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Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	4,471	22	5,063
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	4,471	25	5,063
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,471	27	5,063

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL, AND SPIRITUAL DEVELOPMENT BY BRINGING WOMEN TOGETHER TO POSITIVELY IMPACT OUR COMMUNITIES		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts , optional for others)	
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 SOCIAL (Grants \$ 0)	If this amount includes foreign grants, check here . . . ☐	28a	0
29 RECRUITMENT (Grants \$ 0)	If this amount includes foreign grants, check here . . . ☐	29a	0
30 (Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (describe in Schedule O) (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)

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	35b		
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 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 			
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 			
e	<i>All organizations.</i> 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  PENNY PICKETT Telephone no  (317) 872-3275 8733 FOUNDERS ROAD Located at  INDIANAPOLIS, IN ZIP + 4  46268			
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.		Yes	No
		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 			No
		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			
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		Yes	No
		44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
		44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			No
		44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
		44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes☐ No

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.

Sign Here	***** Signature of officer		2012-01-13 Date		
	MIRANDA CATHERINE GROVE VICE PRESIDENT OF FINANCE Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	RYAN KEITH CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	K B PARRISH & CO LLP 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254			EIN
					Phone no (317) 347-5200

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes☐ No

Additional Data

Software ID:
Software Version:
EIN: 35-2131817
Name: SIGMA KAPPA SORORITY EPSILON CHI

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
HANNAH ENGLE 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	PRESIDENT 2 00	0	0	0
BRITTANY GILLIGAN 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VICE PRESIDENT 2 00	0	0	0
CARLY EDWARDS 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VP NEW MEMBER EDUCATION 2 00	0	0	0
KELLEY SPARKS 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VP MEMBERSHIPS 2 00	0	0	0
NICOLE BARTOSHESKY 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VP ALUMNAE RELATIONS 2 00	0	0	0
ASHLEY HILZENDAGER 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VP SCHOLARSHIPS 2 00	0	0	0
MIRANDA CATHERINE GROVE 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	VP FINANCE 2 00	0	0	0
ERIN LAUREN MACK 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	DIRECTOR 2 00	0	0	0
ASHLEY FITZGERALD 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	DIRECTOR 2 00	0	0	0
ALEX FOGG 8733 FOUNDERS ROAD INDIANAPOLIS,IN 46268	DIRECTOR 2 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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Inspection

Name of the organization SIGMA KAPPA SORORITY EPSILON CHI	Employer identification number 35-2131817
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION FINES AND PENALTIES AMOUNT 4,533

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OTHER MEMBER SERVICES AMOUNT 1,946 DESCRIPTION SOCIAL ACTIVITIES AMOUNT 50,257 DESCRIPTION RECRUITING AMOUNT 25,563 DESCRIPTION DUES AMOUNT 4,745 DESCRIPTION TRAVEL AMOUNT 978 DESCRIPTION COMPOSITES AMOUNT 4,450 DESCRIPTION SCHOLARSHIPS AND DONATIONS AMOUNT 15,707 DESCRIPTION BANK FEES AMOUNT 436 DESCRIPTION BAD DEBT AMOUNT 1,715 DESCRIPTION MEMBER PARAPHERNALIA PURCHASES AMOUNT 3,106 TOTAL TO FORM 990-EZ, LINE 16 108,903

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: SIGMA KAPPA SORORITY EPSILON CHI

EIN: 35-2131817

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