

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016, and ending 05-31-2017

- B** Check if applicable: Address change, Name change, Initial return, Final 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: 695 Pro-Med Lane No 300
City or town, state or province, country, and ZIP or foreign postal code: Carmel, IN 460325323

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

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$110,121

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.

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	1,433
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	96,391
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions 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	12,297
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,121
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	710
14	Occupancy, rent, utilities, and maintenance	14	2,400
15	Printing, publications, postage, and shipping	15	2,354
16	Other expenses (describe in Schedule O)	16	88,504
17	Total expenses. Add lines 10 through 16	17	93,968
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,153
		Net Assets	
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	790
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	16,943

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	740	22 16,423
23 Land and buildings		23
24 Other assets (describe in Schedule O)	50	24 520
25 Total assets	790	25 16,943
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	790	27 16,943

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL, AND SPIRITUAL DEVELOPMENT BY BRINGING WOMEN TOGETHER TO POSITIVELY IMPACT OUR COMMUNITIES

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MELANIE MCMILLAN President	2 00	0	0	0
KATIE LEINENBACH Executive Vice President	2 00	0	0	0
ANDREA WALDEN Vice President of Programm	2 00	0	0	0
AMY CRAKER Vice President of New Memb	2 00	0	0	0
FELICIA SHADOAN Vice President of Membersh	2 00	0	0	0
MADDY CALLAHAN Vice President of Scholars	2 00	0	0	0
STEPHANIE GOSSMAN Vice President of Alumnae	2 00	0	0	0
CLAIRE CATES Vice President of Finance	2 00	0	0	0
ALLISON PARKER Vice President of Philanth	2 00	0	0	0
ELIZABETH LANG Vice President of Communic	2 00	0	0	0
CASSIDY BROWN Panhellenic Delegate	2 00	0	0	0

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 Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

		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	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations 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

		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	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 title of each employee	(b) 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

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 business address of each independent contractor	(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 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.

***** Signature of officer	2017-11-03 Date
CLAIRES CATES VICE PRESIDENT OF FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Angela N Crawford CPA	Preparer's signature	Date 2017-10-20	Check <input type="checkbox"/> if self-employed	PTIN P00573197	
	Firm's name ▶ Blue & Co LLC			Firm's EIN ▶ 35-1178661		
	Firm's address ▶ 12800 N Meridian Street Suite 400 Carmel, IN 46032			Phone no (317) 848-8920		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 35-6042235
Name: Sigma Kappa Sorority Beta Sigma

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SOCIAL FORMAL AND INFORMAL SOCIAL EVENTS ARE HELD ALLOWING MEMBERS TO CONNECT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 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"/></p>	<p>29a</p>	<p style="text-align: right;">0</p>

TY 2016 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.

SCHEDULE O
(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Sigma Kappa Sorority Beta Sigma

Employer identification number

35-6042235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Fines/Fees/Assessments Amount 3,508 Description Miscellaneous Amount 1,229 Description Fees Income Amount 3,105 Description Liability Insurance/Risk Management Amount 4,455 Total to Form 990-EZ, line 8 12,297

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Other Member Services Amount 13,762 Description Social Activities Amount 11,973 Description Recruiting Amount 5,232 Description Dues & Fees Amount 28,097 Description Conventions, Conferences, and Travel Amount 5,926 Description Composites Amount 6,015 Description Scholarships & Donations Amount 772 Description Insurance Amount 4,838 Description Public Relations Amount 995 Description Bank Fees & Credit Card Expense Amount 5,393 Description Fundraising Amount 1,458 Description Fines & Taxes Amount 620 Description Information Technology Amount 3,421 Description Bad Debt Expense Amount 2 Total to Form 990-EZ, line 16 88,504

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description Prepaid Expenses Beg of Year Amount 50 End of Year Amount 520