				mail is not delivered to street address) Room/s	suite	E Telepr	one num	ber
return/	termina'	ited	695 Pro-Med Lane No 300			(317	)872-3	3275
Amend — Applica			City or town, state or province, co Carmel, IN 460325323	untry, and ZIP or foreign postal code		<b>G</b> Gross	receipts :	\$ 5,970,326
		-	<b>F</b> Name and address of pr	incipal officer	H(a) I	s this a grou	n roturn	for
			JORDAN BENTLAGE			ubordinates?		TYes <b>▼</b> No
			695 Pro-Med Lane No 300 Carmel, IN 460325323		1	re all subord	lınates	□Yes □No
			Carmer, 110 +00323323		ı	ncluded?		/
Tax-e	xempt s	status	「 501(c)(3)	(insert no ) 4947(a)(1) or 527		-		(see instructions)
			W SIGMAKAPPA ORG	(4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		Group exemp	tion nui	mber ► 0594
<b>√</b> Form of	f organi	zation	Corporation Trust Associate	on Cother ►	L Year	of formation 1	874 <b>M</b>	State of legal domicile IN
Part			mary	only other r	<b>=</b> 1001	or rollingtion 1	o, ,	State of legal dofficies In
			<del>-</del>	n or most significant activities				
Governance		ck thi	s box 析 if the organization d	iscontinued its operations or disposed	of more tha	an 25% of its	net as	sets
e   3	<b>3</b> Nun	nber o	f voting members of the govern	ning body (Part VI, line 1a)			3	8
<u>တို့</u>   4	4 Nun	nber o	f independent voting members	of the governing body (Part VI, line 1b $$	)		4	8
Ĕ   :	<b>5</b> Tota	al num	ber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	54
Activities	<b>6</b> Tota	al num	ber of volunteers (estimate if			6	222	
78				Part VIII, column (C), line 12			7a	216,835
b	Netι	ınrelat	ted business taxable income fr	rom Form 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)						,000	135,000
듄 ㅣ				line 2g)		4,304	-	4,049,378
Na   10   10   10   10   10   10   10   1				nn (A), lines 3, 4, and 7d)	•		,541	-27,901
*				), lines 5, 6d, 8c, 9c, 10c, and 11e)		465	,117	489,902
12		2)	evenue—add lines 8 through 1	1 (must equal Part VIII, column (A), li	ne	5,035	,465	4,646,379
13	<b>3</b> G	irants	and similar amounts paid (Par	t IX, column (A), lines 1-3)			0	0
14	<b>4</b> B	enefit	s paid to or for members (Part	IX, column (A), line 4)			0	0
1			s, other compensation, employ	yee benefits (Part IX, column (A), lines		1,456	015	1,649,293
8		-10)						
¥				X, column (A), line 11e)	•		0	0
			ndraising expenses (Part IX, column (					
17				, lines 11a-11d, 11f-24e)		3,181,268 4,637,283		3,198,184
18				ust equal Part IX, column (A), line 25) e 18 from line 12			,182	4,847,477
Fund Baseses 50	- K	.cvcIIL	ac 1033 expenses Subtract IIIIt	5 TO HOM MIC 12		ing of Current		-201,098 End of Year
が 数据 20	0 T	otala	ssets (Part X, line 16)			8,169	,294	8,727,444
유명   T			abilities (Part X, line 26)			4,399		5,164,699
울퉁   22				t line 21 from line 20		3,769		3,562,745
Part :			ature Block				<u>'</u>	· ·
my knov	vledge	and b ny kn ****	elief, it is true, correct, and co owledge	xamined this return, including accompa mplete Declaration of preparer (other				
Here			AN BENTLAGE EXEC DIR					
			or print name and title					
			nnt/Type preparer's name ngela N Crawford CPA	Preparer's signature Angela N Crawford CPA	Date 2016-10-12	Check If self-employed	PTIN P0057:	3197
Paid						Firm's EIN 🕨 :		
Prepa	ırer		rm's name	pat Suita 400				
ر موا	holy		iiii s audiess 🗲 12000 N Mendian Stre	set build 400		Phone no (31	7) 848-8	920

Carmel, IN 46032

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

. ✓ Yes ☐ No

Form	n 990 (2015)				Page
Par	t IIII Stateme	ent of Program Service A	Accomplishments		
	Check ıf S	chedule O contains a response	or note to any line in this Part III .		
1	Briefly describe	the organization's mission			
		LIFELONG OPPORTUNITIES OGETHER TO POSITIVELY IM	AND SUPPORT FOR SOCIAL, INTE	LLECTUAL, AND SPIRITUAL	DEVELOPMENT B
	Did the organizat	non undertake any significant p	rogram services during the year which	n were not listed on	
	the prior Form 99				′es No
	If "Yes," describe	e these new services on Sched	ule O		
3	<del>-</del>	ion cease conducting, or make	significant changes in how it conducts		ſes √No
	If "Yes," describe	e these changes on Schedule O	)		
4	expenses Section	·	complishments for each of its three lai anizations are required to report the a program service reported		•
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		MENT AND EDUCATIONAL SERVICES OF E MEMBERS AND 142,000 ALUMNAE MI	F CHAPTERS AND THOSE EXPENDITURES RELATED EMBERS	TING TO THE ADMINISTRATION AND I	EDUCATION OF OVER
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PUBLICATION EXPER	NDITURES FOR THE BENEFIT AND EDU	JCATION OF THE COLLEGIATE AND ALUMNAE N	1EMBERS APPROXIMATELY 86,000 CO	OPIES ISSUED
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	EDUCATIONAL/LEAD		TION AND REGIONAL LEADERSHIP CONFERENC	ES (RLC) PROVIDED TO COLLEGIATE	and alumnae

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	Yes	
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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 employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	enest in content of content of a copenies of most to any mic in time				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable $\cdot$ .	1a	10			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend •	dors and reportable	1c	Yes	
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	54			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year <sup>?</sup>	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? $\cdot$ .			4a		No
b	If "Yes," enter the name of the foreign country ►	c and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited to the problem of	ax sh	elter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_		
62	Does the organization have annual gross receipts that are normally greater than \$10	00 00	O and did the	5с 6а	Yes	
	organization solicit any contributions that were not tax deductible as charitable cont If "Yes," did the organization include with every solicitation an express statement the	rıbutı	ons?	Oa	res	
	were not tax deductible?			6b	Yes	
а	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?		d partly for goods and	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services $p_{ij}$	rovide	ed?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?	_	zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines:	s holdings at any time	8		
Q2	Did the sponsoring organization make any taxable distributions under section 4966	-		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter	p				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	786,172			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0			
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	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	ın lıe	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? <b>N</b> additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
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				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tıon ır	Schedule O	14b		

Part VI	Governance.	Management,	and	Disclosure

Se	ction 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 8			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	-
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	O ther officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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		No
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 exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶PENNY NASH 695 PRO-MED LANE SUITE 300 CARMEL, IN 460325323 (317) 872-3275

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) CHERI DEJONG NATIONAL PRESIDENT	15 00	х		х				0	0	C
(2) JANEL KASOWSKI VP FOR ALUMNAE	15 00	x		×				0	0	C
(3) CAROL BETH IVORY  VP FOR COLLEGIATE CHAPTERS	15 00	х		х				0	0	C
(4) MARY ELLEN ELKINS  VP FOR MEMBERSHIP	15 00	х		х				0	0	C
(5) SARA CHACON VP FOR EXTENSIon	15 00	х		х				0	0	C
(6) COURTNEY PANIK  VP FOR PROGRAMming	15 00	х		х				0	0	C
(7) AUBRYE FOOTE  VP FOR COMMUNIcation	15 00	х		х				0	0	C
(8) REBECCA PATEL  VP FOR FINANCE	15 00	х		х				0	0	C
(9) JORDAN BENTLAGE EXECUTIVE DIRECTOR	40 00			х				85,491	0	11,700
(10) PENNY NASH DIRECTOR OF FINANCE	40 00			x				61,768	0	11,215

<b>s</b> (continued

	<b>(A)</b> Name and Title	Name and Title  A verage hours per week (list any hours and a director/trustee)  A verage hours per wore than one box, unless compensation compensation from the from respect to the compensation which is any hours and a director/trustee)  A verage hours per word in the from respect to the compensation which is any hours and a director/trustee)  A verage hours per word in the from respect to the compensation which is a second per word in the comp									(E) Reportable compensation from related organizations (W-	
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
					<u> </u>							
					<u> </u>							
					<u> </u>							
1b c	Sub-Total	sto Part VII. S	· · ection /	A .	•		<b>•</b>					
d	Total (add lines 1b and 1c) .	•					►		14	7,259	0	22,915
2	Total number of individuals (in \$100,000 of reportable compo	=					d abov	e) w	ho receive	d more th	aan	
												Yes No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete</i> 5	•			-	key	emplo	yee,	or highes	t compen	sated employee	3 No
4	For any individual listed on lin organization and related organ individual											4 No
5	Did any person listed on line 1 services rendered to the organ								_	anızatıon • • •	or individual for	5 No
S	ection B. Independent Co	ntractors										
1	Complete this table for your fiv	ve highest comp										
	compensation from the organiz	(A)		ation	ror '	tne	calenda	arye	ar ending		(B)	(C)
	N	lame and business	address							Des	cription of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part V	1111	Statement o	f Revenue					<u> </u>
		Check if Schedu	ule O contains a respon	se or note to any lir				<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
ant un	ь	Membership du	es <b>1b</b>					
tributions, Giffs, Grants Other Similar Amounts	С	Fundraising eve	ents <b>1c</b>	-				
iffs, ar A	d	Related organiz	ations 1d					
, G nila	e	Government grants	s (contributions) <b>1e</b>	-				
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	135,000				
uti her	'	sımılar amounts no						
îţi O	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		135,000			
				Business Code				
emuk	2a	Membership dues	ļ	900099	1,906,722	1,906,722		
Program Serwce Revenue	b	Convention and Co	onferences	900099	760,137	760,137		
	С	Liability Insurance		900099	548,301	548,301		
er er	d	Communication Fe	es	900099	331,844	331,844		
ខ្ម	е	Publications		900099	213,250	213,250		
Š 2	f	All other progra	nm service revenue		289,124	289,124		
Ŗ.	g	Total. Add lines	[ s2a-2f	+	4,049,378			
	3	Investment inc	ome (ıncludıng dıvıdenc		24,651		24,651	
	4		ar amounts) tment of tax-exempt bond p		24,031		24,031	
	4 5			<b>-</b>	244,736		244,736	
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss)  (i) Securities	<b>►</b> (II) Other				
	7a	Gross amount		(ii) O tilei				
		from sales of assets other than inventory	953,847					
	Ь	Less cost or other basis and sales expenses	1,006,399					
	c	Gain or (loss)	-52,552					
_	d		s)		-52,552		-52,552	
venue	<b>va</b>	Gross income for events (not include \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
#	b	Less direct ex	penses <b>b</b>					
-	С	Net income or (	loss) from fundraising e	vents 🛌				
	9a	Gross income for See Part IV, lin	rom gaming activities lie 19 a					
			penses b					
			(loss) from gaming activ	rities				
	TOG	Gross sales of returns and allo						
			а	562,714				
		-	oods sold <b>b</b>	317,548	345 466	345 466		
	С	Net income or (	(loss) from sales of inve	ntory <b>p</b> -	245,166	245,166		
	11a	miscellaneous	s Nevellue	Pasiliess Code				
	ь							
	С							
	d	All other revenu	ue					
	e		s 11a-11d	🕨				
	12	Total revenue	See Instructions	إ				

	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in the	hıs Part IX T	(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	159,844			
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	1,117,680			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,154			
9	Other employee benefits	237,517			
10	Payroll taxes	116,098			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	7,814			
С	Accounting	65,585			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,393			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	321,357			
14	Information technology				
15	Royalties				
16	Occupancy	102,155			
17	Travel	44,078			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	394			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,823			
23	Insurance	216,477			
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 O)				
а	RLC Expenses	689,583			
b	Collegiate Expenses	651,746			
c	Expansion Expenses	280,435			
d	Programming Expenses	219,161			
e	All other expenses	542,183			
25	Total functional expenses. Add lines 1 through 24e	4,847,477			
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1,950,927 1,744,029 1 1 568.417 2 613.424 2 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . . 3 3 101.386 4 4 261.923 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 55,513 8 30,120 8 174,071 320.815 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 758,144 10a Complete Part VI of Schedule D b 10b 605.419 185,467 10c 152,725 Less accumulated depreciation . . . . 1,344,187 11 1.798.291 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 3,744,319 15 15 3.851.124 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 8,169,294 16 8,727,444 452,782 17 **17** 341,977 Accounts payable and accrued expenses . . . . . 18 18 178.756 19 955.011 19 20 20 3.744.319 21 21 3,851,124 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 23,728 25 16,587 4.399.585 26 5,164,699 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 3.769.709 3.562.745 27 27 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 3,562,745 3,769,709 33 Total liabilities and net assets/fund balances . . . . . . . . . . .

8.727.444

8.169.294

34

1 01111	7550 (2015)			Г	aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Check it Schedule & Contains a response of note to any line in this fait XI	 T			• 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4 ,6	546,379
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	347,477
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	201,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	69,709
5	Net unrealized gains (losses) on investments	5			-5,866
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			С
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,5	62,745
Par	t XII Financial Statements and Reporting				_
	Check If Schedule O contains a response or note to any line in this Part XII			Yes	. 🔽
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant	7	2c	Yes	
_	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	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?		3a		No
Ь	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		3b		

DLN: 93493287008216

OMB No 1545-0047

**Supplemental Financial Statements** 

**SCHEDULE D** (Form 990)

Department of the Treasury

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Sigma Kappa Sorority

				_	158948
ì	Complete if the organization answer			unds (	or Accounts.
	Complete if the organization answer	(a) Donor advised fund	•	(h)	Funds and other accounts
	Total number at end of year	(a) Donor advised lunds	·	(D)	runds and other accounts
	Aggregate value of contributions to (during				
	year) Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor	advisors in writing that the	a accete held in dor	or advis	s a d
	funds are the organization's property, subject to			ioi auvi:	ΓYes ΓNo
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				
1	Conservation Easements. Comple	ete if the organization	answered "Yes" (	on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recressore). Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization	eation or education)	Preservation of ar Preservation of a	certified	d historic structure
	easement on the last day of the tax year	neid a qualifica conscivat	ion contribution in		Tor a conservation
					Held at the End of the Year
	Total number of conservation easements			2a	
	Total acreage restricted by conservation easeme			2b	
	Number of conservation easements on a certified		. ,	2c	
	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06	, and not on a	2d	
	Number of conservation easements modified, tra	nsferred, released, exting	uished, or terminate	ed by th	e organization during the
	tax year ▶				
	Number of states where property subject to cons	ervation easement is loca	ted <b>►</b>		
	Does the organization have a written policy regain violations, and enforcement of the conservation of		ng, inspection, han	dling of	┌ Yes ┌ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vio	olations, and enforc	ing cons	servation easements during the
	<b>-</b>				
	A mount of expenses incurred in monitoring, insp	ecting, handling of violation	ns, and enforcing c	onserva	ation easements during the yea
	• \$				
	Does each conservation easement reported on li (B)(ı) and section 170(h)(4)(B)(ıı)?	ne 2(d) above satisfy the	requirements of sec	ction 17	(0 (h)(4 )
	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the org			•
t	Organizations Maintaining Collection Complete if the organization answer			or Oth	ner Similar Assets.
	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not r assets held for public ex	to report in its reve hibition, education,	or resea	arch in furtherance of public
	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public ex			
i)	Revenue included on Form 990, Part VIII, line	1		<b>F</b> \$	
i)	Assets included in Form 990, Part X				
	If the organization received or held works of art, following amounts required to be reported under S			or financ	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	1 🛊 🛊 1	Organizations Maintaining (continued)	Collections of A	Art, H	istoric	al Tre	asures,	or O	ther Sim	ilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	cords,						ant us	e of its	
а	┌ P	ublic exhibition		d	ļ	oan or	exchange	progra	ams			
b	┌ s	cholarly research		е	Γ (	Other						
c	ГР	reservation for future generations										
4	Provide Part X	de a description of the organization?	s collections and ex	plain h	ow they 1	urther	the organiz	atıon'	's exempt p	urpose	ın	
5	Durin	g the year, did the organization solic	cit or receive donati	ons of	art, histo	rıcal tr	easures or	other	sımılar			
		s to be sold to raise funds rather th		as part	t of the o	rganıza	ition's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	n 990, F	art IV	, line 9, o	r rep	orted an a	amour	nt on Form	า 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediai	ry for cor	ntributi	ons or othe	rass		┌ Yes	√ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the f	ollowing	table				Am	ount	
c	Beg	ginning balance						1c				
d	A d	ditions during the year						1d				
e	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21	, for esc	row or	custodial a	ccour	nt liability?	✓ Yes	┌ No	
b	If"Ye	s," explain the arrangement in Part	XIII Check here ıf	the exp	olanation	has be	en provide	d ın P	art XIII   .			⊽
Pai	t V	Endowment Funds. Comple	te if the organiza	tıon ar	nswered	"Yes'	' to Form	990,	Part IV, lı	ne 10	-	
			(a)Current year	(b)	Prior year	b (	<b>c)</b> Two years	back	<b>(d)</b> Three yea	rs back	(e)Four yea	ars back
1a	Begir	nning of year balance										
b	Conti	ributions										
c	Net II losse	· · · · · · · · · · · · · · · · · · ·										
d	Grant	ts or scholarships										
e		r expenditures for facilities rograms										
f	• A dmi	nistrative expenses						-				
, g		of year balance						$\dashv$				
2		de the estimated percentage of the	Lurrent vear and hal	l Ianca (I	ıne 1a c	olumn	(a)) hald as	L				
a		I designated or quasi-endowment 🕨	carrency car ena bar	ianice (i	me rg, e	oranni	(4)) 11014 43	•				
u b		anent endowment										
С	•	orarily restricted endowment <b>&gt;</b> ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a	organ	nere endowment funds not in the pos ization by related organizations	_	nızatıoı	n that ar	e held a	and adminis	stered	for the	3-	Yes	No
		lated organizations			• •					_	(ii)	
ь		es" on 3a(ii), are the related organizations								-	Bb	
4	Desci	ribe in Part XIII the intended uses o	of the organization's	endow	ment fun	ds						
Par	t VI	Land, Buildings, and Equip		_								
		Complete if the organization a Description of property	inswered 'Yes' to	Form	990, Pa (a Cost or ot (invest	) her basis	(b	) her bas	Accu	Part X mulated reciation		k value
1a	and				(IIIVC3L		(50)	,				
		gs										
		nold improvements		. +				48,25	52	5,6	01	42,651
		nent		.				709,89		599,8	_	110,074
	-											
е (	Other		<u> </u>									

See Form 990, Part X, line 12.  (a) Description of security or catego	ru l	( <b>b)</b> Book value	(c)Method of valuation
(including name of security)	ı y	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
,			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.  Complete if the organization answer	ed 'Yes' on Form 99	Ο Part IV line 11c o	5 000 B 1 V 1 40
(a) Description of investment	ed Tes On Torrin 33	(b) Book value	(c) Method of valuation
(4, 2 3331, 3131, 3		(2, 200 14.40	Cost or end-of-year market value
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Des		Form 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value  3,851,124
Part IX Other Assets. Complete if the organiza  (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza  (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza  (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza  (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza  (a) Des	tion answered 'Yes' on	Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza  (a) Des  (1) Funds held for chapters	tion answered 'Yes' on		(b) Book value 3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organiza  (a) Des	tion answered 'Yes' on scription		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of the consequence of the con	e 15.)  rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of the consequence of the con	tion answered 'Yes' on scription		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15.)  rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
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Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
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(a) Des (1) Funds held for chapters  Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere		(b) Book value  3,851,124
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) rganization answere	d 'Yes' on Form 990,	(b) Book value  3,851,124

	( )		rage .
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,946,668
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -5,866		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	311,682
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,634,986
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,393		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,393
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,646,379
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	5,153,632
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		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	317,548
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,836,084
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 11,393		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,393
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	4,847,477

### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

ACCOUNT FOR ALL CHAPTER FUNDS THE RESPONSIBILITY OF THE RECEIPT AND DISBURSEMENT OF THOSE FUNDS LIES SOLELY WITH THE INDIVIDUAL CHAPTERS  Part X, Line 2  THE SORORITY IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE AND SIMILAR STA LAWS THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION IS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMAN OF ITS EXEMPT PURPOSE INCOME TO THE EXTENT SUCH INCOME IS NOT SET ASIDE FOR CHARITABLE AND EDUCATIONAL PURPOSES INCOME THAT IS PROPERLY SET ASIDE FOR CHARITABLE AND EDUCATIONAL PURPOSES INCOME THAT IS PROPERLY SET ASIDE MBE USED FOR THE QUALIFYING PURPOSES INCOME THAT IS PROPERLY SET ASIDE MBE USED FOR THE QUALIFYING PURPOSES AS OUTLINED IN THE SET ASIDE RESOLUTION THAT HOUST ANDING BALANCE OF FUNDS SET ASIDE AS OF MAY 31, 2016 AND 2015 WAS \$488,018 AND \$244,484, RESPECTIVELY ACCOUNTING PRINCIPLES GENERALLY ACCE IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SORORITY AND RECOGNIZE A TAX LIABILITY IF THE SOROR HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY KAITOUS FEDERAL AND STATE TAXING AUTHORITY MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SORORITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITION TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILID OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SORORITY HA FILED ITS FEDERAL AND STATE TAXING JURISDICTIONS ON HOWEVER, AS THE DATE THE FINANCIALS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS I ANY TAX PERIODS THROUGH MAY 31 2015 AND TS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVER, AS THE DATE THE FINANCIALS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS I ANY TAX PERIODS TO PERIODS THROUGH MAY 31 2015 AND TS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVE	Return Reference	Explanation
TAXES UNDER SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE AND SIMILAR STA LAWS THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION IS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMAN OF ITS EXEMPT PURPOSE INCOME EARNED FROM NON-MEMBERS IS RECOGNIZED AS UNRELATED BUSINESS INCOME TO THE EXTENT SUCH INCOME IS NOT SET ASIDE FOR CHARITABLE AND EDUCATIONAL PURPOSES INCOME THAT IS PROPERLY SET ASIDE ME BE USED FOR THE QUALIFYING PURPOSES AS OUTLINED IN THE SET ASIDE RESOLUTION THE OUTSTANDING BALANCE OF FUNDS SET ASIDE AS OF MAY 31, 2016 AND 2015 WAS \$488,018 AND \$244,484, RESPECTIVELY ACCOUNTING PRINCIPLES GENERALLY ACCE. IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SORORITY AND RECOGNIZE A TAX LIABILITY IF THE SOROR HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITY MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SORORITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITION TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILI OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SORORITY HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH MAY 31 2015 AND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVER, AS THE DATE THE FINANCIALS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS ANY TAX PERIODS IN PROGRESS THESE INCOME TAX RETURNS ARE GENERALLY OPEN ANY TAX PERIODS IN PROGRESS THESE INCOME TAX RETURNS ARE GENERALLY OPEN ANY TAX PERIODS IN PROGRESS THESE INCOME TAX RETURNS ARE GENERALLY OPEN APPROVED EXTENSIONS)  PART XI, Line 2d - Other  Adjustments	Part IV, Line 2b	
Adjustments	Part X, Line 2	THE SORORITY IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE LAWS THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION IS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE INCOME EARNED FROM NON-MEMBERS IS RECOGNIZED AS UNRELATED BUSINESS INCOME TO THE EXTENT SUCH INCOME IS NOT SET ASIDE FOR CHARITABLE AND EDUCATIONAL PURPOSES INCOME THAT IS PROPERLY SET ASIDE MUST BE USED FOR THE QUALIFYING PURPOSES AS OUTLINED IN THE SET ASIDE RESOLUTION THE OUTSTANDING BALANCE OF FUNDS SET ASIDE AS OF MAY 31, 2016 AND 2015 WAS \$488,018 AND \$244,484, RESPECTIVELY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SORORITY AND RECOGNIZE A TAX LIABILITY IF THE SORORITY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SORORITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SORORITY HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH MAY 31, 2015 AND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVER, AS OF THE DATE THE FINANCIALS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE FINANCIAL SHATE FILED OR TITS DUE DATE (INCLUDING
Part XII. Line 2d - Other COST OF GOODS SOLD 317.548		COST OF GOODS SOLD 317,548
A djustments	Part XII, Line 2d - Other Adjustments	COST OF GOODS SOLD 317,548

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS SCHEDULE O

UNTANT

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493287008216

OMB No 1545-0047 2015

Employer identification number

Open to Public Inspection

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-F7 or to provide any additional information. ► Attach to Form 990 or 990-F7.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Sigma Kappa Sorority 01-0158948 990 Schedule O, Supplemental Information Return Reference Explanation Form 990. Part VI. SIGMA KAPPA SORORITY HAS COLLEGIATE AND ALUMNAE MEMBERS MOST MEMBERS ARE ASKED TO JOIN Section A. line 6 THROUGH A MUTUAL SELECTION PROCESS BY COLLEGIATE CHAPTERS OF THE ORGANIZATION SOME MEMBERS ARE ASKED TO JOIN THROUGH A MUTUAL SELECTION PROCESS AFTER GRADUATION FROM COLLEGE Form 990. Part VI. ALL MEMBERS OF THE GOVERNING BODY ARE ELECTED BY DELEGATES TO THE BIENNIAL CONVENTION OF T Section A. line 7a HE ORGANIZATION DELEGATES ARE MEMBERS ELECTED BY COLLEGIATE AND ALUMNAE CHAPTERS TO REPRE SENT THOSE CHAPTERS OR ARE APPOINTED NATIONAL OFFICER MEMBERS OF THE ORGANIZATION Form 990. Part VI. A COPY OF THE FORM 990 IS PROVIDED TO THE NATIONAL COUNCIL. THE AUDIT COMMITTEE. THE EXECU Section B. line 11 TIVE DIRECTOR, AND THE DIRECTOR OF FINANCE, ALL INDIVIDUALS REVIEW THE FORM 990 AND PROVID E COMMENT PRIOR TO THE FILING OF THE RETURN. Form 990, Part VI. ANNUAL CONFLICT OF INTEREST DISCLOSURES ARE MONITORED BY THE ANNUAL CONFLICT OF INTEREST P Section B. line 12c OLICIES SIGNED BY THE EMPLOYEES And national council Form 990. Part VI. THE NATIONAL COUNCIL REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS Section B. line 15 AND APPROVES INCREASES. WHEN WARRANTED BY PERFORMANCE, BASED GENERALLY ON COST-OF-LIVING **ADJUSTMENTS** Form 990, Part VI, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL Section C. line 19 STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990. Part IX. National Organization Expenses 122,796 Triangle Expenses 119,459 Membership Expenses 102 ,398 NPC Expenses 99,805 National President Expenses 55,594 Alumnea Expenses 29,076 Ba line 24e nk Fees 13,055 Form 990. Part XII. THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS APPOINTED BY THE National Council THIS CO. Line 2c MMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AS WELL AS SELECTING AN INDEPENDENT ACCO