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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)

OMB No 1545-1150

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

DELTA BETA SIGMA NATIONAL SORORITY

Number and street (or P.O. box, if mail is not delivered to street address)

122 SOUTH STREET

City or town, state or country, and ZIP + 4

MOBILE, AL 36606

D Employer identification number

51-0165382

E Telephone number

251-471-3302

F Group Exemption

Number ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)G Accounting Method: Cash Accrual Other (specify) ► MODIFIED CASHI Website: ► deltabetasigma.comJ Tax-exempt status (check only one) — 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 103,981.

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

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

1	Contributions, gifts, grants, and similar amounts received	1		
2	Program service revenue including government fees and contracts	2	44,924.	
3	Membership dues and assessments	3	18,945.	
4	Investment income	4	6,289.	
5a	Gross amount from sale of assets other than inventory	5a	33,823.	
b	Less cost or other basis and sales expenses	5b	36,194.	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6	Gaming and fundraising events	5c	-2,371.	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,787.	
10	Grants and similar amounts paid (list in Schedule O)	See Schedule O	10	2,600.
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	5,180.
13	Professional fees and other payments to independent contractors		13	1,270.
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	2,554.
16	Other expenses (describe in Schedule O)	See Schedule O	16	51,595.
17	Total expenses Add lines 10 through 16		17	63,199.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,588.
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	164,862.
20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
21	Net assets or fund balances at end of year Combine lines 18 through 20		21	169,450.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes	No
33	X

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	X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
-----	---

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b	N/A
-----	-----

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c	X
-----	---

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	X
----	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 0

37a	X
-----	---

b Did the organization file Form 1120-POL for this year?

37b	X
-----	---

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	X
-----	---

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
-----	-----

39 Section 501(c)(7) organizations. Enter:

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b	N/A
-----	-----

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

40a	N/A
-----	-----

section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A
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 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	N/A
-----	-----

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

40c	N/A
-----	-----

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

40d	N/A
-----	-----

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	X
-----	---

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► MILLIE SHANKLE Telephone no ► 251-471-3302
Located at ► 122 SOUTH STREET, MOBILE, AL ZIP + 4 ► 36606

42a	
-----	--

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	X
-----	---

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

42c	
-----	--

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c	X
-----	---

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	43	
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43	N/A
----	-----

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a	X
-----	---

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

44b	X
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44c	X
-----	---

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	
-----	--

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	X
-----	---

45b 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 may need to be completed instead of Form 990-EZ (see instructions)

45b	X
-----	---

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		X

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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		47
48		48
49a		49a
b If "Yes," was the related organization a section 527 organization?		49b

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 ► *Millie Shankle* Date *11-12-12*
 Signature of officer
 ► **MILLIE SHANKLE, SECRETARY/TREASURER**
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Doris J. Rollo	Preparer's signature <i>Doris J. Rollo</i>	Date 11/12/12	Check <input type="checkbox"/> if self-employed	PTIN P00013639
	Firm's name ► Doris J. Rollo, CPA, PC			Firm's EIN ► 20-5309720	
	Firm's address ► 500 Boulevard Park East Mobile, AL 36609-3400			Phone no. 251-343-1101	

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

Yes No

Form 990-EZ (2011)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

DELTA BETA SIGMA NATIONAL SORORITY

Employer identification number
51-0165382

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
	3,818.
	2,471.
<u>Total Included on Form 990-EZ, line 4</u>	<u>6,289.</u>

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: SCHOLARSHIP

Grantee Relationship: NONE

Property Description: CASH AWARD

<u>Amount Given:</u>	200.
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Activity Classification: SCHOLARSHIP

Grantee Relationship: NONE

Property Description: CASH AWARD

<u>Amount Given:</u>	2,000.
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Activity Classification: SCHOLARSHIP

Grantee Relationship: NONE

Property Description: CASH AWARD

<u>Amount Given:</u>	200.
----------------------	------

Activity Classification: SCHOLARSHIP

Grantee Relationship: NONE

Property Description: CASH AWARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

DELTA BETA SIGMA NATIONAL SORORITY

Employer identification number
51-0165382

Amount Given: 200.

Total included on Form 990-EZ, line 10 2,600.

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
BOARD AND CHAPTER EXPENSES	2,211.
CONVENTION EXPENSE	43,075.
JEWELRY	3,772.
PAYROLL TAXES	253.
UNREALIZED LOSS ON SECURITIES	1,787.
Office Expenses	497.
<u>Total to Form 990-EZ, line 16</u>	<u>51,595.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
VARIOUS PUBLICLY TRADED SECURITIES	112,811.	80,234.

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	497.	423.

Form 990-EZ, Part III, Primary Exempt Purpose - THIS IS A SORORITY OF HIGH
SCHOOL GIRLS ORGANIZED TO PROVIDE SCHOLARSHIPS
TO MEMBERS, TO PERFORM CHARITY ACTS IN THE COMMUNITY AND TO PERFORM
COMMUNITY SERVICE

Name of the organization

Employer identification number
51-0165382

NAME OF THE ORGANIZATION **DELTA BETA SIGMA NATIONAL SORORITY**

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

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.

Form 8275

(Rev. August 2008)
Department of the Treasury
Internal Revenue Service**Disclosure Statement**Do not use this form to disclose items or positions that are contrary to Treasury regulations
Instead, use Form 8275-R, Regulation Disclosure Statement. See separate instructions
► Attach to your tax return

OMB No. 1545-0889

Attachment
Sequence No. 92

Name(s) shown on return

Identifying number shown on return

DELTA BETA SIGMA NATIONAL SORORITY

51-0165382

Part I General Information (see instructions)

(a) Rev Rul, Rev Proc, etc	(b) Item or Group of Items	(c) Detailed Description of Items	(d) Form or Schedule	(e) Line No	(f) Amount
IRS CODE SEC 501		TAX EXEMPT STATUS	990-EZ	J	
2					
3					
4					
5					
6					

Part II Detailed Explanation (see instructions)

1

THIS ENTITIY HAS BEEN FILING FORM 990 UNDER CODE SECTION 501(C)(7).IN THE PAST, THE RETURN HAS BEEN PAPER FILED.UPON E-FILING THE RETURN FOR THIS CURRENT YEAR, WE RECEIVED A REJECTION CODE

2

3

4

5

6

Part III Information About Pass-Through Entity. To be completed by partners, shareholders, beneficiaries, or residual interest holders

Complete this part only if you are making adequate disclosure for a pass-through item

Note: A pass-through entity is a partnership, S corporation, estate, trust, regulated investment company (RIC), real estate investment trust (REIT), or real estate mortgage investment conduit (REMIC)

1 Name, address, and ZIP code of pass-through entity

2 Identifying number of pass-through entity

3 Tax year of pass-through entity

to

4 Internal Revenue Service Center where the pass-through entity filed
its return

Part IV Explanations (continued from Parts I and/or II)

THAT SAID THAT THE ORGANIZATION TYPE SPECIFIED IN ITEM J MUST MATCH DATA E-FILE DATA BASE

UPON MAKING SEVERAL CALLS TO THE IRS IT WAS DETERMINED THAT THERE WAS A PROBLEM WITH HOW ITS TAX EXEMPT STATUS WAS TREATED AND SET UP.
TAXPAYER IS CURRENTLY IN THE PROCESS OF RESEARCHING AND CORRECTING THIS PROBLEM.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions DELTA BETA SIGMA NATIONAL SORORITY	Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0165382
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 122 SOUTH STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MOBILE, AL 36606	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application	Return Code	Application	Return Code
Is For		Is For	
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MILLIE SHANKLE

- The books are in the care of ► **122 SOUTH STREET - MOBILE, AL 36606**

Telephone No ► **251-471-3302** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **November 15, 2012**

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

RETURN IS NOT YET READY TO BE RELEASED

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► **Qm Roll**

Title ► **CERTIFIED PUBLIC ACCOUNTANT** Date ► **8/9/12**

Form 8868 (Rev. 1-2012)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)



Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete



Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0165382
	DELTA BETA SIGMA NATIONAL SORORITY		Social security number (SSN) <input type="checkbox"/>
	Number, street, and room or suite no. If a P O box, see instructions. 122 SOUTH STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOBILE, AL 36606		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MILLIE SHANKLE

- The books are in the care of ► 122 SOUTH STREET - MOBILE, AL 36606
Telephone No. ► 251-471-3302 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

August 15, 2012, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► calendar year 2011 or

► tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return

Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)