

**Department of the Treasury  
Internal Revenue Service**

**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](http://www.irs.gov/form990).

**A For the 2017 calendar year, or tax year beginning** **2017, and ending** **2018**

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>DELTA BETA SIGMA NATIONAL SORORITY</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>122 SOUTH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>Mobile, AL 36606</b>		<b>D Employer identification number</b> <b>51-0165382</b> <b>E Telephone number</b> <b>(251) 471-3302</b>	
<b>G Accounting Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► <b>MODIFIED CASH</b>		<b>F Group Exemption Number</b> ► <b>07</b>		<b>H Check</b> ► <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> ► <a href="http://deltabetasigmas.com">deltabetasigmas.com</a>		<b>J Tax-exempt status (check only one)</b> - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) ► (Insert no.) <input type="checkbox"/> 4847(a)(1) or <input type="checkbox"/> 527		<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L Add lines 6b, 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</b> ► <b>\$ 89,799</b>					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	1	54,844	
	2 Program service revenue including government fees and contracts	5b	2	24,195	
	3 Membership dues and assessments	5c	3	10,760	
	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		6d		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	7a		
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	7b			
c Less: direct expenses from gaming and fundraising events	6c	7c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8			
7a Gross sales of inventory, less returns and allowances	7a	9	89,799		
b Less: cost of goods sold	7b	10	3,000		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	11			
8 Other revenue (describe in Schedule O)	8	12	3,999		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	13	1,475		
10 Grants and similar amounts paid (list in Schedule O)	10	14	2,000		
11 Benefits paid to or for members	11	15			
12 Salaries, other compensation, and employee benefits	12	16	72,387		
13 Professional fees and other payments to independent contractors	13	17	82,861		
14 Occupancy, rent, utilities, and maintenance	14	18	6,938		
15 Printing, publications, postage, and shipping	15	19	213,209		
16 Other expenses (describe in Schedule O)	16	20			
17 Total expenses. Add lines 10 through 16	17	21	220,147		
Expenses	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
	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			
	20 Other changes in net assets or fund balances (explain in Schedule O)	20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21			
Net Assets	22 Net assets or fund balances at end of year. Combine lines 18 through 20	22			

**For Paperwork Reduction Act Notice, see the separate instructions.  
EEA**

**Form 990-EZ (2017)**

08/16/2019  
IRS Ogden UT

97 25



**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

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  33

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

35 a 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

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

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

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

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

b Did the organization file Form 1120-POL for this year?  37b

38 a 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

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b

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

a Initiation fees and capital contributions included on line 9  39a  13,325

b Gross receipts, included on line 9, for public use of club facilities  39b  0

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

section 4911  40b

section 4912  40c

section 4955  40d

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  40e

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40e

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e

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

41 List the states with which a copy of this return is filed  AL

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

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)? If "Yes," enter the name of the foreign country:  42c

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:  42c

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

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

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

c Did the organization receive any payments for indoor tanning services during the year?  44c

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

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

b Did the organization receive any payment from or engage in a transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule K may need to be completed instead of Form 990-EZ (see instructions)  45b  08/16/2019



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**DELTA BETA SIGMA NATIONAL SORORITY**

Employer identification number  
**51-0165382**

**01. General explanation attachment**

**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 990-EZ, 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**

**02. List of grants and similar amounts paid (Part I, line 10)**

**Activity** **PROVIDE SCHOLARSHIPS TO VARIOUS RECIPIENTS**

**Grantee** **VARIOUS**

**Amount** **3,000**

**Activity** **PERFORM CHARITY ACTS**

**Activity** **PERFORM COMMUNITY SERVICE**

**03. Description of other expenses (Part I, line 16)**

**Description** **Amount**

Name of the organization

DELTA BETA SIGMA NATIONAL SORORITY

Employer identification number

51-0165382

<u>BOARD, CHAPTER, COMMITTEE EXP</u>	85
<u>CONVENTION EXP</u>	55,900
<u>INVESTMENT FEES</u>	300
<u>JEWELRY</u>	13,515
<u>P/R TAX</u>	267
<u>OFFICE EXPENSE</u>	442
<u>WEBSITE EXPENSE</u>	172
<u>INSURANCE</u>	924
<u>PRINTING</u>	782

04. Description of other assets (Part II, line 24)

<u>Category</u>	<u>Beginning of Year</u>	<u>End of Year</u>
<u>PUBLICLY TRADED SECURITIES</u>	146,326	156,786

05. Description of total liabilities (Part II, line 26)

<u>Category</u>	<u>Beginning of Year</u>	<u>End of Year</u>
<u>ACCRUED EXPENSES</u>	517	517