



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) 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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 06-01-2011, and ending 05-31-2012

- 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: 8733 FOUNDERS ROAD. City or town, state or country, and ZIP + 4: INDIANAPOLIS, IN 46268

D Employer identification number: 35-6042235. E Telephone number: (317) 872-3275. F Group Exemption Number: 0594

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(7) (insert no ) [ ] 4947(a)(1) or [ ] 527

K 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. \$ 66,786

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) shows total revenue of 66,786. Expenses section (lines 10-17) shows total expenses of 58,299. Net Assets section (lines 18-21) shows net assets at end of year of 9,999.

**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
<b>22</b> Cash, savings, and investments . . . . .	4,282	<b>22</b> 9,259
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 740
<b>25 Total assets</b> . . . . .	4,282	<b>25</b> 9,999
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	2,770	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	1,512	<b>27</b> 9,999

**Part III Statement of Program Service Accomplishments**

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

**Expenses**  
(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?

TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL, AND SPIRITUAL DEVELOPMENT BY BRINGING WOMEN TOGETHER TO POSITIVELY IMPACT OUR COMMUNITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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> SOCIAL FORMAL AND INFORMAL SOCIAL EVENTS ARE HELD ALLOWING MEMBERSHIP TO CONNECT (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> RECRUITMENT INCREASE CHAPTER MEMBERSHIP THROUGH EVENTS HELD ALLOWING POTENTIAL NEW MEMBERS TO MEET AND INTERACT WITH CURRENT MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (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>	

**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

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, expenditures, loans, and controlled entities. Includes fields for amounts and Yes/No responses.

**Yes** **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

<b>46</b>	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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

<b>47</b>		
-----------	--	--

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
-----------	--	--

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
------------	--	--

**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
------------	--	--

**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

**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

**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.**

<b>Sign Here</b>	***** Signature of officer	2012-10-17 Date		
	JESSICA OFF VICE PRESIDENT OF FINANCE Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/> RYAN KEITH CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00846149
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> K B PARRISH & CO LLP 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254	EIN <input type="checkbox"/> 35-0905983		
				Phone no <input type="checkbox"/> (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:** 35-6042235**Name:** SIGMA KAPPA SORORITY BETA SIGMA**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
EMILY OSKAY 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	PRESIDENT 2 00	0	0	0
AMANDA GRAHAM 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	EXECUTIVE VICE PRESIDENT 2 00	0	0	0
MACKENZIE MCCRORY 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP NEW MEMBER EDUCATION 2 00	0	0	0
KRISTA CULLEN 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP MEMBERSHIPS 2 00	0	0	0
KAITLIN PORTMAN 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP ALUMNAE RELATIONS 2 00	0	0	0
MELISSA LANDERS 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP SCHOLARSHIPS 2 00	0	0	0
ERIN CISNEY 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP PHILANTHROPIC SERVICES 2 00	0	0	0
ALEX HOLLAND 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP COMMUNICATIONS 2 00	0	0	0
JESSICA OFF 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	VP FINANCE 2 00	0	0	0
EMILY KERNS 8733 FOUNDERS ROAD INDIANAPOLIS, IN 46268	PANHELLENIC DELEGATE 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

**2011**

**Open to Public  
Inspection**

Name of the organization  
SIGMA KAPPA SORORITY BETA SIGMA

**Employer identification number**

35-6042235

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION FINES AND PENALTIES AMOUNT 660 DESCRIPTION MISCELLANEOUS AMOUNT 4,349 TOTAL TO FORM 990-EZ, LINE 8 5,009
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OTHER MEMBER SERVICES AMOUNT 3,350 DESCRIPTION SOCIAL ACTIVITIES AMOUNT 18,774 DESCRIPTION RECRUITING AMOUNT 13,804 DESCRIPTION DUES AMOUNT 2,971 DESCRIPTION TRAVEL AMOUNT 19 DESCRIPTION COMPOSITES AMOUNT 6,132 DESCRIPTION SCHOLARSHIPS AND DONATIONS AMOUNT 722 DESCRIPTION TAX PREPARATION AMOUNT 240 DESCRIPTION BANK FEES AMOUNT 3,815 DESCRIPTION FUNDRAISING AMOUNT 3,501 TOTAL TO FORM 990-EZ, LINE 16 53,328
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION FEES DUE FROM MEMBERS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 740
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION MEMBER OVERPAYMENTS BEG OF YEAR AMOUNT 2,770 END OF YEAR AMOUNT 0

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** SIGMA KAPPA SORORITY BETA SIGMA

**EIN:** 35-6042235

**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.