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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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009 , and ending 05-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SIGMA KAPPA SORORITY GAMMA PHI CHAP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2709A WEST FRATERNITY COURT

City or town, state or country, and ZIP + 4
RALEIGH, NC 276062068

D Employer identification number
56-6062748

E Telephone number
(317) 872-3275

F Group Exemption Number ▶ 0594

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

I Website:▶

J Tax-Exempt status (check only one)— ☑ 501(c) (7) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 164,507

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	3,547
	2	Program service revenue including government fees and contracts		2	967
	3	Membership dues and assessments		3	149,674
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	10,319
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	164,507
Expenses	10	Grants and similar amounts paid (attach schedule)		10	5,607
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	20,858
	15	Printing, publications, postage, and shipping		15	7,436
	16	Other expenses (describe ▶)		16	137,759
	17	**Total expenses.** Add lines 10 through 16 ▶		17	171,660
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,153
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	20,608
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	13,455

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	22,371	22	13,455
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	22,371	25	13,455
26	**Total liabilities** (describe ▶)	1,763	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	20,608	27	13,455

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

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

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE CHAPTER PROVIDES WOMEN WITH LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL AND SPIRDEVELOPMENT BY BRINGING WOMEN (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 TOGETHER TO POSITIVELY 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 V Other 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 6,945			
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 ▶ NC

42a The organization's books are in care of ▶ CHAPTER VP FINANCE Telephone no ▶ (919) 833-4710

Located at ▶ 2709 W FRATERNITY COURT RALEIGH, NC ZIP + 4 ▶ 276062068

			Yes	No
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)?	42b		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 of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

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

			Yes	No
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.

		Yes	No
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		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
b	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 — 2010-10-11 — Date

CLAIRE DUFF VP FINANCE — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ THOMAS G FERKINHOFF CPA	Date 2010-10-12	Check if self-empolyed ▶ ☐	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: 56-6062748
Name: SIGMA KAPPA SORORITY GAMMA PHI CHAP

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
JESS BLOSSFELD 11005 THORNHILL CLUB DR CHARLOTTE,NC 28277	PRESIDENT 15	0	0	0
MARGARET WHITE 1848 VIRGINIA RD WINSTON SALEM,NC 27104	V PRESIDNT 15	0	0	0
WHITNEY GIMBERT 1788 RIDGE OAKS DR OAK RIDGE,NC 27310	VP EDUCATN 15	0	0	0
KELLEY SNIDER 125 WOODBURN ROAD RALEIGH,NC 27605	SECRETARY 15	0	0	0
MARY CURRENT 2 BELLINGHAUS LN GREENSBORO,NC 27455	VP ALUMNAE 15	0	0	0
SARA SEAWELL 2709 A WEST FRATERNITY RALEIGH,NC 27606	VP SCHOLAR 15	0	0	0
CLAIRE DUFF 3046 GRANVILLE DR RALEIGH,NC 27609	VP FINANCE 15	0	0	0
ALEXANDRA DOLAN 1231 GATEHOUSE RD HIGH POINT,NC 27262	SECRETARY 15	0	0	0
GRACE MANN 512 CHAMBERLIN ST RALEIGH,NC 27607	PANHELLENC 15	0	0	0
MORGAN MILLER 2820 SWAN LAKE DR HIGH POINT,NC 27262	MEMBER CHR 15	0	0	0
LAURA SEITZ 3220 ROBERA FARMS CT CONCORD,NC 28027	PHILANTHRO 15	0	0	0
SARAH WOLFE 2088 CRAIG ST WINSTON SALEM,NC 27103	FOUND CHR 15	0	0	0
JOSIE SKINNER 2713 PICARDY PL CHARLOTTE,NC 28209	SOCIAL CHR 15	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: SIGMA KAPPA SORORITY GAMMA PHI CHAP
EIN: 56-6062748
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)	5,607
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	5,607
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

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TY 2009 Other Expenses Schedule

Name: SIGMA KAPPA SORORITY GAMMA PHI CHAP
EIN: 56-6062748
Software ID: 09000205

Description	Amount
DUES PAID TO NATIONAL HQ	18,527
COMMUNICATIONS FEE	600
INSURANCE & BONDING	5,885
OFFICER SUPPLIES	214
BILLING SUPPLIES	337
BANK FEES	796
GUEST AND OFFICER VISITS	368
MEMBER ITEMS	8,402
CHAPTER SOCIAL ACTIVITIES	30,641
RECRUITMENT	14,026
BID DAY	6,682
NEW MEMBER EXPENSES	3,276
PANHELLENIC DUES	4,275
RETREATS AND ACTIVITIES	9,512
CONVENTION	8,185
GIFTS AND AWARDS	6,449
SCHOLARSHIP	1,216
FOUNDERS DAY	5,181
COMPOSITES AND PICTURES	3,629
TRIANGLE	193
ACTIVITIES AND PUBLIC RELATIONS	4,306
EDUCATION	416
INITIATION	1,369
FUND RAISING	3,274