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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 8/01 **, 2009, and ending** 7/31 **, 2010**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C
ASSOCIATION OF SIGMA OF GAMMA PHI BETA
1339 WEST CAMPUS RD
LAWRENCE, KS 66044-3168

D Employer Identification Number
23-7162509

E Telephone number
785-843-1632

G Gross receipts $ 328,216.

F Name and address of principal officer
Same As C Above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (7) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COLLEGE CAMPUS SORORITY

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	369,193.	201,587.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	364.	261.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-51,780.	-101,326.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,777.	100,522.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		800.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	71,114.	35,335.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 35,335.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,578.	15,797.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	87,692.	51,932.
19	Revenue less expenses Subtract line 18 from line 12	230,085.	48,590.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,651,263.	1,669,986.
21	Total liabilities (Part X, line 26)	320,919.	291,052.
22	Net assets or fund balances Subtract line 21 from line 20	1,330,344.	1,378,934.

SCANNED DEC 30 2010

RECEIVED
241 DEC 13 2010 IRS-OSC
OGDEN, UT

Part II Signature Block

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

► Barbara M Hill — Signature of officer — Date: 12-9-2010

► BARBARA M. HILL, TREASURER HCB — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date: 12/8/10	Check if self-employed ► ☐
Preparer's identifying number (see instructions)	P01293868		
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	The McFadden Group LLC 616 Vermont Street, Suite A Lawrence, KS 66044	EIN ►	48-1173023
		Phone no ►	(785) 843-9550

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

M 62 24

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
COLLEGE CAMPUS SORORITY

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 ☒ 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 ☒ No
If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 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 others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 16,597. including grants of $) (Revenue $)
MAINTAIN AND OPERATE CHAPTER HOUSE ON THE CAMPUS OF THE UNIVERSITY OF KANSAS.
PROVIDE SCHOLARSHIPS TO GAMMA PHI BETA SORORITY MEMBERS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 16,597.

Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? *If 'Yes,' complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• 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 Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12 A — No)			
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, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	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 or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		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, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17	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		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
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations 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		X
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		X
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a 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 a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
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 and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	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		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit 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 deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 0.		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0.		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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 O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 13		
b	Enter the number of voting members that are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization	15b		X
	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 arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

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 (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► BARBARA HILL - TREASURER 735 BROADVIEW, LAWRENCE, KS 66044 785-843-1632

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

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. Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of 'key employees '
- 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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY CROOKER President	3	X		X				0.	0.	0.
MARCIA CASSIDY Secretary	2	X		X				0.	0.	0.
BARBARA HILL Treasurer	5	X		X				0.	0.	0.
HEATHER HOY Director	1	X						0.	0.	0.
MARYNELL REECE Director	1	X						0.	0.	0.
SUSAN DONAGHUE Director	1	X						0.	0.	0.
LESLEY KENNEDY Director	1	X						0.	0.	0.
BRENDA HARDEN Director	1	X						0.	0.	0.
SALLY BECK Director	5	X						0.	0.	0.
MARY LAKE Director	2	X						0.	0.	0.
PAM ADAMS Director	1	X						0.	0.	0.
SHERI COFFIN Director	3	X						0.	0.	0.
TERRI HUNTINGTON Director	1	X						0.	0.	0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							►	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 139,133.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 34,000.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 28,454.				
	g Noncash contribns included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f	►	201,587.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	261.			261.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real / (ii) Personal				
	6a Gross Rents	126,368.				
	b Less rental expenses	227,694.				
	c Rental income or (loss)	-101,326.				
	d Net rental income or (loss)	►	-101,326.	-101,326.		
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	►				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►				
	12 **Total revenue.** See instructions	►	100,522.	-101,326.	0.	261.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	800.	800.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	228.	228.		
c Accounting	920.	920.		
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	35,335.			35,335.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	95.	95.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,970.	1,970.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OFFICE SUPPLIES	2,961.	2,961.		
b COMPUTER MAINT. & SUPPORT	2,725.	2,725.		
c EQUIPMENT RENTAL	2,687.	2,687.		
d SCHOLARSHIP CONSULTING	2,000.	2,000.		
e GIFTS	1,439.	1,439.		
f All other expenses	772.	772.		
25 **Total functional expenses.** Add lines 1 through 24f	51,932.	16,597.	0.	35,335.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X. Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		14,263.	1	4,475.
	2	Savings and temporary cash investments		11,647.	2	11,407.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,482,579.			
	b	Less: accumulated depreciation	10b 1,828,475.	1,625,353.	10c	1,654,104.
	11	Investments — publicly-traded securities			11	
	12	Investments — other securities See Part IV, line 11			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 equal line 34)		1,651,263.	16	1,669,986.
LIABILITIES	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		320,919.	23	291,052.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		320,919.	26	291,052.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		1,330,344.	32	1,378,934.
	33	Total net assets or fund balances		1,330,344.	33	1,378,934.
	34	Total liabilities and net assets/fund balances		1,651,263.	34	1,669,986.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O	2c		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate 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		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

ASSOCIATION OF SIGMA OF GAMMA PHI BETA

Employer Identification number

23-7162509

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d 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 year end balance held as:

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		2,027.		2,027.
b Buildings		832,093.	633,976.	198,117.
c Leasehold improvements		2,195,814.	807,424.	1,388,390.
d Equipment				
e Other		452,645.	387,075.	65,570.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))*			►	1,654,104.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, Col (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements N/A

1	Total revenue (Form 990, Part VIII,column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	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:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	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:**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ASSOCIATION OF SIGMA OF GAMMA PHI BETA

Employer identification number

23-7162509

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- [X] Mail solicitations
- [ ] Internet and email solicitations
- [X] Phone solicitations
- [X] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [ ] Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
PENNINGTON & COMPANY			X	139,133.	33,272.	105,861.
Total				139,133.	33,272.	105,861.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

KS

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				►
	11 Net income summary Combine lines 3, column (d) and line 10				►

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain.			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name: ►				
Address: ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____.				
c If 'Yes,' enter name and address of the third party:				
Name ►				
Address: ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $_____				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $				

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ASSOCIATION OF SIGMA OF GAMMA PHI BETA

Employer identification number

23-7162509

Form 990, Part VI, Line 11 - Form 990 Review Process

ONLY THE TREASURER REVIEWS THE FORM 990 PRIOR TO FILING

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

REQUEST CAN BE MADE OF ANY BOARD MEMBER

Name of the organization: ASSOCIATION OF SIGMA OF GAMMA PHI BETA

Employer identification number: 23-7162509

Client 1622 | ASSOCIATION OF SIGMA OF GAMMA PHI BETA | 23-7162509

12/08/10 01 40PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Rental Activity - 1339 WEST CAMPUS RD, LAWRENCE, KS																
Buildings																
1	BUILDING	7/31/90		500,000							500,000	400,000	S/L	40		12,500
2	ADDITION	7/31/90		332,093							332,093	213,174	S/L	40		8,302
	Total Buildings			832,093		0	0	0	0	0	832,093	613,174				20,802
Furniture and Fixtures																
3	FURNITURE & FIXTURES	7/31/90		161,011							161,011	161,011	S/L	20		0
4	FURNITURE & FIXTURES	7/31/91		19,719							19,719	17,255	S/L	20		986
5	FURNITURE & FIXTURES	7/31/92		76,299							76,299	62,663	S/L	20		3,815
6	FURNITURE & FIXTURES	7/31/93		15,694							15,694	12,167	S/L	20		785
7	FURNITURE & FIXTURES	7/31/94		4,666							4,666	4,666	200DB HY	7		0
8	FURNITURE & FIXTURES	7/31/95		3,550							3,550	3,232	200DB HY	7		0
9	FURNITURE & FIXTURES	7/31/96		47,333							47,333	41,422	200DB HY	7		0
10	FURNITURE & FIXTURES	7/31/97		5,140							5,140	4,241	200DB HY	7		0
11	COMPUTER EQUIPMENT	7/31/97		3,095							3,095	2,501	200DB HY	5		0
12	COMPUTER EQUIPMENT	10/09/98		2,045							2,045	1,431	200DB MQ	5		0
13	BUFFET COUNTER-DINING RM	12/31/98		2,725							2,725	2,337	200DB MQ	7		0
14	SMOKE DETECTOR	12/31/98		245							245	211	200DB MQ	7		0
15	FIRE ALARM SYSTEM	12/31/98		478							478	408	200DB MQ	7		0
16	PHONE SYSTEM	12/31/98		3,203							3,203	2,562	200DB MQ	5		0
17	UPHOLSTER CHAIRS,RUGS	12/10/98		2,118							2,118	1,817	200DB MQ	7		0
39	30 TWIN SIZE MATTERESSES	8/04/99		2,866							2,866	2,866	200DB HY	7		0
40	2 REFRIGERATORS	10/04/99		939							939	939	200DB HY	7		0
42	NETGEAR COMPUTER EQUIP	1/31/00		1,052							1,052	1,052	200DB HY	5		0

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp Depr	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life	Rate	Current Depr
45	3 MICROWAVES	7/17/00		513							513	441	200DB HY	7		0
50	20 TWIN MATTERESSES	9/08/00		1,922							1,922	1,922	200DB HY	7		0
52	4 PARKING SIGNS	11/17/00		181							181	181	200DB HY	7		0
53	2 SIMPLEX PUSH-BTTN LOCKS	11/21/00		763							763	763	200DB HY	7		0
54	SOUTHBEND RANGE & OVEN	1/03/01		3,871							3,871	3,871	200DB HY	7		0
59	2 LAMPS	8/17/01		305							305	305	200DB HY	7		0
62	ENTERTAINMENT ARMOIRE	9/16/01		731							731	731	200DB HY	7		0
65	G E. REFRIGERATOR	11/03/01		748							748	748	200DB HY	7		0
67	2 DELL DIMEN 2100 COMPTRS	11/24/01		1,914							1,914	1,914	200DB HY	5		0
68	CHAIR / OTTAMAN	1/22/02		300							300	300	200DB HY	7		0
70	SONY TV	4/02/02		908							908	908	200DB HY	7		0
73	SONY VCR	4/02/02		127							127	127	200DB HY	7		0
74	CUSTOM MADE SOFA-CHPTR RM	2/22/02		2,503							2,503	2,503	200DB HY	7		0
75	WING BACK CHR & OTT-CHPTR	2/22/02		1,156							1,156	1,156	200DB HY	7		0
76	SPINDLE BACK SOFA-CHPTR	2/22/02		1,059							1,059	1,059	200DB HY	7		0
81	HP LASERJET 2200DN	9/04/02		1,160							1,160	1,160	200DB HY	5		0
83	IBM THINKPAD R32	2/13/03		1,559							1,559	1,559	200DB HY	5		0
87	17" DELL MONITOR-PWENKE	10/19/03		198							198	198	200DB HY	5		0
89	ROUTER-P WENKE	12/22/03		139							139	139	200DB HY	5		0
90	INSTALL O/S & PROGRAMS	1/12/04		1,260							1,260	1,260	200DB HY	5		0
91	NETWORK 6 COMPUT/PRINTER	1/30/04		3,240							3,240	3,240	200DB HY	5		0
92	SONIC WALL TZ 170	1/30/04		1,448							1,448	1,448	200DB HY	5		0
93	POWERCONNECT 3348 PORT SW	1/30/04		1,234							1,234	1,234	200DB HY	5		0
94	APC SMART UPS 620 BU SYST	1/30/04		322							322	322	200DB HY	5		0
95	20" CAT5E PATCH CABLES	1/30/04		118							118	118	200DB HY	5		0
96	2 MS WINDOWS 2000 PRO SFT	1/12/04		429							429	429	S/L	3		0
97	3 NORTON ANTIVIRUS 2004	1/12/04		177							177	177	S/L	3		0

Client 1622 | ASSOCIATION OF SIGMA OF GAMMA PHI BETA | 23-7162509

12/08/10 01.40PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
103	INTEL PETNIUM 4 - 2 8 GHZ	8/23/04		1,797							1,797	1,693	200DB HY	5	.05760	104
104	3 - HP 6217 PRINTERS	8/23/04		900							900	849	200DB HY	5	.05760	51
105	19" MAC MONITOR	8/23/04		350							350	329	200DB HY	5	05760	21
108	SUMP PUMP	10/13/05		235							235	162	200DB HY	7	08930	21
109	EXECUTIVE ROOM TABLE	8/26/05		52							52	35	200DB HY	7	08930	5
111	TOPIARY TREES	4/05/06		447							447	307	200DB HY	7	08930	40
114	SONIC TZ 170 NODE ROUTER	8/25/06		2,331							2,331	1,786	200DB MQ	5	11010	257
115	LINKSYS 5 PORT SWITCH	8/25/06		59							59	45	200DB MQ	5	.11010	6
116	MOTOROLA SURFBD MODEM	8/25/06		188							188	144	200DB MQ	5	.11010	21
117	APC SURGER PROT/ETHERNET	8/25/06		80							80	61	200DB MQ	5	11010	9
118	BATHROOM FURNISHINGS	8/25/06		898							898	554	200DB MQ	7	.10930	98
124	DRIED FLOWER ARRANGEMENT	5/16/07		515							515	261	200DB MQ	7	14060	72
125	2 WING BACK LOVESEATS	6/06/07		3,504							3,504	1,780	200DB MQ	7	.14060	493
126	2 WING CHAIRS	6/06/07		2,153							2,153	1,094	200DB MQ	7	14060	303
127	1 BENCH	6/06/07		1,420							1,420	721	200DB MQ	7	14060	200
128	8 TUB CHAIRS	6/06/07		4,039							4,039	2,052	200DB MQ	7	14060	568
131	2 INTEL CORE 2 DUO SYS/17	7/14/07		3,348							3,348	2,202	200DB MQ	5	13680	458
132	4 HP BUSINESS INKJET 1200	7/14/07		1,073							1,073	707	200DB MQ	5	.13680	147
133	4 USB 2 0 CABLES	7/14/07		64							64	42	200DB MQ	5	13680	9
134	2 MICROSFT OFFICE PRO '07	7/14/07		1,073							1,073	746	S/L	3		327
135	INSTALL & SETUP NEW EQUIP	7/14/07		1,690							1,690	1,112	200DB MQ	5	.13680	231
136	2 MICRSFT WINDOWS XP PRO	7/22/07		429							429	286	S/L	3		143
137	2 NORTON ANTIVIRUS 2007	7/22/07		86							86	58	S/L	3		28
138	IRON CHAIRS-FRONT PORCH	7/24/07		250							250	127	200DB MQ	7	14060	35
139	17" VIEWSONIC MONITOR	8/07/07		268							268	140	200DB HY	5	19200	51
142	8 BURNER S/S GRILL	8/25/07		1,613							1,613	625	200DB HY	7	17490	282
156	SECURITY CAMERA/DVR/MONIT	12/06/08		1,824							1,824	456	200DB MQ	5	30000	547

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
157	WIRELESS ACCESS PT/WEBCAM	1/01/09		526							526	132	200DB MQ	5	.30000	158
159	RUG FOR TV ROOM	5/19/09		592							592	21	200DB MQ	7	27550	163
164	2 WING BACK CHAIRS-RESORT	6/29/09		1,575							1,575	56	200DB MQ	7	27550	434
165	2 SOFAS-PAPRIKA	6/29/09		3,279							3,279	117	200DB MQ	7	.27550	903
166	4 20X20 PILLOWS	6/29/09		319							319	11	200DB MQ	7	27550	88
167	RESTORE 2 ARM CHAIRS-BLCK	6/29/09		755							755	27	200DB MQ	7	.27550	208
168	RESTORE 2 CHAIRS-BLUE STR	6/29/09		539							539	19	200DB MQ	7	.27550	148
169	RESTORE 8 CHAIRS	6/29/09		1,553							1,553	55	200DB MQ	7	.27550	428
170	SILK TABLE CLOTH	6/29/09		377							377	13	200DB MQ	7	27550	104
174	CROOKER-FURNISHINGS	6/26/09		5,984							5,984	214	200DB MQ	7	27550	1,649
179	PAINTING	3/28/10		860							860		200DB MQ	7	10710	92
183	FURNITURE UPHOLSTERY	6/24/10		10,866							10,866					0
186	FRAMING 12 COMPOSITS	7/12/10		1,934							1,934		200DB MQ	7	03570	69
190	POWDER ROOM MIRRORS	7/26/10		1,848							1,848		200DB MQ	7	03570	66
191	POWDER ROOM LAMP	7/26/10		270							270		200DB MQ	7	03570	10
192	POWDER ROOM LIGHT FIXTURE	7/20/10		582							582		200DB MQ	7	.03570	21
193	5 NG PRO WIRELESS ACC PTS	6/15/10		5,667							5,667		200DB MQ	5	.05000	283
194	1 INTEL QUAD DESKTOP SYS	1/13/10		1,690							1,690		200DB MQ	5	25000	423
195	POWER ROOM PIECE IN FOYER	6/24/10		598							598					0
	Total Furniture and Fixtures			450,963		0	0	0	0	0	450,963	370,033				15,360
	Improvements															
18	IMPROVEMENTS	7/31/90		313,860							313,860	313,860	S/L	20		0
19	IMPROVEMENTS	7/31/91		42,938							42,938	37,570	S/L	20		2,147
20	IMPROVEMENTS	7/31/93		57,408							57,408	44,485	S/L	20		2,870
21	IMPROVEMENTS	7/31/94		258,426							258,426	144,826	S/L	20		12,921

Client 1622 | ASSOCIATION OF SIGMA OF GAMMA PHI BETA | 23-7162509

12/08/10 01 40PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life	Rate	Current Depr.
22	IMPROVEMENTS	7/31/95		97,598							97,598	33,675	S/L MM	39	02564	2,502
23	IMPROVEMENTS	7/31/96		67,809							67,809	21,666	S/L MM	39	.02564	1,739
24	IMPROVEMENTS	7/31/97		74,481							74,481	21,887	S/L MM	39	.02564	1,910
25	LANDSCAPING IMPROVEMENT	7/31/97		2,100							2,100	619	S/L MM	39	.02564	54
26	1ST FLOOR SPRINKER SYSTEM	12/31/98		17,416							17,416	4,489	S/L MM	39	02564	447
27	CABINETS/STORAGE UNITS	8/10/98		10,038							10,038	2,667	S/L MM	39	02564	257
28	LANDSCAPE WORK-SUMP PUMP	8/24/98		1,800							1,800	1,299	150DB HY	15	.05900	106
29	LANDSCAPE IMPR - DRAINAGE	11/03/98		1,210							1,210	840	150DB HY	15	.05900	71
30	LANDSCAPE-SIDEWALK WORK	12/31/98		2,143							2,143	1,492	150DB HY	15	.05900	126
31	BLDG RENOVATIONS	8/31/98		33,717							33,717	8,975	S/L MM	39	.02564	865
32	BEAM/CEILING/SOFFIT WORK	8/11/99		10,327							10,327	2,639	S/L MM	39	02564	265
33	ELECTRICAL WIRING-INTERNT	8/22/99		141							141	39	S/L MM	39	02564	4
34	A/C COIL & COMPRESSOR	9/14/99		14,081							14,081	3,565	S/L MM	39	.02564	361
35	TOILET ROOM PLUMBING	10/25/99		6,560							6,560	1,645	S/L MM	39	02564	168
36	TANK DEMO & PIPING WORK	10/25/99		1,696							1,696	421	S/L MM	39	02564	43
37	HOT WATER HEATER W/ FLUE	10/25/99		6,456							6,456	1,625	S/L MM	39	02564	166
38	CABLE INSTALL-TV/INTERNET	12/31/99		15,200							15,200	3,754	S/L MM	39	02564	390
43	TILE WORK-2 SHOWER AREAS	1/24/00		2,343							2,343	573	S/L MM	39	02564	60
44	CARPET-2ND FLOOR ROOM	7/28/00		517							517	443	200DB HY	7		0
46	REMODEL CLOSET DOORS	7/25/00		5,677							5,677	1,314	S/L MM	39	02564	146
47	REMODEL JOB	10/04/00		38,347							38,347	8,644	S/L MM	39	02564	983
48	LAMINATE FLOOR-WATER DAM	8/22/00		10,893						10,893	0		200DB HY	7		0
49	INSUR PROCEEDS-WATER DAM	8/22/00		-10,893							0		200DB HY	7		0
51	FRONT EXTERIOR/HALL LGHTS	9/15/00		2,467							2,467	559	S/L MM	39	02564	63
55	NEW DRYER ELEC/VENT WORK	1/25/01		1,550							1,550	342	S/L MM	39	02564	40
56	REMODEL	12/31/00		3,852							3,852	854	S/L MM	39	.02564	99
57	INSTALL NEW PHONES CABLES	1/31/01		4,346							4,346	948	S/L MM	39	.02564	111

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
58	TILE MAIN FLR, CARPET BR	8/10/01		3,365							3,365	685	S/L MM	39	02564	86
60	CARPET-PRES 'S ROOM	8/29/01		323							323	323	200DB HY	7		0
61	PLANTATION SHUTTERS-STUDY	8/29/01		2,838							2,838	2,838	200DB HY	7		0
63	CLOSET DOORS REMODEL	9/28/01		10,928							10,928	2,206	S/L MM	39	.02564	280
64	COMPUTER CABLE-BASEMENT	10/06/01		521							521	102	S/L MM	39	02564	13
66	NEW BOILER	11/09/01		19,870							19,870	3,924	S/L MM	39	02564	509
69	REMODEL CLOSETS	2/22/02		12,965							12,965	2,477	S/L MM	39	.02564	332
71	CHILLER UPGRADE	4/05/02		19,380							19,380	3,624	S/L MM	39	02564	497
72	NEW CABINETRY	4/18/02		3,095							3,095	576	S/L MM	39	02564	79
78	ROOF-RESURFACING	9/21/02		9,113							9,113	1,609	S/L MM	39	02564	234
79	RAINGUTTERS	9/21/02		3,038							3,038	536	S/L MM	39	.02564	78
80	SINK & 2 FAUCETS	9/04/02		1,729							1,729	303	S/L MM	39	.02564	44
82	NEW DOOR ON FIRE ESCAPE	10/29/02		709							709	122	S/L MM	39	.02564	18
84	NEW GARBAGE DISPOSAL	3/04/03		2,308							2,308	376	S/L MM	39	02564	59
85	2 50-GAL WATER HEATERS	4/15/03		4,720							4,720	761	S/L MM	39	02564	121
86	TILE SHOWER CEILING	7/31/03		722							722	115	S/L MM	39	02564	19
88	CONDENSER/EVAP FOR COOLER	11/16/03		4,727							4,727	691	S/L MM	39	02564	121
98	CARPET	6/25/04		288							288	250	200DB HY	7	08930	26
99	REMODEL-BASEMENT	8/01/04		37,627							37,627	4,786	S/L MM	39	02564	965
100	CHILLER BARREL REPLACEMEN	7/17/04		12,089							12,089	1,563	S/L MM	39	02564	310
101	BUD JENNINGS CARPET	7/26/04		196							196	169	200DB HY	7	08930	18
102	INSTALL FAN COIL ON UNIT	7/17/04		917							917	121	S/L MM	39	02564	24
106	REMODEL/IMPROVEMENTS	8/31/04		108,874							108,874	13,847	S/L MM	39	02564	2,792
107	REMODEL/IMPROVEMENTS	10/14/05		63,462							63,462	6,171	S/L MM	39	02564	1,627
110	NEW TOILET	10/05/05		842							842	578	200DB HY	7	08930	75
112	NORTH WALL REPAIR PROJECT	7/27/06		22,022							22,022	1,719	S/L MM	39	02564	565
113	BOILER BACKFLOW DEVICE	8/02/06		2,319							2,319	175	S/L MM	39	02564	59

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
119	CARPET	8/31/06		487							487	301	200DB MQ	7	10930	53
120	NORTH WALL PROJECT	9/14/06		19,619							19,619	1,447	S/L MM	39	02564	503
121	NEW GARBAGE DISPOSAL	11/09/06		2,317							2,317	1,346	200DB MQ	7	11970	277
122	3RD FLOOR BATHRM REMODEL	2/27/07		41,311							41,311	2,604	S/L MM	39	02564	1,059
123	DESIGN FEES FOR REMODEL	6/01/07		1,500							1,500	81	S/L MM	39	02564	38
129	CARPET-PRESIDENTS ROOM	6/14/07		227							227	116	200DB MQ	7	14060	32
130	DINING ROOM REMODEL	7/13/07		70,367							70,367	3,683	S/L MM	39	.02564	1,804
140	PLUMBING PROJECT	8/15/07		28,065							28,065	1,411	S/L MM	39	02564	720
141	ELECTRICAL WORK	8/20/07		1,112							1,112	56	S/L MM	39	02564	29
143	DINING ROOM REMODEL	8/27/07		81,957							81,957	4,118	S/L MM	39	02564	2,101
144	TREE LIGHTING PROJECT	11/08/07		6,912							6,912	303	S/L MM	39	.02564	177
145	EXIT LIGHTING	9/20/07		742							742	36	S/L MM	39	.02564	19
146	PORCH LIGHTING SOCKETS	11/05/07		318							318	14	S/L MM	39	02564	8
147	RECEPTACLES IN BUILT-INS	3/17/08		3,916							3,916	138	S/L MM	39	02564	100
148	FIRE ALARM SYSTEM UPGRADE	4/01/08		689							689	23	S/L MM	39	02564	18
149	INSTALL CERAMIC TILE	7/15/08		531							531	206	200DB HY	7	17490	93
150	EXTERIOR IMPROVEMENTS	9/10/08		258,886							258,886	5,817	S/L MM	39	02564	6,638
151	CUBBY MIRRORS & INSTALL	8/28/08		3,236							3,236	809	200DB MQ	7	.21430	693
152	CERAMIC TILE	8/30/08		394							394	99	200DB MQ	7	21430	84
153	NEW TOILET & FLOOR WORK	9/19/08		1,266							1,266	317	200DB MQ	7	21430	271
154	IRRIGATION SYS/LANDSCAPE	9/26/08		4,124							4,124	361	150DB MQ	15	09120	376
155	FIREPLACE INSERT	10/18/08		1,133							1,133	23	S/L MM	39	02564	29
158	ATTIC INSULATION	1/28/09		6,083							6,083	85	S/L MM	39	02564	156
160	CARPET-HM ROOM	6/22/09		5,543							5,543	198	200DB MQ	7	27550	1,527
161	AREA RUG-PRES ROOM	6/22/09		504							504	18	200DB MQ	7	.27550	139
162	INSTALL CARPET-ROOM 3	6/22/09		509							509	18	200DB MQ	7	.27550	140
163	REFINISH OAK FLOOR-L ROOM	6/22/09		2,782							2,782	99	200DB MQ	7	.27550	766

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
171	LANDSCAPING	7/31/09		8,115							8,115	101	150DB MQ	15	09880	802
172	PARKING LOT	7/31/09		86,623							86,623	1,083	150DB MQ	15	.09880	8,558
173	GREASE TRAP INSTALL	7/31/09		6,310							6,310	7	S/L MM	39	.02564	162
176	BOILER & STORAGE TANK	9/10/09		24,500							24,500		S/L MM	39	02247	551
177	NEW IRRIGATION ZONE	11/19/09		1,824							1,824		150DB MQ	15	06250	114
178	SECURITY SYSTEM	1/13/10		12,903							12,903		S/L MM	39	01391	179
181	14 TOILETS	6/09/10		11,673							11,673		S/L MM	39	00321	37
182	CARPENTRY-DAN THOENNES	7/27/10		8,598							8,598		S/L MM	39	.00107	9
184	POWDER RM & KITCHEN REMOD	7/26/10		6,150							6,150		S/L MM	39	00107	7
187	CARPET & TILE	7/31/10		30,139							30,139					0
188	WOOD FLOOR REFINISHING	7/31/10		1,550							1,550					0
189	SECURITY SYSTEM-ADDT'L	7/27/10		9,405							9,405		S/L MM	39	.00107	10
	Total Improvements			2,195,811		0	0	0	0	10,893	2,195,811	741,280				66,144
	Land															
77	LAND	7/31/90		2,027							2,027					0
	Total Land			2,027		0	0	0	0	0	2,027	0				0
	Miscellaneous															
41	REFINANCING COSTS	7/31/90		1,682							1,682	1,682	S/L			0
	Total Miscellaneous			1,682		0	0	0	0	0	1,682	1,682				0
	Total Depreciation			3,482,576		0	0	0	0	10,893	3,482,576	1,726,169				102,306

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Grand Total Depreciation			3,482,576		0	0	0	0	10,893	3,482,576	1,726,169				102,306