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SCANNED DEC 2 0 2012

Form **990**

Department of the Treasury

Internal Revenue Service

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)

2011

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending (<u>JUN 30, 2012</u>				
	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addre:	BETA OF KAPPA SIGMA, INC.						
	Name			7 23-7	431103			
┌	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u> </u>				
Г	Termin	· · · · · · · · · · · · · · · · · · ·		(205)348-8768				
〒	Amend			G Gross receipts \$	200594.			
Ē	Applic			H(a) Is this a group re				
_	pendir	F Name and address of principal officer MITCH FROST		for affiliates?	Yes X No			
		2500 ACTON ROAD, SUITE 200, BIRMINGHAM	, AL	H(b) Are all affiliates inc				
$\overline{\Gamma}$	Tax-exe	empt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1)		-1 ''	list (see instructions)			
		e: ► N/A		H(c) Group exemption				
		organization: X Corporation	L Year		VI State of legal domicile: AL			
	art I	Summary	•		· · · · · · · · · · · · · · · · · · ·			
	1	Briefly describe the organization's mission or most significant activities PROV	IDE H	OUSING FOR				
Activities & Governance		UNDERGRADUATE SOCIAL FRATERNITY.						
r.		Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	re than 25% of its net as	ssets.			
Š		Number of voting members of the governing body (Part VI, line 1a)		3	2			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0			
Se	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0			
į	6	Total number of volunteers (estimate if necessary)		6	0			
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	594.			
٩.	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)	200.	0.				
Ž	9	Program service revenue (Part VIII, line 2g)		48000.	200000.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	507.	594.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48707.	200594.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	3855.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2885.	0.			
ğ	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		145254.	160548.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) EN		148139.	164403.			
	1 19	Revenue less expenses Subtract line 18 from line 12		, , , , , , , , , , , , , , ,	36191.			
Soci		led of	2012	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	2012 W	1024477.	1294410.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	h VSF	567875.	805392.			
캺	22	Net assets or fund balances Subtract line 21 from line 20 GDEN.		<u>456602.</u>	489018.			
P	art II	Signature Block						
Und	ler pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.				
					 -			
Sig	n	Signature of officer		Date	. /			
Hei	e	MITCH FROST, PRESIDENT		61/10	4/2			
		Type or print name and title			<u> </u>			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid JOHN MURDOCK P00639065								
	parer	Firm's name GREEK RESOURCE SERVICES, INC.		Firm's EIN	<u>63-1044933</u>			
Use Only Firm's address ▶ PO BOX 1880								
	TUSCALOOSA, AL 35403-1880 Phone no. (205) 758-7754							
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No			
1320	01 01-23	1-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)			

Form	990 (2011) BETA OF KAPPA SIGMA, INC.	23-7431103 Page 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDE HOUSING FOR UNDERGRADUATE CHAPTER OF NATIONAL CO	OLLEGIATE
	SOCIAL FRATERNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to
4-	others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
		F NATIONAL
	COLLEGIATE SOCIAL FRATERNITY.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	
	PROVIDED OPPORTUNITY FOR ALUMNI MEMBERS TO INTERACT WIT	H UNDERGRADUATE
	MEMBERS OF CHAPTER.	
		
4-		
4c	(Code) (Expenses \$	iue \$)
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	
13200:		Form 990 (2011)
02-09-		

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	·	-3-		Α.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	ļ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ا	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	•		l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	•		
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	•		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	l		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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BETA OF KAPPA SIGMA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	_23_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		v
_	Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
0	Did the organization invest any proceeds of tax-exempt borids beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	_		77
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		ᢏ	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	X ggn /	2011)
		LOUIN	33U ()	2011)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	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)?	4a	\longrightarrow	X
D	If "Yes," enter the name of the foreign country.		.	
52	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		lacksquare
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
	any contributions that were not tax deductible?	6a	.	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	.]	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		.	1
	to file Form 8282?	7c	\longrightarrow	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter.			1
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Lorm	gan /	2011

132005 01-23-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See i	nstructions				
	Check if Schedule O contains a response to any question in this Part VI					X	
Sec	tion A. Governing Body and Management						
			-		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2				
	If there are material differences in voting rights among members of the governing body, or if the governing]			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	l)			
2							
	officer, director, trustee, or key employee?	•	,	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	ıs filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	00.0		<u>5</u>		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or				
	more members of the governing body?	,pp0t	01.0 0.	7a		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	1,0			
	persons other than the governing body?	Stockin	Jiders, or	7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	o following:	10			
o a	The governing body?	ai Dy III	C TOHOWING.	8a	x		
b	Each committee with authority to act on behalf of the governing body?					Х	
9		anhad .	at the	8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at trie	9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Dougo Bu	o Codo I	<u> </u>			
000	tion B. Folicies (mis Section B requests information about policies not required by the internal F	tevenu	e Code.)		V		
100	Did the erganization have local chapters, branches, or efficience?			40-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?	h		10a			
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
444	and branches to ensure their operations are consistent with the organization's exempt purposes?						
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990						3.5	
12a				12a		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," de	escribe				
	In Schedule O how this was done			12c			
13	Did the organization have a written whistleblower policy?	•		13		X	
14	Did the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and approv	-	aependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
	The organization's CEO, Executive Director, or top management official			15a		X	
þ	Other officers or key employees of the organization			15b		X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıo	n's				
<u> </u>	exempt status with respect to such arrangements?		····	16b			
	tion C. Disclosure				_		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	avaılab	le		
	for public inspection Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict (of interest policy, an	d finar	icial		
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organiza	tion.	-		
	GREEK RESOURCE SERVICES, INC (205)758-7754						
32006	2118 8TH STREET, TUSCALOOSA, AL 35401						
11-23-	12			Form	990	2011)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization							nsat			
(A) Name and Title	(B) Average	İ	(C) Position					(D) Reportable	(E)	(F) Estimated
Name and Tide	hours per	(do	(do not check more than one box, unless person is both an				one h an	compensation	Reportable compensation	amount of
	week	offi	officer and a di		a director/trustee)		tee)	from	from related	other
	(describe	acto						the	organizations	compensation
	hours for	Į į				ᇐ		organization	(W-2/1099-MISC)	from the
	related	ste	ruste			Below		(W-2/1099-MISC)		organization
	organizations in Schedule	를	lonal		ploye	t com				and related
	O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) J. MITCHELL FROST, JR.		-	<u> </u>	_						
PRESIDENT	0.00							0.	0.	0.
(2) GEORGE NOBLIN								_	_	_
SECRETARY	0.00	ļ		ļ		_	_	0.	0.	0.
		-	 	\vdash	-			<u> </u>		
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						<u> </u>				
		<u> </u>	<u> </u>							<u> </u>
										
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		+	\vdash	-	-	\vdash	-		-	
]
		-		<u> </u>						

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Par	t VII Section A. Officers, Directors, Tru		mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(B) (C)						(D)	(E)	ł		(F)	
	Name and title	Average	(do		Pos heck		ነ than	one	Reportable	Reportable			mațe	
		hours per week	box	box, unless person is both an officer and a director/trustee)			is bot	h an	1					
		(describe	-	$\neg \neg \neg \neg$			1	,	from the	from related organizations		comp	ther	tion
		hours for	Individual trustee or director				, E	İ	organization	(W-2/1099-MIS		•	m the	
		related	te or	ustee			ensate	ŀ	(W-2/1099-MISC)	(·		nızatı	
		organizations	E E	Institutional trustee		oyee	om o				ł	and	relate	ed
		ın Schedule O)	Mgr	ttetto	Officer	ешь	pest a	Former			I	orgar	nızatıc	ons
related organizations in Schedule O) unsultrium in Schedule O) unsultr														
									1					
			-											
			<u> </u>				 							
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							1							
		<u>-</u>	<u> </u>	ļ	ļ	ļ	ļ							
					İ									
			 		 	-	╁							
1b	Sub-total					•		<u> </u>	0.	-	0.			0.
C	Total from continuation sheets to Part V	II, Section A					\blacktriangleright		0.		0.			0.
d	Total (add lines 1b and 1c)						<u> </u>		0.	_	0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable)			_
	compensation from the organization											- 1	Yes	0 No
3	Did the organization list any former officer,	director or tri	istai	a ka	w er	mnle)VAA	or	highest compensated e	mnlovee on	ſ		103	-110
•	line 1a? If "Yes," complete Schedule J for s			o, Itc	, y 0,		,,,,,,	, 0.	riigitoot componiated c	mployee en		3		х
4	For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15										ļ	4		X
5	Did any person listed on line 1a receive or	· · · · · · · · · · · · · · · · · · ·				-		elat	ted organization or indiv	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or s	<u>uch</u>	per	son					5		<u> </u>
	tion B. Independent Contractors Complete this table for your five highest co	mnoncated :=:	doc	, p. el e	nt -		root		that received more than	\$100 000 of com-	2022	ation f-	om	
1	the organization. Report compensation for	•								•	Delie	ation in	OIII	
	(A)	<u></u>			·· ·		<u> </u>	1	(B)			(C))	
	Name and business	address	N	INC	E				Description of s	ervices	С	ompen		n
								ᅱ						
								_						
	Total number of independent contractors (noludina but -	ot l	meta	d *c	the	00 1		d abovo) who received =	ore than				
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	iOL (I	mie	u (0		ose III O	sieC	anovej wilo leceived n	iore trialit				
	T. 22,000 of Componication north the Organi											Form 9	90 (2011)

Part VIII **Statement of Revenue** (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service 900099 2 a HOUSE RENT 100000 100000. TRANSFER FROM CHAPTER 900099 100000 100000. All other program service revenue 200000 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 594 594 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а **b** Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue Total. Add lines 11a-11d 200594 200000 594 0. Total revenue. See instructions. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and			genioral expenses	<u> </u>				
•	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in		-						
	the United States See Part IV, line 22								
3	Grants and other assistance to governments,			1					
	organizations, and individuals outside the			•					
	United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members	· · ·							
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and			,					
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	3855.			· · · · · · · · · · · · · · · · · · ·				
10	Payroll taxes								
11	Fees for services (non-employees).								
а	Management	5005							
b	Legal	6906.							
C	Accounting	2255.							
d	, , , , , , , , , , , , , , , , , , ,								
e	Professional fundraising services. See Part IV, line 17								
f 	Investment management fees	3795.							
g	Other	3/93.							
12	Advertising and promotion Office expenses	338.	 						
13 14	Information technology	330.	<u> </u>						
15	Royalties		· <u> </u>	 					
16	Occupancy	6227.	_						
17	Travel	0227.							
18	Payments of travel or entertainment expenses								
. •	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	4407.							
20	Interest	45221.							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	78862.							
23	Insurance	11326.							
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			1					
	amount, list line 24e expenses on Schedule O.)								
а	ALUMNI EVENTS	811.							
b	VARIOUS CHAPTER	400.		ļ <u>.</u>					
С									
d	 +								
	All other expenses	464400			 				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	164403.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)								
	Under 11 at the lower of the l			i	I				

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Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	<u>.</u>
	2	Savings and temporary cash investments			<u>99</u> 02.	2	312725.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Co	mplete Part II			
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c))(3)(B),	and contributing			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instru) [6		
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use				8_	
	9	Prepaid expenses and deferred charges			893.	9	893.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	1894874.			
	b	Less: accumulated depreciation	1013682.	10c	980792.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1024477.	16	1294410.		
	17	Accounts payable and accrued expenses	3500.	17	612.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Payables to current and former officers, director	s, trus	tees, key employees,			•
api		highest compensated employees, and disqualifie	ed per	sons. Complete Part II		`	
<u> </u>	1	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited th	ird parties	564375.	23	804780.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
	1	parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		·	567875.	26	805392.
		Organizations that follow SFAS 117, check he	еге 🕨	and complete			
တ္သ		lines 27 through 29, and lines 33 and 34.		·			
ğ	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets				28	
d B	29	Permanently restricted net assets		29			
75		Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🗓 and			
P		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds			0.	30	_ 0.
SS	31	Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		F	456602.	32	489018.
ž	33	Total net assets or fund balances	,		456602.	33	489018.
	34	Total liabilities and net assets/fund balances					1294410.
	34	Total liabilities and net assets/fund	d balances	d balances	d balances	4 6 6 4 4 5 5	

Form **990** (2011)

Forn	990 (2011) BETA OF KAPPA SIGMA, INC.	23-	7431103	Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
1	1 Total revenue (must equal Part VIII, column (A), line 12)								
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	544	03.				
3	Revenue less expenses. Subtract line 2 from line 1	3		361	91.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	66	02.				
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	-37	75.				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4.8	390	18.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?	_	3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit						
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
	- 		Form 9	90 (2011)				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BETA OF KAPPA STOMA TNC Employer identification number 23-7431103

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	9 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	-	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , , , ,	Yes No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uring the year ➤
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nbition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

		KAPPA_SIG				_	23-74			
Par	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, or C	Other Simi	lar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	k any of the	following that are	e a significant	use of its	collection	ıtem	S
	(check all that apply):									
а	Public exhibition	•	d 🛄 i	Loan or excl	hange programs					
b	Scholarly research		e 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organization's	exempt purp	ose in Parl	XIV		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal		lete if the	organizatio	n answered "Yes	s" to Form 99	0, Part IV, I	ine 9, or		
	· · · · · · · · · · · · · · · · · · ·		diary for	contribution	s or other assets	s not included	1	-		
	on Form 990, Part X?	inization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No								
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina i	table					·	
_	ii 100, Oxplair tilo arrangomorit ii i art xiv	and complete the k	ollowing .	labio				Amount		
С	Beginning balance					1c		7 4110 4111		
ď	Additions during the year				•	1d				
٠ •	Distributions during the year					1e				
f	Ending balance			•		1f		_		
2a		orm 990. Part X. line	e 21?					Yes		No
	If "Yes," explain the arrangement in Part XIV.									
	rt V Endowment Funds. Complete		nswered	"Yes" to Fo	rm 990, Part IV, I	line 10				
·		(a) Current year	T .	rior year	(c) Two years ba		years back	(e) Four	years	back
1a	Beginning of year balance				, , , , , , , , , , , , , , , , , , , ,	1			•	
b	Contributions									
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balan	ce (line 1	g, column (a	ı)) held as:	•				
а	Board designated or quasi-endowment									
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	nd administered	for the organ	ızatıon			
	by	-				_		[Yes	No
	(i) unrelated organizations		-					3a(i)		
	(ii) related organizations			•				3a(ii)		
b	If "Yes" to 3a(ıı), are the related organizations	s listed as required	on Sched	dule R?				3b		
4	Describe in Part XIV the intended uses of the	e organization's end	lowment	funds						
Par	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or e			or other (other)	(c) Accumulated depreciation		(d) Boo	k valu	е
1a	Land									
b	Buildings			16	57115.	7087	738.	9	483	77.
c	Leasehold improvements				37759.	2053				15.
d	Equipment									
	• •			-						
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Par	t X, colur	nn (B). line 1	10(c))			9	807	92.
Schedule D (Form 990) 2011										

Schedule D (Form 990) 2011

132053 01-23-12

	dùle D (Form 990) 2011 BETA OF KAPPA SIGMA, INC.				<u>7431103</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments	•	4	_		
5	Donated services and use of facilities	•	5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		·	
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	nd 0	10			
	t XII Reconciliation of Revenue per Audited Financial Stateme			eturr	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	-	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		1		
	Recoveries of prior year grants	2c	=	1		
C	. , .		_ _	1		
d	Other (Describe in Part XIV)	_2d		1 .		
_	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	Other (Describe in Part XIV)	4b		1. 1		
	Add lines 4a and 4b			4c		
Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Statem	onto With Evn		Dot:	I MIN	
		iente aarm Exh	elises hei	netu		
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1				
a	Donated services and use of facilities	2a		1		
b	Prior year adjustments	2b		}		
С	Other losses	2c		4		
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	_4b	· · · · · · · · · · · · · · · · · · ·	.		
	Add lines 4a and 4b			4c	<u> </u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I at 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp					4; Part
					-	
						
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(Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BETA OF KAPPA SIGMA, INC.

Employer identification number 23-7431103

FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE DOCUMENTATIONS ARE MADE
DURING CHAPTER MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE
OFFICERS REVIEW THE FORM 990 WHEN IT IS COMPLETED AND IF ANY PART OF THE
FORM IS IN QUESTION, THE EXECUTIVE OFFICERS CONTACT THE PREPARER TO ADDRESS
THOSE QUESTIONS. SHOULD ANY CHANGES NEED TO BE MADE ON THE FORM, THESE
CHANGES ARE PROMPTLY MADE AND THE FORM IS REPRINTED FOR THE EXECUTIVE
OFFICERS TO REVIEW. AFTER THE FORM IS REVIEWED AND APPROVED, THE EXECUTIVE
OFFICER SIGN THE RETURN AND IT IS MAILED TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE
PUBLIC BETWEEN REGULAR BUSINESS HOURS UPON REQUEST TO THE PRESIDENT OR
TREASURER OF THE ORGANIZATION.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
INTEREST NOT RECORDED IN PRIOR PERIOD -3775.