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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

C Name of organization: SIGMA KAPPA SORORITY BETA SIGMA -
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 427 N RUSSELL ST
City or town, state or country, and ZIP + 4: WEST LAFAYETTE, IN 479062820

D Employer identification number: 35-6042235
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)

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. \$ 79,465

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	1 261
2 Program service revenue including government fees and contracts	2 1,016
3 Membership dues and assessments	3 72,533
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 <input type="checkbox"/>	
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 5,655
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 79,465
Expenses	
10 Grants and similar amounts paid (attach schedule)	10 4,138
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 1,420
14 Occupancy, rent, utilities, and maintenance	14 45
15 Printing, publications, postage, and shipping	15 2,666
16 Other expenses (describe)	16 78,346
17 Total expenses. Add lines 10 through 16	17 86,615
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -7,150
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 3,339
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 -3,811

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	5,257	22
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	5,257	25 0
26 Total liabilities (describe)	1,918	26 3,811
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,339	27 -3,811

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? SEE BELOW		(Required for section 501(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	TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL, AND SPIRITUAL DEVELOPMENT BRINGING WOMEN TOGETHER TO (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a
29	POSITIVELY IMPACT OUR COMMUNITIES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30	 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	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 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
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: 2010-10-12

CASSANDRA VINCKE 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-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: THOMAS G FERKINHOFF PROF CO, 817 E WASHINGTON ST, WINCHESTER, IN 47394

Preparer's identifying number (See instructions): 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:** 35-6042235**Name:** SIGMA KAPPA SORORITY BETA SIGMA -**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
MICHELLE PRICE 3823 LOMOND CT GREENWOOD, IN 46143	PRESIDENT 15	0	0	0
GRACE TWEEDY 1029 INDIAN PIPE CIRCLE CARMEL, IN 46033	V PRESIDNT 15	0	0	0
LAURA K TEASE 14083 MIMOSA CT FISHERS, IN 46038	VP EDUCATN 15	0	0	0
MAE E COUNCIL 427 N RUSSEL ST WEST LAFAYETT, IN 47906	VP MEMBRSH 15	0	0	0
MORGAN SMITH 9222 N 300 E ALEXANDRIA, IN 46001	VP ALUMNAE 15	0	0	0
JILL M NOWAKOWSKI 5317 W PINERIDGE MUNCIE, IN 47304	VP SCHOLAR 15	0	0	0
CASSANDRA VINCKE 427 N RUSSEL ST WEST LAFAYETT, IN 47906	VP FINANCE 15	0	0	0
HEATHER L HOCHSTEDLER 579 BANBURY RD NOBLESVILLE, IN 46062	SECRETARY 15	0	0	0
CASSIE L ZARVAS 3729 CARWINION WAY CARMEL, IN 46032	PANHELLENC 15	0	0	0
ANDREA CORBIN 35 MILAZZO IRVINE, CA 92620	MEMBER CHR 15	0	0	0
ALLISON T COLEMAN 8401 CHESNEY LANE CINCINNATI, OH 45249	PHILANTHRO 15	0	0	0
VICTORIA HURST 389 4TH ST SW DELANO, MN 55328	FOUND CHR 15	0	0	0
MACY N HOPPER 427 N RUSSEL ST WEST LAFAYETT, IN 47906	SOCIAL CHR 15	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: SIGMA KAPPA SORORITY BETA SIGMA -

EIN: 35-6042235

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)	4,138
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	4,138
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

TY 2009 Other Expenses Schedule**Name:** SIGMA KAPPA SORORITY BETA SIGMA -**EIN:** 35-6042235**Software ID:** 09000205

Description	Amount
DUES PAID TO NATIONAL HQ	17,775
COMMUNICATIONS FEE	1,270
INSURANCE & BONDING	3,195
SUPPLIES	265
BANK FEES	209
GUEST AND OFFICER VISITS	113
MEMBER ITEMS	7,689
CHAPTER SOCIAL ACTIVITIES	11,471
RECRUITMENT	9,610
BID DAY	3,501
NEW MEMBER EXPENSES	1,328
PANHELLENIC DUES	2,784
RETREATS AND ACTIVITIES	2,224
CONVENTION	700
GIFTS AND AWARDS	1,012
SCHOLARSHIP	411
FOUNDERS DAY	71
COMPOSITES AND PICTURES	5,723
ACTIVITIES AND PUBLIC RELATIONS	8,138
INITIATION	61
FUND RAISING	758
EDUCATION	38