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· 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

<u> </u>	For th	he 2009 ca	alendar	year, or t	ax year beg	inning	August 1	, 2009, a	and endi	ing		y 31	, 20 <i>°</i>		
В	Check if	applicable	Please	C Name of	f organization	Gamma Ph	i Beta Soro	ority				D Emple	oyer (denti	ification numb	er
_		s change	use IRS label or		usiness As B	eta Sigma (Chapter, W	ashington S	State Ur	niver	sitv	91	•	6057502	
		- 1	print or		and street (or P O				Room/s				hone numb		
	Name c		type	PO Box	•			•				,	`		
\sqcup	Initial re	eturn	See Specific									- (,		
\Box	Termina	ated	Instruc-	City or to	own, state or o		P + 4								
	Amende	ed return	tions		n, WA 9916							G Gross	receipts \$		
	Application	on pending	F Nan	me and addi	ress of principa	al officer				ļ	H(a) Is this	a group retu	rn for affiliate	s ⁷ □Yes ☑	No
			1								H(b) Are a	-			No
$\overline{}$	Tax-ex	empt status	s [7] :	501(c) (7))◀ (insert no)	4947(a)(1) or 52	27						instructions)	
Ť		ite: ▶	E.J.	30.(0) ()	, 4 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			\neg	H(c) Group e		•		
ĸ			Z Com	poration T	rust Associa	tron Other		I Voc	r of forma		1955			micile WA	—
				oration II	rusi Associa	liton 🗀 Other	<u> </u>	L rea	u oi ioiina	1110/11.	1900	W State	or legal do	Tilicile VVA	
P	art I	Summ													
	1	Briefly de	escribe	the orga	nization's m	nission or m	ost signific	ant activities	s: Prov	/ide i	room, bo	ard, ac	ademic	and social	
		activitie	s to so	rority pa	trons of the	e Washingt	on State U	niversity ca	mpus c	hap	ter.				
ည															
Activities & Governance	-														
ě		0						innesed of mor	o than OF	0/ 04	to not none	 +a			
င္ဟ	i				-			isposed of mor		70 UI	115 1161 4556	3	1		^
త	· ·			•	_	•	• •	, line 1a).							9
9	4	Number	of inde	pendent :	voting mem	bers of the	governing	body (Part \	∕I, line 1	1b)		4	<u> </u>		0
₹	5	Total nur	mber of	f employe	es (Part V,	line 2a)				 .	•	5	<u> </u>		0
Ğ	6	Total nur	mber of	f voluntee	ers (estimate	e if necessa	nl). R	ECEIVE	₹n .	.1		6	<u> </u>		9
								mn-(C), line	10	\sim		7a	1		2
	Ь	Net unrel	lated by	usiness ta	axable inco	me from Fo	rm 990-T. I	ine 34.		S		. 7b			0
							N/	AY 23 2		ρĺ	Prior Ye	ar	Cu	ırrent Year	_
		^			/D - 4 \ / ///	41-1			1				 		
ą	1			_	(Part VIII, I		· -		<u>''</u> ۔۔۔۔'	1		117 005		94.0	42
Revenue		•			e (Part VIII, I		1.00	IDEN,	HT	\vdash		117,095		84,94	
ě					VIII, columi			~	<u> </u>	<u> </u>		2	 		2
								c, and 11e)		<u></u>			<u> </u>		
	12	Total reve	enue-a	add lines 8	through 11	(must equal	Part VIII, co	olumn (A), lin	e 12)			17,097	·	84,94	44
	13	Grants a	nd simi	ılar amou	nts paid (Pa	art IX. colum	nn (A). lines	: 1–3)							
	4				embers (Pa										
en en	1		•				, -	-	E 10)			•	<u> </u>		
Expenses		5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6a Professional fundraising fees (Part IX, column (A), line 11e)									· · · · · · · · · · · · · · · · · · ·				
ă				-					•				 		
ш					s (Part IX, co					├ ─		104.075	+		
					column (A)							101,875		84,67	
	18	Total exp	enses.	. Add line:	s 13-17 (m	ust equal Pa	art IX, colur	mn (A), line :	25)	<u> </u>	1	01,875		84,67	<u>79</u>
	19	Revenue	less exp	penses. S	ubtract line	18 from line	12					15,222		26	65
ts or	1									Begi	nning of Cu	rrent Year	r Er	nd of Year	
ets	20	Total acc	ote (Pa	art X, line	16)							26,123		22,71	18
Net Asset Fund Batar	20		•	•	,		•	•			-	0			0
E e	21			Part X, lin	ces. Subtra	et line 21 fr	om line 20	•	•			26,123	† ·- · · ·	22,71	
	rt II				ces. Subira	ict iiile 21 ii	OIII IIIIe 20	• •	•	Ь		20,123	<u> </u>		10
ГС	HE III		ature			/		· · · · · · · · · · · · · · · · · · ·		-1 1		4	4-46-6		
		and belief	nation of	perjury, you	aciare that I ha	we examined tr Declaration of	is return, inclu preparer (othe	iding accompan r than officer) is	iying sche based or	oules n all ir	ano statem nformation i	ients, and of which o	to the besi preparer ha	s any knowled	age lae
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		Preparer's			0	1		Date	se	elf-		(see instru	identifying : ctions)	iui iibei	
Paid	ı	signature	7 –	1: C	~ <i>Y</i> S /			سا		mploy	/ed ▶ ∐		. ,		
	oarer's	<u> </u>		unc	/ Vela	5		5.14	<u>'-!!</u>				P00850)658	
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Fal	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Recognize and encourage individual excellence in education; promote the development of leadership ability and character in its members; foster, disseminate and improve education through appropriate community service projects; develop campus and community volunteers and leaders; provide innovative programming which addresses issues relevant to woman and society.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 84,679 including grants of \$) (Revenue \$) Provide room, board, social and academic activities to the local chapter of sorority, located on the WSU campus.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 84,679
4e	Total program service expenses ► 84,679

Par	t 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	√	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	•	1,	
•	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.	٠	٠,	
•	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 organization'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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			۲٠,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		· ·
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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		1
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		✓
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		✓_
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		✓
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ v

` Pai	t 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		1
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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		√
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
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		✓
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		√
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	1	

• Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a				
L		1 .]		
	The transfer of Forms W 20 molecular line for Effect of Milot applicable			
C	gaming (gambling) winnings to prize winners?	1c		1
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 1	d		
Ь		2b		┼
	instructions)			
3a				 - -
_	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. b Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 of Interest in 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? b If *Yes,* has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule O 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)? b If *Yes,* has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule O 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: ▶ 5e 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? b Did any taxable party notify the organization file Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization and the value of the goods or services provided? 7b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization sell, exchange,			1
		3b		 -
44				
		4a		1
b		-		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
		5c		Ļ
6a		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а				
		7a		1
		7b		<u> </u>
С		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		- 7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
		7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	ļ		
		7h		<u> </u>
		1		Í
				<u>`</u>
	· · · · · · · · · · · · · · · · · · ·	8		-
		9a		1
		9ь	-	1
	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12			¦ - '
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.	-	
	Section 501(c)(12) organizations. Enter:	<i>'</i>		ļ
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	- 1	1	

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.

Sec	tion A. Governing Body and Management			-	T.,	T
	Fatouthe assert and a second supplies of the second second	۔ ا	1		Yes	No
_	Enter the number of voting members of the governing body	1a		9		
ь	Enter the number of voting members that are independent	1b				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relati	onship with	- I -	# [<u> </u>	12.
_	any other officer, director, trustee, or key employee?			2	-	· •
3	Did the organization delegate control over management duties customarily performed by or			1		/
	supervision of officers, directors or trustees, or key employees to a management company or o			3	<u> </u>	V
4	Did the organization make any significant changes to its organizational documents since the prior For			5	 	\ \ \
5	Did the organization become aware during the year of a material diversion of the organiza	tion's	assets7		 	7
6	Does the organization have members or stockholders?			_6	<u> </u>	<u> </u>
/a	Does the organization have members, stockholders, or other persons who may elect one o	r mor	e members			/
	of the governing body?		•	7 <u>a</u> 7b	 	
_	Are any decisions of the governing body subject to approval by members, stockholders, or oth			d'armi i		*
8	Did the organization contemporaneously document the meetings held or written actions un	nderta	iken during	# 4 × ×		70.
_	the year by the following:			<u>#</u>	7	
	The governing body?			. <u>8a</u> 8b	\ \ /	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	, nnot l	oo roachoc		-	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Sched			- 1		/
Sec	tion B. Policies (This Section B requests information about policies not requ			9a	L	. v
	enue Code.)	n eu	Dy IIIe II.	iterriar		
	3.145 6546.)				Yes	No
40-				10a	res	No
	Does the organization have local chapters, branches, or affiliates?			_	-	<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with those of the organization and the consistent with those of the organization and the consistent with those of the organization and the consistent with those of the organization and the consistent with the consistent			10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body	y beto	re filing the	11		/
44.6	form?			V 4,55	22	· · .
	Describe in Schedule O the process, if any, used by the organization to review this Form 9	990		400	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		•
D	Are officers, directors or trustees, and key employees required to disclose annually interest	s that	could give			./
	rise to conflicts?	•		12b	-	· ·
С	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	policy	パ If "Yes,"	12c		1
13	Does the organization have a written whistleblower policy?			13		✓
14	Does the organization have a written document retention and destruction policy?			14		✓
15	Did the process for determining compensation of the following persons include a review	and a	pproval by		.^.`	- ''
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on an	d decision?	د المالية المالية	پَيْرَاد کُنْ ــــــــــــــــــــــــــــــــــــ	ž. 3
а	The organization's CEO, Executive Director, or top management official			15a		✓
b	Other officers or key employees of the organization			15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)				Page	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar ar	rangement			
	with a taxable entity during the year?		Ū	16a		✓
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ation 1	o evaluate	Jugar C.	*4" } 5° \$ " •	
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	eps to	safeguard			
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and	990-T (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 doc	cumer	its, conflict	t of inti	erest	
	policy, and financial statements available to the public.		.,			
20	State the name, physical address, and telephone number of the person who possesses the	e boo	ks and rec	ords o	f the	
- -	organization. ► Treasurer, Gamma Phi Beta Sorority, Washington State University, 600 99163	NE C	ampus St,	Pullm	an, W	<u>/A</u>

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 employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not co	mpensate	any c	urr	ent	offi	cer, d	irec	tor, or trustee		, .
(A)	(B)	l			C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Leeann Greenland Pullman, WA 99163				1						
Mikayla Ferrin			-	•	 		-			
Pullman, WA 99163				1						
Kelley Stearns Pullman, WA 99163	•			1						
Alexandra Zachor Pullman, WA 99163				√						
Heather Coakley				<u> </u>			1			
Pullman, WA 99163				✓			<u> </u>			

F	Section A. Onicers, Directors, 170		/ Emp	ioy	_		u mig	nesi			ntinue		
	(A) Name and title	(B) Average	Positi	on (-	C) kall	that ap	(vla	(D) Reportable	(E) Reportable	F	(F) stimated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	nount of other pensation om the panization d related anizations	
												_	
									·				
_1b	Total							▶			1		
2	Total number of individuals (including but reportable compensation from the organization from the organization)		to the	ose	liste	ed a	above) wh	o received mo	ore than \$100,0	00 ın		
	•											Yes No	
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oyee	e, or highest c	ompensated	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4	For any individual listed on line 1a, is the s the organization and related organizations	um of repo	ortable	e co	omp	ens	ation				liva.		
5	individual	or accrue	comp	ens	 satio	on f	rom a	any	unrelated org		4	√	
	services rendered to the organization? If ")	es," comp	lete S	Sch	edu.	le J	for s	uch	person		5	✓	
	ction B. Independent Contractors												
1	Complete this table for your five highest cocompensation from the organization.	mpensate	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$10	00,000	of	
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation		
									·				
_	Tatal aumber of radar and an array of the first of the fi	Salization of the			- مه	4		1	al a la a		1		
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	nose	ııste	a above) who	received		· ai ·	

Par	t VII	Statement of Re	venue						
	- Tage of the			, , _‡ ~		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a					
our Jra	1	Membership dues		1b]			
S, G	1	Fundraising events	• •	1c		- 4			
gift		Related organizations		1d			-		
S, E	1	Government grants (contri	ibutions)	1e			• `		
iributions, gifts, grants other similar amounts	ı	All other contributions, gifts,				1 . ,			
哲	١.	and similar amounts not inclu		1f			-		
Contributions, gifts, grants and other similar amounts	a	Noncash contributions include				1			_
Cont		Total. Add lines 1a-1f			•				
				-	Business Code				
	2a	Member Dues/Fees			900099	64,365	64,365		-
ě	b	Charle Frank Davisonia	· · · · · · · · · · · · · · · · · · ·	• • • • •	900099	20,577	20,577		
Program Service Revenue	5			• • • • •					
ΕŽ	4	de							
S	l u								·
gra	f	All other program servi		······					
P.	a	Total. Add lines 2a-2f			>	84,942	40 ×3 +73 **		1. () = 1 , 1 , 1 , 5
	3	Investment income (inc	Judina divi	dond	unterest and				
	3	other similar amounts)	iuding divi		s, interest, and	2		2	
	4	Income from investment of			d proceeds				
	5	Royalties	i tax-exemi	Ji DUII	u proceeds				
	-	rioyanios	(i) Real	<u> </u>	(ii) Personal	TE. 11 NO.	"CANTELL PORT OF THE		25 9 1 1 1
	6-	Cross Banto			<u> </u>				
		Gross Rents			-		Haran Maria		
	1	Less: rental expenses		-		经解决证据			
	C C	Rental income or (loss) Net rental income or (lo			<u> </u>	1118	Lanta Lander	السائلة مستاه من المناطقة المسائلة المس	
]	•	(i) Securiti		(ii) Other	VA NALIZZANIAN	- Islandia Maria	35 No. 1 1 1 1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2	Parata Control
	7a	Gross amount from sales of	(i) Securiti	-	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis			1		36000000000000000000000000000000000000		· 超、必要性
		and sales expenses .							
		Gain or (loss)			<u> </u>		<u> </u>	المستحسلات والمستحد	
	l u	Net gain or (loss)		•	<u> </u>	* * * * * * * * * * * * * * * * *			
evenue	8a	Gross income from	fundraisi	-			3-5 5		4
Ver		events (not including \$			İ			? .: [*] .,-	
		of contributions reported	d on line 1	c).					-/
<u>.</u>	١.	See Part IV, line 18 .		· a	-	国一部中国特			
Other R		Less: direct expenses Net income or (loss) fro	sm fundrau	. b	vents >	144-4-1	and the State of the State of	Table and a care and an array a	Ence who have a market
U	ł			_	vents	1 1, 7, 5		1	,
	9a	Gross income from gam	-						, , , , , ,
	١.					1	-		- •
	b	Less: direct expenses Net income or (loss) fro	, m aomina	b	ution				
	l				liles P				
	10a	Gross sales of inve		SS					_
		returns and allowances		а		175 4			
	ь	Less: cost of goods so	ld		L				
	C	Net income or (loss) from		nvente		 			
		Miscellaneous Revo	enue		Business Code				
	11a					ļ			
	b								
	С					ļ			
	d	All other revenue							
		Total. Add lines 11a-1					ξ		
		Total revenue. See ins			▶	84,944	84,942	2	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are n	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 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				,
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			5,1	
5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Pension plan contributions (include section 401(k)				
9	Other employee benefits				
-	Payroll taxes				
10 11					
	Fees for services (non-employees)				
	Management		-		
	Legal				
	Accounting				
ď	Lobbying		F. M. C. 100 B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Professional fundraising services. See Part IV. line 17		STORES CONT. LENGTH STORE TO	170,570 M = 2 + 3 + Ta	
f	9				
9 12	Other	7.720	7.720		
13	Advertising and promotion		1,1.20		
14	Information technology				
15	<u> </u>				
16	Cocupancy	5,468	5,468		
17	Travel				
18					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.	6,814	6,814		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	1,571	1,571		*
23	Insurance				
24		Control of the control of	· · ·	**	- 7,5
24	Other expenses. Itemize expenses not covered above (Expenses grouped together	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,		7.
	and labeled miscellaneous may not exceed	at tale and	The second second	1.7	-
	5% of total expenses shown on line 25 below.)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
а	Slush Fund Expenses	23,452	23,452		
þ	Refunds/Reimbursements	986	986		
С	Social/Activities	19,987	19,987		
d	Dues	16,679	16,679		
е	Scholarships	1,060	1,060		
f	All other expenses Initiation/Charity	942	942		
25	Total functional expenses. Add lines 1 through 24f	84,679	84,679		
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				

Pa	irt X	Balance Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	20,882	1	22,718
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		, 7	•
	_	employees, and highest compensated employees. Complete Part II of		ه این مصالت	, ~ · · · · · · · · · · · · · · · · · ·
		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	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	Market and Date of the second	9	
	10a	Land, buildings, and equipment cost or 10a 9,252		4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		other basis. Complete Part VI of Schedule D	5 0 4 0		2.2.
	b	Less: accumulated depreciation [10b] 5,582	5,242	-	3,670
	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		14	
	14	Intangible assets		15	
	15 16	Other assets. See Part IV, line 11	26,123		26,388
—	-		20,123	17	20,300
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
ý	20 21	Tax-exempt bond liabilities		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	The state of the s	,	
ğ	22	employees, highest compensated employees, and disqualified		જલું દ	之"神经"的"
Ë		persons. Complete Part II of Schedule L		22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0	26	0
S		Organizations that follow SFAS 117, check here ▶ □ and		2	
nces		complete lines 27 through 29, and lines 33 and 34.			
<u>ra</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets	ر مهرمون به جزید مدرمای موفودهای	29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds .		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds	26,123	32	26,388
Ž	33	Total net assets or fund balances	26,123		26,388
	34	Total liabilities and net assets/fund balances	26,123	34	26,388

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other	3	آب - آ	
	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		✓
þ	Were the organization's financial statements audited by an independent accountant?	2b		✓
С	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?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain in			٠, ٠
	Schedule O.	3.0	1	
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:	7.5.	-	, , , [,]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 	3
За	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		<u> </u>
Ь	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		

Form **990** (2009)

SCHEDULE D

Supplemental Financial Statements

201

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number Gamma Phi Beta, Beta Sigma Chapter 91 : 6057502 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 Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) . Aggregate value at end of year , . 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. 2a a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: (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. b Assets included in Form 990, Part X \$

Page 2

Par	t III Organizations Maintaini	ng Collections	of Art, H	istorio	cal 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):							
а	Public exhibition		d		Loan or excha	ange	programs	
b	Scholarly research		е		Other			
С	Preservation for future generat	ions						
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							
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
	Is the organization an agent, trusted included on Form 990, Part X?					ons (or other assets r	not
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follov	ving table:	_		Amount
						-	lc l	Amount
C	Beginning balance			•	•			
d	0 ,					. —	ld .	
e	5				•	. —	le If	
f 2a	Ending balance	 ount on Form 990	. Part X.	 line 21	7	. Ц	!!	Yes No
b	If "Yes," explain the arrangement in	Part XIV.					· ·	
Par	t V Endowment Funds. Co							
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance						1.	
þ	Contributions		ļ				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · ·
С	Net investment earnings, gains, and losses				The same of the sa	T North		
d	Grants or scholarships				30.137/ #1	i is	1	
е	Other expenditures for facilities							
	and programs				- 43			
	Administrative expenses				***	-3 4		
g 2	End of year balance	f the year and ha	lance hel	d ac:	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	1.8	
a	Board designated or quasi-endowm	•		u as				
b	Permanent endowment ▶		/0					
c	Term endowment ▶%							
За	Are there endowment funds not in the	e possession of th	ie organiz	ation t	hat are held an	d ad	ministered for the	•
	organization by:							Yes No
	-							3a(i)
								3a(ii)
b	If "Yes" to 3a(ii), are the related organism Describe in Part XIV the intended us					•		. 3b
Par	t VI Investments—Land, Bu					art X	line 10	
rai	Description of investment	(a) Cost or ot			Cost or other) Accumulated	(d) Book value
	Description of investment	(investme			asis (other)		depreciation	(d) Book Value
1a	Land				;		91	
	Buildings							
	Leasehold improvements							
	Equipment		9,252				5,582	3,670
е	Other	.]	\Box					
Total	. Add lines 1a through 1e. (Column (d) r	nust equal Form 99	30, Part X,	colum	n (B), line 10(c))	🕨	3,670

Part VII Investments—Other Securitie	s. See Form 990. Part 2	X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
	-		
	-		
			.
	·	· · · · · · · · · · · · · · · · · · ·	
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		5-	
Part VIII investments—Program Relate	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
	-		
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			~
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
			-
			<u> </u>
		-	
	·		
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount	357 133	
Federal income taxes			- •
			
		Samuel College	
		- 	
		 	
.	<u> </u>		•
	-		·
			tage than
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		The second	

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.

rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Statements
Total revenue (Form 990, Part VIII, column (A), line 12)	. 1
Total expenses (Form 990, Part IX, column (A), line 25)	2
Excess or (deficit) for the year. Subtract line 2 from line 1	. 3
Net unrealized gains (losses) on investments	4
Donated services and use of facilities	. 5
Investment expenses	6
Prior period adjustments	. 7
Other (Describe in Part XIV.)	
Total adjustments (net). Add lines 4 through 8	9
Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With	
	
Total revenue, gains, and other support per audited financial statements	. 1
Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a	5 A
The dividual of the second of	
The state of pilot year grante	
Add lines 2a through 2d	3
Amounts included on Form 990, Part VIII, line 12, but not on line 1	
Investment expenses not included on Form 990, Part VIII, line 7b	*
Other (Describe in Part XIV)	
Add lines 4a and 4b	. 4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5
t XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return
Total expenses and losses per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part IX, line 25.	\$
Donated services and use of facilities	
Prior year adjustments	
Other losses	
Other (Describe in Part XIV.)	المنتقب المنتقب
Add lines 2a through 2d	2e
Subtract line 2e from line 1	3
Amounts included on Form 990, Part IX, line 25, but not on line 1:	\rac{1}{2}
investment expenses not included on Form 990, Part VIII, line 7b . 4a	
Other (Describe in Part XIV)	Autor Marketon
Add lines 4a and 4b	4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines to provide any additional information.	

Scriedule D (Foi	om 990) 2009	Page S
Part XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection Employer identification number

Gamma Phi Beta, Beta Sigma Chapter	91	!	6057502				
Part VI, Section B, line 11A							
CPA performs annual bookkeeping, bank reconciliations and adjusting journal entries, by verifying data with independent							
third party documents. CPA also updates depreciation schedule for new asset purchases	. CPA	prepares	Form 990 with				
this information, and reviews the final return with the client for accuracy.							
Part VI, Section B, line 15							
All officers are volunteers, elected by their fellow patrons, and they receive no compensa	tion fo	their se	vices.				
			•••••••••••••••••••••••••••••••••••••••				
Part VI, Section C, line 19	-						
The organization has its governing documents and tax returns available upon request. The	ey are	unavaila	ble through				
any other outlet. The corporation does not possess a written conflict of interest policy. The	ey do	not use f	inancial				
statements, and their preparation cost heavily outweighs any benefits they provide to the organization's members.							
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Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attachment

Sequence No 67

OMB No 1545-0172

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Business or activity to which this form relates

Identifying number

	nma Phi Beta, Beta	Sigma Chapte	er Forn	<u>1 9</u> 90				91-6057502
Pai	Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.							
1						1	\$250,000	
2		of section 179 property placed in service (see instructions)					2	
3	Threshold cost of s	old cost of section 179 property before reduction in limitation (see instructions)					3	\$800,000
4	Reduction in limital	tion. Subtract III	ne 3 from line 2. If z	ero or less, en	ter -0		4	
5	Dollar limitation fo	r tax year. Sul	btract line 4 from I	ine 1. If zero	or less, ent	er -0- If married filing		
	separately, see inst	tructions					5	
6	(a)	Description of prop	perty	(b) Cost (bus	ness use only)	(c) Elected cost		\$ · · · ·
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	Listed property. En	ter the amount	from line 29		7			ĒŅĖ ŽĒL
8	Total elected cost of	of section 179 p	property. Add amou	nts in column (c), lines 6 an	d7	8	
9	Tentative deduction	n. Enter the sm	naller of line 5 or lin	e8			9	
10	Carryover of disallo	wed deduction	from line 13 of you	r 2008 Form 4	562		10	
11	Business income limita	ation. Enter the sm	naller of business incom	e (not less than :	zero) or line 5 (s	see instructions)	11	
12	Section 179 expens	se deduction. A	dd lines 9 and 10, b	ut do not ente	r more than	line 11	12	
13	Carryover of disallo	wed deduction	to 2010. Add lines	9 and 10, less	line 12 🕨	13		· 3. 3
Note	: Do not use Part II	or Part III below	w for listed property	. Instead, use i	Part V.			
Par	t II Special De	preciation Alle	owance and Othe	r Depreciation	n (Do not i	nclude listed property.)	(See	instructions.)
14	Special depreciation	on allowance f	or qualified proper	ty (other than	listed prop	erty) placed in service		
	during the tax year	(see instruction	ns)				14	
15	Property subject to	section 168(f)(1) election				15	
16	Other depreciation	(including ACR	S) <u></u>	<u> </u>		<u> </u>	16	
Par	t III MACRS D	epreciation (Do not include li	sted property	/.) (See inst	ructions.)		
				Section A				
17			ced in service in tax				17	1,571
18	18 If you are electing to group any assets placed in service during the tax year into one or more general							
asset accounts, check here							2.75	
	Section E			ng 2009 Tax Y	ear Using th	e General Depreciation	Syst	em
(a) C	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	on (f) Method	(g) D	epreciation deduction
19a	3-year property		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
b	5-year property	10.55						
С	7-year property							
d	10-year property			1				
	15-year property							
f	20-year property							
	25-year property		· · · · · · · · · · · · · · · · · · ·	25 yrs		5/L		
h	Residential rental			27.5 yrs	MM	5/L		
	property			27.5 yrs	ММ	5/L		
i	Nonresidential real			39 yrs	MM	5/L		
	property				ММ	5/L		
	Section C-	-Assets Place	d in Service During	2009 Tax Ye	ar Using the	Alternative Depreciation	n Sys	stem
20a	Class life					5/L		
	12-year			12 yrs.		5/L		
c	40-year			40 yrs.	ММ	5/L		
		(See instructi	ons.)					
21	Listed property. En						21	
22				nes 19 and 20	ın column (g)	, and line 21 Enter here		
_			eturn Partnerships a				22	1,571
23	For assets shown a	•	ed in service during	the current ye	ar, enter the			