

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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 PHI SIGMA SIGMA INC - BETA ALPHA CHAPTER
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 8178 LARK BROWN ROAD NO 202
 City or town, state or province, country, and ZIP or foreign postal code
 ELKRIDGE, MD 210756426

D Employer identification number
 52-0608979
E Telephone number
 (410) 799-1224
F Group Exemption Number ▶ 0942

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. ▶ \$ 173,257

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	9,157
2	Program service revenue including government fees and contracts	2	69,551
3	Membership dues and assessments	3	73,240
4	Investment income	4	2,227
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	19,082
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	173,257
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	7,446
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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	181,041
17	Total expenses. Add lines 10 through 16 ▶	17	188,487
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,230
		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	56,622
20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,267
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,659

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	56,622	22	44,114
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	545
25 Total assets	56,622	25	44,659
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)	56,622	27	44,659

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

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

What is the organization's primary exempt purpose?

PROMOTE THE FELLOWSHIP OF ITS MEMBERS

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		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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 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
ILANA HOFFMAN	5 00	0	0	0
SCRIBE				
SAM SHILLER	5 00	0	0	0
FORMER ARCHON				
MEL NUNEZ	5 00	0	0	0
FORMER VICE ARCHON				
LISSY BODERMAN	5 00	0	0	0
FORMER BURSAR				
GEORGIE KIRSCH	5 00	0	0	0
FORMER SCRIBE				
MADELINE BERMAN	5 00	0	0	0
ARCHON				
SARAH GRAFFIGNA	5 00	0	0	0
VICE ARCHON				
KENDALL HERMAN	5 00	0	0	0
BURSAR				

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, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here ***** Signature of officer 2018-11-12 Date
WENDY LAU GRAND VICE ARCHON - FINANCE Type or print name and title

Paid Preparer Use Only Print/Type preparer's name REBEKAH PAYNE CPA Preparer's signature Date Check if self-employed PTIN P00841956
Firm's name MCM CPAS & ADVISORS LLP Firm's EIN 27-1235638
Firm's address 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254 Phone no (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: 52-0608979

Name: PHI SIGMA SIGMA INC - BETA ALPHA
CHAPTER

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 OPERATION OF MEMBERSHIP ORGANIZATION FOR ITS 113 MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

**TY 2017 Transfers Personal Benefits
Contracts Declaration**

Name: PHI SIGMA SIGMA INC - BETA ALPHA
CHAPTER

EIN: 52-0608979

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

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PHI SIGMA SIGMA INC - BETA ALPHA
CHAPTER

Employer identification number

52-0608979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 2,227

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 19,082

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME PHI SIGMA SIGMA FOUNDATION GRANTEE ADDRESS 8178 LARK BROWN ROAD, STE 202 ELKRIDGE, MD 21075-6426 DATE OF GIFT 06/30/18 AMOUNT GIVEN 7,446

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	<p>DESCRIPTION CRA HQ FEES/EXPENSES AMOUNT 175 DESCRIPTION CREDIT CARD FEES AMOUNT 3,180 DESCRIPTION SOCIAL EVENTS AMOUNT 27,710 DESCRIPTION RECRUITMENT AMOUNT 35,663 DESCRIPTION PARLOR FEES AMOUNT 67,575 DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 31,098 DESCRIPTION PHILANTHROPY AMOUNT 9,449 DESCRIPTION SCHOLARSHIP PROGRAM AMOUNT 216 DESCRIPTION INSIGNIA & JEWELRY AMOUNT 5,975 TOTAL TO FORM 990-EZ, LINE 16 181,041</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN/LOSS AMOUNT 20 DESCRIPTION RESTATEMENT OF PRIOR PERIOD C ASH BALANCE AMOUNT 3,247 TOTAL TO FORM 990-EZ, LINE 20 3,267

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID CARD FUNDS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 545