



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE BELOW			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL AND SPIRITUAL DEVELOPEM BRINGING WOMEN TOGETHER TO (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 POSTIVELY IMPACT OUR COMMUNITIES (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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 ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	12,799
b	Gross receipts, included on line 9, for public use of club facilities	39b	1
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 is it 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	40b	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ CHAPTER VP OF FINANCE Telephone no ▶ (317) 445-7702 2073 UNIVERSITY STATION Located at ▶ CLEMSON, SC ZIP + 4 ▶ 296321001		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	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 ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ▶ _____

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer *****	Date 2010-10-01
	Type or print name and title RIANNA OSTREICH VP FINANCE	

Paid Preparer's Use Only	Preparer's signature THOMAS G FERKINHOFF CPA	Date 2010-10-13	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS G FERKINHOFF PROF CO 817 E WASHINGTON ST WINCHESTER, IN 47394			EIN ▶
				Phone no ▶ (765) 584-0912

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 26-4233738
Name: SIGMA KAPPA SORORITY KAPPA PI

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MORGAN LEE 110 IVY HALL LANE GREENWOOD, SC 29649	PRESIDENT 15	0	0	0
MORGAN ONEILL 4030 MURANO BAY DR BOYNTON BEACH, FL 33435	V PRESIDNT 15	0	0	0
LAUREN CARTER 611 BYWATER PL GREENVILLE, SC 29617	VP EDUCATN 15	0	0	0
REBECCA MORRIS 90 RIVER POINTE DR NORTH AUGUSTA, SC 29860	VP MEMBRSH 15	0	0	0
KELLER BUMGARDNER 240 ALSTON CIR LEXINGTON, SC 29072	VP ALUMNAE 15	0	0	0
MADELYN WEEKS 4089 BAMOROUGH DR FORT MILL, SC 29715	VP SCHOLAR 15	0	0	0
RIANNA OSTREICH 2043 WHALEN AVE MERRICK, NY 11566	VP FINANCE 15	0	0	0
MARY BETH WEIR 18 KEENAN CREEK WAY SIMPSONVILLE, SC 29680	SECRETARY 15	0	0	0
KIRSTENE LEE 110 IVY HALL LN GREENWOOD, SC 29649	PANHELLENC 15	0	0	0
MARY PIPER 2073 UNIVERSITY STATION CLEMSON, SC 29632	MEMBER CHR 15	0	0	0
ALEX ZANABONI 16 HAVENHURST DR TRABUCO CANYO, CA 92679	PHILANTHRO 15	0	0	0
ELIZABETH WILKES 2073 UNIVERSITY STATION CLEMSON, SC 29632	FOUND CHR 15	0	0	0
ERIN WATKINS 1 ONION RIVER RD WENHAM, MA 01984	SOCIAL CHR 15	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** SIGMA KAPPA SORORITY KAPPA PI**EIN:** 26-4233738**Software ID:** 09000205

Item No.	1
Class of Activity	CHARITABLE
Donee's Name	SIGMA KAPPA FOUNDATION
Donee's Address	8733 FOUNDERS RD INDIANAPOLIS, IN 46268
Amount (FMV)	678
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	678
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

TY 2009 Other Expenses Schedule

Name: SIGMA KAPPA SORORITY KAPPA PI

EIN: 26-4233738

Software ID: 09000205

Description	Amount
DUES PAID TO NATIONAL HQ	35,743
SUPPLIES	433
BAD CHECKS	157
OFFICER SUPPLIES	380
CHAPTER OVERHEAD	20,116
BANK FEES	966
GUEST AND OFFICER VISITS	1,657
MEMBER ITEMS	7,057
CHAPTER SOCIAL ACTIVITIES	25,419
RECRUITMENT	16,011
BID DAY	6,502
NEW MEMBER EXPENSES	3,894
PANHELLENIC DUES	3,283
RETREATS AND ACTIVITIES	2,858
CONVENTION	780
GIFTS AND AWARDS	365
SCHOLARSHIP	393
FOUNDERS DAY	2,171
COMPOSITES AND PICTURES	3,399
TRIANGLE	414
ACTIVITIES AND PUBLIC RELATIONS	907
INITIATION	2,214
FUND RAISING	3,666