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A For the 2009 calendar year, or tax year beginning 06-01-2009 , and ending 05-31-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SIGMA KAPPA SORORITY ALPHA DELTA		D Employer identification number  62-6074778
Address change		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 1531 W CUMBERLAND AVE - SUITE 203		E Telephone number  (317) 872-3275
Name change				
Initial return		City or town, state or country, and ZIP + 4 KNOXVILLE, TN 379163115		F Group Exemption Number 0594
Terminated				
Amended return				
Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☒ **G Accounting method** ☒ Cash ☐ Accrual  
 Other (specify) ▶

<b>I Website:</b> _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(7) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

<b>L</b> 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	<b>\$</b>	172,485
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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	216
	2	Program service revenue including government fees and contracts . . . . .						2	145,976
	3	Membership dues and assessments . . . . .						3	2,451
	4	Investment income . . . . .						4	
	5a	Gross amount from sale of assets other than inventory . . . . .				5a		5c	
	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		6c	
	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		7c		
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	23,842	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .						9	172,485	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	4,865
	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	1,410
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	64,084
	15	Printing, publications, postage, and shipping . . . . .						15	61
	16	Other expenses (describe   _____)						16	109,092
	17	Total expenses. Add lines 10 through 16 . . . . .						17	179,512
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	-7,027
	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	19,759
	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	12,732

**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 . . . . .	20,618	14,021
23	Land and buildings . . . . .		
24	Other assets (describe _____)		
25	<b>Total assets</b> . . . . .	20,618	14,021
26	<b>Total liabilities</b> (describe _____)	859	1,289
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	19,759	12,732

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (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			
<b>28</b> 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 . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b> TOGETHER TO POSITIVELY IMPACT OUR COMMUNITIES (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> 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	6,374
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 FINANCE Telephone no (865) 522-7594 1615 LAUREL AVE RM 413 Located at KNOXVILLE, TN ZIP + 4 379163115		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	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 <b>Form 1041</b> —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		2010-09-29 Date	
NICOLLE HARB VP FINANCE Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	THOMAS G FERKINHOFF CPA	Date 2010-09-30	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:  
Software Version:  
EIN: 62-6074778  
Name: SIGMA KAPPA SORORITY ALPHA DELTA

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
ERICA FRYE 1615 LAUREL AVE RM 416 KNOXVILLE,TN 37916	PRESIDENT 15	0	0	0
MORGAN DENISON 3445 BEAVER RUN DR COLLIERVILLE,TN 38017	V PRESIDNT 15	0	0	0
CONNIE SULLIVAN PO BOX 496 LEXINGTON,TN 38351	VP EDUCATN 15	0	0	0
SAMANTHA VANDERGRIFF 1342 SPRINGVIEW CT SEYMOUR,TN 37865	VP MEMBERS 15	0	0	0
JENNIFER WILLIAMS 1615 LAUREL AVE RM 414 KNOXVILLE,TN 37916	VP ALUMNAE 15	0	0	0
KRISTINA CARRODEGUAS 317 COLLINS CT SEYMOUR,TN 37865	VP SCHOLAR 15	0	0	0
NICOLLE HARB 1615 LAUREL AVE RM 413 KNOXVILLE,TN 37916	VP FINANCE 15	0	0	0
SUSAN GREGROY 8111 DEVENS DR BRENTWOOD,TN 37027	SECRETARY 15	0	0	0
WENDY CHILICKI 17573 W SUMMIT DR GRAYSLAKE,IL 60030	SOCIAL CHR 15	0	0	0
LYNDSAY WHITMORE 1615 LAUREL AVE RM 404 KNOXVILLE,TN 37916	PANHELLENC 15	0	0	0
KRISTYN ROYSTER 715 MCGUFFEY DR KNOXVILLE,TN 37934	MEMBER CHR 15	0	0	0
SAMANTHA VANDERGRIFF 1342 SPRINGVIEW CIR SEYMOUR,TN 37865	PHILANTHRO 15	0	0	0
SARAH JEANNE WOOD PO BOX 186 BLUE RIDGE,GA 30513	FOUND CHR 15	0	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** SIGMA KAPPA SORORITY ALPHA DELTA**EIN:** 62-6074778**Software ID:** 09000205

<b>Item No.</b>	1
<b>Class of Activity</b>	CHARITABLE
<b>Donee's Name</b>	SIGMA KAPPA FOUNDATION
<b>Donee's Address</b>	8733 FOUNDERS DR INDIANAPOLIS, IN 46268
<b>Amount (FMV)</b>	4,865
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	4,865
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-10

TY 2009 Other Expenses Schedule

Name: SIGMA KAPPA SORORITY ALPHA DELTA

EIN: 62-6074778

Software ID: 09000205

Description	Amount
DUES PAID TO NATIONAL HQ	19,125
COMMUNICATIONS	1,410
INSURANCE	3,545
OFFICER SUPPLIES	671
MEMBER ITEMS	21,838
BANK FEES	24
BILLING SUPPLIES	224
GUEST & OFFICER VISITS	214
TAXES	150
SOCIAL EVENTS	16,202
RECRUITMENT	8,659
BID DAY	6,028
NEW MEMBER EXPENSES	4,111
PANHELLENIC DUES	2,322
RETREATS AND ACTIVITIES	2,894
CONVENTION	2,815
GIFTS AND AWARDS	60
SCHOLARSHIP	240
FOUNDERS DAY	1,500
COMPOSITE AND PICTURES	4,313
ACTIVITIES AND PUBLIC RELATIONS	9,437
EDUCATION	104
INITIATION	892
FUND RAISING	2,314