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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning SEPTEMBER 01, 2009, and ending AUGUST 31, 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization OKLAHOMA BETA OF PI BETA PHI, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2204 OAK TRAIL DRIVE

Room/suite

City or town, state or country, and ZIP + 4

STILLWATER OK 74074

D Employer identification number

73-6102709

E Telephone number

(405) 377-9195

G Gross receipts \$

291,546

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

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

J Website: N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1992

M State of legal domicile OK

Part I Summary

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

PROVIDE HOUSING TO ACTIVE SORORITY MEMBERS OF PI BETA PHI SORORITY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	646
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)	200	3,900
9 Program service revenue (Part VIII, line 2g)	230,000	287,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,020	646
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,220	291,546
13 Grants and similar amounts paid (Part IX, column (A), lines 3-4)	500	50
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)	40,167	41,164
16a Professional fundraising fees (Part IX, column (A), line 11)		
b Total fundraising expenses (Part IX, column (B), line 25)		
17 Other expenses (Part IX, column (A), lines 11d, 11f-24f)	170,836	195,242
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	211,503	236,456
19 Revenue less expenses. Subtract line 18 from line 12	19,717	55,090

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	929,363	936,191
21 Total liabilities (Part X, line 26)	65,456	17,194
22 Net assets or fund balances Subtract line 21 from line 20	863,907	918,997

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

Signature of officer

JAN POLK

TREASURER

Type or print name and title

Date 11/15/10

Paid Preparer's Use Only

Preparer's signature

Date 11/4/10

Check if self-employed ☐

Preparer's identifying number (see instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4

DUNCAN & ONLEY PC
808 S MAIN STE 314
STILLWATER, OK 74074

EIN

Phone no. (405) 372-7744

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

PROVIDE HOUSING TO ACTIVE SORORITY MEMBERS OF PI BETA PHI 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 \$ 236,456 including grants of \$) (Revenue \$ 287,000)
SEE ATTACHMENT #1**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 ► \$ 236,456

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	N/A	
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	N/A	
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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 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.		X
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.	Yes	No
	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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		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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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		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		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		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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
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? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
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		X
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		X
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		X
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		X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		X
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		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	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	N/A
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	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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	N/A
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	N/A
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 tax deductible?	6b	N/A
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
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	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from 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	X
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 8		
b Enter the number of voting members that are independent	1b 8		
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, 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	9a		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? N/A	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			
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? N/A	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 N/A	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 or 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? N/A	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► OK
- 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
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SEE ATTACHMENT #2

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 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	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
BEVERLY SCHAFFER PRESIDENT	1.00	X			X				0	0	0
NIKKI BAKER VICE-PRESIDENT	1.00	X			X				0	0	0
JUDITH FABIAN SECRETARY	1.00	X			X				0	0	0
JAN POLK TREASURER	1.00	X			X				0	0	0
BARBARA BENSON DIRECTOR	1.00	X							0	0	0
SHAWN HOWELL DIRECTOR	1.00	X							0	0	0
ELIZABETH BENNETT DIRECTOR	1.00	X							0	0	0
CINDY LANG DIRECTOR	1.00	X							0	0	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
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a Federated campaigns	1a		3900			
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f	3900				
	g Noncash contributions included in lines 1a-1f		\$				
h Total. Add lines 1a-1f				3900			
PROGRAM SERVICE REVENUE	2a HOUSE RENT	Business Code		287000	287000		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			287000			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			646		646	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	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			291546	287000	646		

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	50	50		
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 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	33775	33775		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4679	4679		
10 Payroll taxes	2710	2710		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2010	2010		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	121935	121935		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2092	2092		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization #3	60331	60331		
23 Insurance	1038	1038		
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 <u>PRINTING & PUBLICATIONS</u>	3700	3700		
b <u>DUES & SUBSCRIPTIONS</u>	2026	2026		
c <u>SUPPLIES</u>	1125	1125		
d <u>TELEPHONE</u>	940	940		
e <u>BANK CHARGES</u>	45	45		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	236456	236456		
26 Joint costs. Check here <input type="checkbox"/> 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
A S S E T S	1 Cash -- non-interest bearing	4,318	1	2,590
	2 Savings and temporary cash investments	51,018	2	79,464
	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 2,035,800		
	b Less: accumulated depreciation	10b 1,181,780		
		873,709	10c	854,020
	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	318	15	117	
16 Total assets. Add lines 1 through 15 (must equal line 34)	929,363	16	936,191	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	22,974	17	951
	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	42,482	23	16,243
	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	65,456	26	17,194
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	863,907	32	918,997
	33 Total net assets or fund balances	863,907	33	918,997
	34 Total liabilities and net assets/fund balances	929,363	34	936,191

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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.

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?

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 N/A

	Yes	No
2a	X	
2b		X
2c		X
3a		X
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, line 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

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer identification number

73-6102709

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 Tax 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 easements 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 section 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 the 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 the 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:

(I) unrelated organizations

(II) related organizations

	Yes	No
3a(I)		
3a(II)		
3b		

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		98,850		98,850
b Buildings		1,514,787	798,842	715,945
c Leasehold improvements				
d Equipment		387,769	352,084	35,685
e Other		34,394	30,854	3,540
Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				854,020

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

(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.

(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.

(a) Description	(b) Book value
DEBT ISSUE COSTS	117
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	117

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (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 Audited Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	Investment 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

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	Investment 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.

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

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer identification number

73-6102709

FORM 990, PART IV, SECTION B, LINE 11 - RETURN IS REVIEWED AT BOARD'S
MONTHLY MEETING AFTER RETURN IS PREPARED.

FORM 990, PART IV, SECTION C, LINE 19 - THE GOVERNING DOCUMENTS
AND RECORDS ARE MAINTAINED BY THE TREASURER AND ARE
AVAILABLE UPON REQUEST.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 09-01-2009, and ending 08-31-2010.
------------------------------	--

Name of Organization OKLAHOMA BETA OF PI BETA PHI, INC.	Employer Identification Number 73-6102709
--	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 236,456	including Grants of:	Revenue: 287,000
-------	-------------------	----------------------	------------------

Exempt Purpose Achievements

PROVIDE HOUSING TO APPROXIMATELY 127 WOMEN WHO ARE MEMBERS OF THE PI BETA PHI SORORITY AT OKLAHOMA STATE UNIVERSITY.

BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 09-01, and ending 08-31-2010.

Name of Organization

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer Identification Number

73-6102709

Part VI - Line 91a

Individual Name JAN POLK

or

Business Name:

Street Address 2204 OAK TRAIL DRIVE

U.S. Address:

Zip code 74074

City STILLWATER

State OK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(405) 377-9195

Fax Number

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 3: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC

INSPECTION

For Calendar year 2009, or tax year period beginning 09-01-2009

and ending 08-31-2010

Name of Organization

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer Identification Number

73-6102709

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
SEE SCHEDULE ATTACHED DEBT ISSUE COSTS	2001-04	2,008	1,690	S/L	10	60,130 201
Total						60,331

11/3/2010
11:26

OKLAHOMA BETA OF PI BETA PHI, INC. - E68
Federal ID #: 736102709
Asset Summary - Federal Tax Basis
Period Ended 8/31/10

Company: E68
Page: 1

<u>Nu</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acqu</u>	<u>T</u>	<u>Meth</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179</u> <u>Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current</u> <u>Depr.</u>	<u>Ending</u> <u>Depr.</u>
Group # 1 LAND												
1	1	LAND	08/31/62	R			40,705 30	0 00	0 00	0 00	0 00	0 00
2	1	LAND	07/01/75	R			8,067 00	0 00	0 00	0 00	0 00	0 00
3	1	HOUSE - 1503 W 4TH	05/01/79	R	SL	20	4,503 35	0 00	0 00	4,503 35	0 00	4,503 35
4	1	LAND - 1503 W 4TH	05/01/79	R			5,496 65	0 00	0 00	0 00	0 00	0 00
5	1	LAND - 1509 W 4TH	09/01/89	R			44,581 00	0 00	0 00	0 00	0 00	0 00
Group # 1 Total							103,353 30	0 00	0 00	4,503 35	0 00	4,503 35
Group # 2 BUILDINGS & IMPROVEMENTS												
1	1	HOUSE	08/31/62	R	SL	50	301,328 74	0 00	0 00	272,019 70	6,026 57	278,046 27
2	1	HOUSE	07/01/75	R	SL	15	20,000 00	0 00	0 00	20,000 00	0 00	20,000 00
4	1	ROOM REMODELING	07/15/77	R	SL	20	9,990 58	0 00	0 00	9,990 58	0 00	9,990 58
5	1	ROOM REMODELING	09/01/77	R	SL	20	20,363 77	0 00	0 00	20,363 77	0 00	20,363 77
6	1	ANNEX REMODEL-SA	07/01/79	R	SL	15	4,059 90	0 00	0 00	4,059 90	0 00	4,059 90
7	1	FRAME HOUSE	05/01/79	R	SL	10	19,801 00	0 00	0 00	19,801 00	0 00	19,801 00
8	1	KITCHEN REMODELI	08/31/84	R	SL	10	40,841 63	0 00	0 00	40,841 63	0 00	40,841 63
9	1	NEW ADDITION	09/01/89	R	MCRS	SL 40	391,991 76	0 00	0 00	191,095 91	9,799 79	200,895 70
10	1	AIR CONDITIONER	10/01/93	R	MCRS	SL 15	15,341 76	0 00	0 00	15,341 76	0 00	15,341 76
11	1	HEATING WATER PU	02/07/99	R	MCRS	SL 27 5	1,430 95	0 00	0 00	548 49	52 03	600 52
12	1	5 TON CONDENSOR	05/29/99	R	MCRS	SL 27 5	1,770 00	0 00	0 00	662 37	64 36	726 73
13	1	4 TON CONDENSOR	08/19/99	R	MCRS	SL 27 5	1,385 00	0 00	0 00	505 70	50 36	556 06
14	1	2ND FLOOR LOUNGE	08/13/99	R	MCRS	SL 27 5	18,808 47	0 00	0 00	6,867 90	683 94	7,551 84
15	1	FRONT DOORS	04/06/00	R	MCRS	SL 27 5	9,250 84	0 00	0 00	3,153 66	336 39	3,490 05
16	1	NEW ROOF	07/10/00	R	MCRS	SL 27 5	16,235 39	0 00	0 00	5,387 22	590 38	5,977 60
17	1	CORNICE BOARDS	08/03/00	N	MCRS	SL 7	3,557 24	0 00	0 00	3,557 24	0 00	3,557 24
18	1	NEW ENTRY WAY	08/01/01	R	MCRS	SL 27 5	39,043 18	0 00	0 00	11,417 16	1,419 75	12,836 91
19	1	AIR HANDLERS	08/01/01	R	MCRS	SL 27 5	48,765 55	0 00	0 00	14,260 21	1,773 29	16,033 50
20	1	FIRE SPRINKLER SYST	07/01/01	R	MCRS	SL 27 5	81,723 00	0 00	0 00	24,145 47	2,971 75	27,117 22
21	1	DSL WIRING	02/01/01	R	MCRS	SL 27 5	10,747 67	0 00	0 00	3,338 26	390 82	3,729 08
22	1	75 GAL HOT WATER	12/09/00	N	MCRS	SL 7	926 45	0 00	0 00	926 45	0 00	926 45
23	1	2ND FLR HEAT/AIR U	12/09/00	R	MCRS	SL 27 5	5,036 00	0 00	0 00	1,594 76	183 13	1,777 89
24	1	2 250 GAL HOT WATE	01/24/01	R	MCRS	SL 7	12,068 30	0 00	0 00	12,068 30	0 00	12,068 30
25	1	DROP CEILING - NW	01/27/01	R	MCRS	SL 27 5	1,267 02	0 00	0 00	397 36	46 07	443 43
26	1	HALL LIGHTS	07/13/01	R	MCRS	SL 27 5	1,707 75	0 00	0 00	504 56	62 10	566 66
27	1	FIRE ALARM SYSTEM	08/08/01	N	MCRS	SL 7	3,501 00	0 00	0 00	3,501 00	0 00	3,501 00
28	1	PALM READER - NEW	08/15/01	N	MCRS	SL 7	4,774 52	0 00	0 00	4,774 52	0 00	4,774 52
29	1	NEW FLAT ROOF	06/05/02	R	MCRS	SL 27 5	6,165 00	0 00	0 00	1,615 96	224 18	1,840 14
30	1	CHAPEL REMODEL	07/05/02	R	MCRS	SL 27 5	2,572 61	0 00	0 00	666 54	93 55	760 09
31	1	PLUG MOLDS	07/29/02	R	MCRS	SL 27 5	2,306 83	0 00	0 00	597 65	83 88	681 53
32	1	PLUG MOLDS	12/07/02	R	MCRS	SL 27 5	1,604 22	0 00	0 00	391 36	58 34	449 70
33	1	WIREMOLD IN BEDR	06/03/03	R	MCRS	SL 27 5	4,927 30	0 00	0 00	1,112 35	179 17	1,291 52
34	1	WIREMOLD IN BEDR	06/18/03	R	MCRS	SL 27 5	3,028 16	0 00	0 00	683 60	110 11	793 71
35	1	VENT HOOD, CABINE	08/11/03	R	MCRS	SL 27 5	29,502 47	0 00	0 00	6,481 62	1,072 82	7,554 44
36	1	5 TON KITCHEN AIR	08/21/03	R	MCRS	SL 27 5	1,322 25	0 00	0 00	290 48	48 08	338 56
37	1	HEAT EXCHANGER -	02/13/04	R	MCRS	SL 27 5	3,745 50	0 00	0 00	754 78	136 20	890 98
38	1	CARPETING	04/26/04	N	MCRS	SL 7	16,727 12	0 00	0 00	13,142 74	2,389 59	15,532 33
39	1	6 TON A/C UNIT FOR	05/07/04	R	MCRS	SL 27 5	1,608 75	0 00	0 00	309 56	58 50	368 06
40	1	LIGHTING - STUDY H	07/17/04	R	MCRS	SL 27 5	2,414 02	0 00	0 00	449 87	87 78	537 65
41	1	2 TON A/C UNIT	09/09/04	R	MCRS	SL 27 5	812 00	0 00	0 00	146 42	29 53	175 95
42	1	FENCE	01/17/05	N	MCRS	SL 7	1,629 82	0 00	0 00	1,076 84	232 83	1,309 67
43	1	5 TON & 4 TON A/C U	04/12/05	R	MCRS	SL 27 5	2,427 37	0 00	0 00	386 18	88 27	474 45
44	1	POWDER & PRES RO	08/08/05	R	MCRS	SL 27 5	75,445 97	0 00	0 00	11,088 27	2,743 49	13,831 76
45	1	FENCE	08/12/05	N	MCRS	SL 7	772 75	0 00	0 00	455 36	110 39	565 75
46	1	POWDER ROOM MIRR	09/13/05	N	MCRS	SL 7	2,053 14	0 00	0 00	1,026 58	293 31	1,319 89

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OKLAHOMA BETA OF PI BETA PHI, INC. - E68

Federal ID #: 736102709

Asset Summary - Federal Tax Basis

Period Ended 8/31/10

Company. E68

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Nu	Loc	Property Description	Acqu	T	Meth	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 2 BUILDINGS & IMPROVEMENTS (Continued)												
47	1	YORK 5 TON A/C	10/25/05	R	MCRS SL	27 5	4,246 00	0 00	0 00	598 30	154 40	752 70
48	1	NEW WINDOWS	01/06/06	R	MCRS SL	27 5	40,002 95	0 00	0 00	5,273 11	1,454 65	6,727 76
49	1	FRONT PATIO REMO	07/18/06	R	MCRS SL	27 5	19,857 50	0 00	0 00	2,256 53	722 09	2,978 62
50	1	FIRE ALARM SYSTEM	06/23/07	N	MCRS SL	7	22,802 68	0 00	0 00	6,922 25	3,257 53	10,179 78
51	1	SECURITY CAMERAS	05/22/08	N	MCRS SL	7	11,904 61	0 00	0 00	2,338 41	1,700 66	4,039 07
52	1	VINYL FLOORING	06/19/08	N	MCRS SL	7	5,178 95	0 00	0 00	832 33	739 85	1,572 18
53	1	WOOD FLOOR & CAR	06/11/08	N	MCRS SL	7	4,835 00	0 00	0 00	777 05	690 71	1,467 76
54	1	SUITE BATHROOM RE	08/15/08	R	MCRS SL	27 5	29,924 85	0 00	0 00	1,133 52	1,088 18	2,221 70
55	1	3 NEW WINDOWS	06/11/07	R	MCRS SL	27 5	1,615 69	0 00	0 00	129 74	58 75	188 49
56	1	HOT WATER TANKS	12/16/08	R	MCRS SL	39	18,125 83	0 00	0 00	329 21	464 76	793 97
57	1	DINING ROOM LIGHT	07/28/09	R	MCRS SL	39	10,294 71	0 00	0 00	33 00	263 97	296 97
58	1	DINING ROOM ROPE	07/28/09	R	MCRS SL	39	1,157 95	0 00	0 00	3 71	29 69	33 40
59	1	BATHROOM REMODE	08/15/09	R	MCRS SL	39	68,671 35	0 00	0 00	73 37	1,760 80	1,834 17
60	1	BATHROOM REMODE	10/05/09	R	MCRS SL	39	6,000 00	0 00	0 00	0 00	134 62	134 62
61	1	VINYL BATHROOM F	07/06/10	N	MCRS SL	7	11,538 95	0 00	0 00	0 00	824 21	824 21
62	1	SIDING	07/07/10	R	MCRS SL	39	7,092 46	0 00	0 00	0 00	22 73	22 73
63	1	45 VALANCES	08/10/10	N	MCRS SL	7	6,754 92	0 00	0 00	0 00	482 49	482 49
Group # 2 Total							1,514,787 15	0 00	0 00	752,501 57	46,340 84	798,842 41
Group # 3 FURNITURE & FIXTURES												
1	1	FURNISHINGS	08/31/62	N	SL	10	39,805 15	0 00	0 00	39,805 15	0 00	39,805 15
2	1	FURNITURE - BEDS	07/01/75	N	SL	10	2,227 50	0 00	0 00	2,227 50	0 00	2,227 50
4	1	TELEVISION	09/01/79	N	SL	5	380 85	0 00	0 00	380 85	0 00	380 85
5	1	OVEN DEPOSIT	07/01/80	N	SL	10	200 00	0 00	0 00	200 00	0 00	200 00
6	1	AIR CONDITIONER -	08/01/80	N	SL	5	652 74	0 00	0 00	652 74	0 00	652 74
7	1	FURNITURE	03/01/82	N	SL	5	5,034 17	0 00	0 00	5,034 17	0 00	5,034 17
8	1	FURNITURE	08/31/84	N	SL	5	38,291 31	0 00	0 00	38,291 31	0 00	38,291 31
10	1	GOATSKIN END TABL	11/07/87	N	SL	5	291 04	0 00	0 00	291 04	0 00	291 04
11	1	GOATSKIN COCKTAIL	11/07/87	N	SL	5	342 40	0 00	0 00	342 40	0 00	342 40
12	1	1/2 COMPUTER TABL	01/24/88	N	SL	5	127 87	0 00	0 00	127 87	0 00	127 87
13	1	BEDRM DESKS-CHEST	05/28/88	N	SL	5	28,822 59	0 00	0 00	28,822 59	0 00	28,822 59
14	1	CHERRY DESK W/GLA	07/12/88	N	SL	5	379 85	0 00	0 00	379 85	0 00	379 85
15	1	CHAIR FOR DESK	07/12/88	N	SL	5	328 49	0 00	0 00	328 49	0 00	328 49
16	1	2 LIVING ROOM CHAI	07/24/88	N	SL	5	407 73	0 00	0 00	407 73	0 00	407 73
17	1	WHITE WROUGHT IR	08/05/88	N	SL	5	267 32	0 00	0 00	267 32	0 00	267 32
18	1	STANLEY QUANTUM	08/25/88	N	SL	5	272 85	0 00	0 00	272 85	0 00	272 85
19	1	CARPET & VINYL FL	08/29/88	R	MCRS SL	10	6,244 93	0 00	0 00	6,244 93	0 00	6,244 93
20	1	BEDROOM FURNITUR	09/01/89	N	MCRS SL	10	12,920 25	0 00	0 00	12,920 25	0 00	12,920 25
21	1	BEDROOM CARPET	09/01/89	N	MCRS SL	7	3,894 36	0 00	0 00	3,894 36	0 00	3,894 36
22	1	DINING ROOM FURNI	09/01/89	N	MCRS SL	10	29,853 00	0 00	0 00	29,853 00	0 00	29,853 00
23	1	ICE MAKER	09/01/89	N	MCRS SL	10	3,130 00	0 00	0 00	3,130 00	0 00	3,130 00
24	1	WASHER-DRYER	09/01/89	N	MCRS SL	7	2,171 52	0 00	0 00	2,171 52	0 00	2,171 52
25	1	CHINA DISHES	09/01/89	N	MCRS SL	7	1,405 35	0 00	0 00	1,405 35	0 00	1,405 35
26	1	LAMPS & ACCESSORI	09/01/89	N	MCRS SL	7	3,957 61	0 00	0 00	3,957 61	0 00	3,957 61
27	1	BENCHES/M P ROOM	07/01/91	N	MCRS SL	10	700 00	0 00	0 00	700 00	0 00	700 00
28	1	CUSTOM ALARM	09/24/91	N	MCRS SL	7	1,000 00	0 00	0 00	1,000 00	0 00	1,000 00
29	1	CARPETS	06/27/92	N	MCRS SL	7	2,796 00	0 00	0 00	2,796 00	0 00	2,796 00
30	1	ICE MAKER	02/27/92	N	MCRS SL	7	1,690 27	0 00	0 00	1,690 27	0 00	1,690 27
31	1	CHAIRS	10/01/93	N	MCRS SL	7	2,393 60	0 00	0 00	2,393 60	0 00	2,393 60
32	1	WASHER	10/01/93	N	MCRS SL	7	688 66	0 00	0 00	688 66	0 00	688 66
33	1	TELEVISION	10/01/95	N	MCRS SL	7	1,942 92	0 00	0 00	1,942 92	0 00	1,942 92
34	1	DISHWASHER	10/01/95	N	MCRS SL	7	7,742 40	0 00	0 00	7,742 40	0 00	7,742 40
35	1	CARPET	06/07/96	N	MCRS SL	7	14,290 78	0 00	0 00	14,290 78	0 00	14,290 78
36	1	LOVE SEAT	08/01/96	N	MCRS SL	7	519 75	0 00	0 00	519 75	0 00	519 75

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OKLAHOMA BETA OF PI BETA PHI, INC. - E68

Federal ID #: 736102709

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Nu	Loc	Property Description	Acqu	T	Meth	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 3 FURNITURE & FIXTURES (Continued)												
37	1	COMPUTER & EQUIP	08/01/97	N	MCRS SL	7	7,393 52	0 00	0 00	7,393 52	0 00	7,393 52
38	1	PIANO	09/01/96	N	MCRS SL	7	4,132 80	0 00	0 00	4,132 80	0 00	4,132 80
39	1	DESKS	09/01/97	N	MCRS SL	7	1,188 00	0 00	0 00	1,188 00	0 00	1,188 00
40	1	CHAIRS	09/01/97	N	MCRS SL	7	505 23	0 00	0 00	505 23	0 00	505 23
41	1	RUDY'S	12/18/97	N	MCRS SL	7	533 46	0 00	0 00	533 46	0 00	533 46
42	1	FIBER-SEAL OF TULS	05/04/98	N	MCRS SL	7	825 00	0 00	0 00	825 00	0 00	825 00
43	1	MATHIS BROTHERS	08/14/98	N	MCRS SL	7	739 75	0 00	0 00	739 75	0 00	739 75
44	1	CANON FAX	08/27/98	N	MCRS SL	5	351 00	0 00	0 00	351 00	0 00	351 00
45	1	MATHIS BROS /CHAIR	08/31/98	N	MCRS SL	7	408 21	0 00	0 00	408 21	0 00	408 21
46	1	FURNITURE	09/12/98	N	MCRS SL	7	1,479 49	0 00	0 00	1,479 49	0 00	1,479 49
47	1	FOLDING CHAIRS (6)	09/28/98	N	MCRS SL	7	388 48	0 00	0 00	388 48	0 00	388 48
48	1	MICROWAVE	01/06/99	N	MCRS SL	7	193 32	0 00	0 00	193 32	0 00	193 32
49	1	FREEZER	04/29/99	N	MCRS SL	7	507 00	0 00	0 00	507 00	0 00	507 00
50	1	PARK BENCH/GRANIT	05/26/99	N	MCRS SL	7	1,226 50	0 00	0 00	1,226 50	0 00	1,226 50
51	1	MATTRESS SETS (21)	06/16/99	N	MCRS SL	7	2,835 00	0 00	0 00	2,835 00	0 00	2,835 00
52	1	MATTRESSES (10)	06/16/99	N	MCRS SL	7	810 00	0 00	0 00	810 00	0 00	810 00
53	1	TWIN BED FRAMES (2	06/16/99	N	MCRS SL	7	43 20	0 00	0 00	43 20	0 00	43 20
54	1	COMPUTER	08/12/99	N	MCRS SL	5	728 16	0 00	0 00	728 16	0 00	728 16
55	1	SOFA	05/26/99	N	MCRS SL	7	1,632 71	0 00	0 00	1,632 71	0 00	1,632 71
56	1	LOVESEAT	05/26/99	N	MCRS SL	7	1,546 69	0 00	0 00	1,546 69	0 00	1,546 69
57	1	BIRCH SOFA TABLES (05/26/99	N	MCRS SL	7	952 89	0 00	0 00	952 89	0 00	952 89
58	1	CHERRY LAMP TABL	05/26/99	N	MCRS SL	7	665 57	0 00	0 00	665 57	0 00	665 57
59	1	CHERRY COCKTAIL T	05/26/99	N	MCRS SL	7	366 58	0 00	0 00	366 58	0 00	366 58
60	1	MAP END TABLE	05/26/99	N	MCRS SL	7	276 25	0 00	0 00	276 25	0 00	276 25
61	1	REFRIGERATOR	08/13/99	N	MCRS SL	7	442 28	0 00	0 00	442 28	0 00	442 28
62	1	ULINE REFRIGERATO	08/13/99	N	MCRS SL	7	614 89	0 00	0 00	614 89	0 00	614 89
63	1	MICROWAVE	05/13/99	N	MCRS SL	7	161 80	0 00	0 00	161 80	0 00	161 80
64	1	ICE MACHINE	08/13/99	N	MCRS SL	7	895 36	0 00	0 00	895 36	0 00	895 36
65	1	15" COMPUTER MONI	12/11/99	N	MCRS SL	5	188 79	0 00	0 00	188 79	0 00	188 79
66	1	2 FILE CABINETS	02/01/00	N	MCRS SL	7	1,653 08	0 00	0 00	1,653 08	0 00	1,653 08
67	1	C CHAIR DOLLIES	02/12/00	N	MCRS SL	7	614 89	0 00	0 00	614 89	0 00	614 89
68	1	BATT BACKUP FIRE E	03/17/00	N	MCRS SL	7	1,353 00	0 00	0 00	1,353 00	0 00	1,353 00
69	1	2 MERIDIAN PAY PH	05/05/00	N	MCRS SL	5	637 20	0 00	0 00	637 20	0 00	637 20
70	1	2 MATTRESS SETS	08/04/00	N	MCRS SL	7	645 84	0 00	0 00	645 84	0 00	645 84
71	1	KITCHEN COUNTER R	08/09/00	N	MCRS SL	7	2,596 32	0 00	0 00	2,596 32	0 00	2,596 32
72	1	COMPUTER TABLE	08/10/00	N	MCRS SL	7	107 95	0 00	0 00	107 95	0 00	107 95
73	1	DSL HUB	01/30/01	N	MCRS SL	5	1,870 00	0 00	0 00	1,870 00	0 00	1,870 00
74	1	TYPING TABLE & CH	03/12/01	N	MCRS SL	7	205 10	0 00	0 00	205 10	0 00	205 10
75	1	44 FOLDING CHAIRS	03/30/01	N	MCRS SL	7	1,553 04	0 00	0 00	1,553 04	0 00	1,553 04
76	1	ARMOIRE	02/05/02	N	MCRS SL	7	2,583 03	0 00	0 00	2,583 03	0 00	2,583 03
77	1	GAS STOVE	02/16/02	N	MCRS SL	7	6,257 69	0 00	0 00	6,257 69	0 00	6,257 69
78	1	2 COMPUTER MONIT	03/05/02	N	MCRS SL	5	723 58	0 00	0 00	723 58	0 00	723 58
79	1	WHIRLPOOL DRYER	04/16/02	N	MCRS SL	7	456 98	0 00	0 00	456 98	0 00	456 98
80	1	2 SOFAS & 2 OTTOMA	07/16/02	N	MCRS SL	7	7,834 98	0 00	0 00	7,834 98	0 00	7,834 98
81	1	8 STUDY CARRELS	06/28/02	N	MCRS SL	7	2,209 06	0 00	0 00	2,209 06	0 00	2,209 06
82	1	BUFFET TABLE	07/18/02	N	MCRS SL	7	1,600 00	0 00	0 00	1,600 00	0 00	1,600 00
83	1	LAMPS	07/18/02	N	MCRS SL	7	510 50	0 00	0 00	510 50	0 00	510 50
84	1	CHAIRS	07/18/02	N	MCRS SL	7	450 00	0 00	0 00	450 00	0 00	450 00
85	1	27" SANYO TV	07/23/02	N	MCRS SL	5	260 36	0 00	0 00	260 36	0 00	260 36
86	1	1 8 GIG STC COMPUT	08/06/02	N	MCRS SL	5	1,827 14	0 00	0 00	1,827 14	0 00	1,827 14
87	1	COMPUTER DESK	08/30/02	N	MCRS SL	7	135 63	0 00	0 00	135 63	0 00	135 63
88	1	26 SINGLE MATTRESS	07/18/03	N	MCRS SL	7	4,813 60	0 00	0 00	4,211 92	601 68	4,813 60
89	1	SOFA, LAMP, & CLOC	07/26/03	N	MCRS SL	7	1,529 85	0 00	0 00	1,338 62	191 23	1,529 85
90	1	2-3 SECTION REFRIG	08/11/03	N	MCRS SL	7	7,221 60	0 00	0 00	6,318 92	902 68	7,221 60
91	1	3 SECTION FREEZER	08/11/03	N	MCRS SL	7	4,552 40	0 00	0 00	3,983 33	569 07	4,552 40

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OKLAHOMA BETA OF PI BETA PHI, INC. - E68

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Nu	Loc	Property Description	Acqu	T	Meth	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.	
Group # 3 FURNITURE & FIXTURES (Continued)													
92	1	3 SECTION UNDERCO	08/11/03	N	MCRS	SL	7	2,142 51	0 00	0 00	1,874 68	267 83	2,142 51
93	1	CONVECTION OVENS	08/11/03	N	MCRS	SL	7	7,070 63	0 00	0 00	6,186 80	883 83	7,070 63
94	1	CONDENSATION HOO	08/11/03	N	MCRS	SL	7	461 00	0 00	0 00	403 39	57 61	461 00
95	1	WORK TABLE	08/11/03	N	MCRS	SL	7	195 93	0 00	0 00	171 44	24 49	195 93
96	1	ICE MACHINE	09/02/03	N	MCRS	SL	7	4,090 00	0 00	0 00	3,213 59	584 29	3,797 88
97	1	2 TABLES/ DARK	06/10/04	N	MCRS	SL	7	1,367 10	0 00	0 00	1,074 15	195 30	1,269 45
98	1	20 LADDERBACK SID	06/10/04	N	MCRS	SL	7	3,689 00	0 00	0 00	2,898 50	527 00	3,425 50
99	1	5 COMPUTERS	07/22/04	N	MCRS	SL	5	5,288 90	0 00	0 00	5,288 90	0 00	5,288 90
100	1	BROTHER LASER PRI	07/22/04	N	MCRS	SL	5	533 03	0 00	0 00	533 03	0 00	533 03
101	1	COMPUTER - HM APT	08/03/04	N	MCRS	SL	5	682 42	0 00	0 00	682 42	0 00	682 42
102	1	ICE MACHINE	09/14/04	N	MCRS	SL	7	2,813 68	0 00	0 00	1,959 51	401 95	2,361 46
103	1	DSL SWITCHES	10/08/04	N	MCRS	SL	5	1,056 40	0 00	0 00	1,029 99	26 41	1,056 40
104	1	STEREO SYSTEM & C	11/03/04	N	MCRS	SL	5	343 13	0 00	0 00	334 57	8 56	343 13
105	1	2 NEW WASHING MA	04/24/05	N	MCRS	SL	7	1,193 22	0 00	0 00	745 76	170 46	916 22
106	1	LR CHAIR	07/10/05	N	MCRS	SL	7	720 00	0 00	0 00	424 30	102 86	527 16
107	1	LR BUFFET	08/17/05	N	MCRS	SL	7	1,200 00	0 00	0 00	707 15	171 43	878 58
108	1	TELEVISION	08/17/05	N	MCRS	SL	7	807 42	0 00	0 00	475 82	115 35	591 17
109	1	2 CANDLEABRAS	11/02/05	N	MCRS	SL	7	1,450 00	0 00	0 00	724 99	207 14	932 13
110	1	3 FILE CABINETS	03/23/06	N	MCRS	SL	7	455 67	0 00	0 00	227 85	65 10	292 95
111	1	WIRELESS INTERNET	04/13/06	N	MCRS	SL	5	1,051 98	0 00	0 00	736 40	210 40	946 80
112	1	CARD TABLE/ CHAIRS	06/22/06	N	MCRS	SL	7	763 91	0 00	0 00	381 96	109 13	491 09
113	1	WIRELESS INTERNET	10/28/06	N	MCRS	SL	5	1,072 22	0 00	0 00	616 52	214 44	830 96
114	1	3 COMPUTERS	11/15/06	N	MCRS	SL	5	3,992 17	0 00	0 00	2,295 49	798 43	3,093 92
115	1	HP LASERJET 1018	11/15/06	N	MCRS	SL	5	142 00	0 00	0 00	81 65	28 40	110 05
116	1	UNDERCOUNTER REF	12/16/06	N	MCRS	SL	7	2,699 20	0 00	0 00	1,012 20	385 60	1,397 80
117	1	VACUUM	03/29/07	N	MCRS	SL	7	531 68	0 00	0 00	180 38	75 95	256 33
118	1	ROUND ACCENT TAB	07/31/07	N	MCRS	SL	7	391 45	0 00	0 00	118 83	55 92	174 75
119	1	CHAIR & LAMP	07/31/07	N	MCRS	SL	7	831 93	0 00	0 00	252 56	118 85	371 41
121	1	VEGGIE STEAMER	09/12/07	N	MCRS	SL	7	4,150 84	0 00	0 00	1,111 84	592 98	1,704 82
122	1	3 WASHERS	10/23/07	N	MCRS	SL	7	1,723 84	0 00	0 00	461 74	246 26	708 00
123	1	WASHER	02/29/08	N	MCRS	SL	7	565 49	0 00	0 00	131 27	80 78	212 05
124	1	24 MATTRESSES	07/11/08	N	MCRS	SL	7	9,504 75	0 00	0 00	1,527 55	1,357 82	2,885 37
125	1	AREA RUG	08/06/08	N	MCRS	SL	7	4,570 00	0 00	0 00	734 47	652 86	1,387 33
126	1	TV RM SOFA,LOVESE	08/06/08	N	MCRS	SL	7	6,288 13	0 00	0 00	1,010 59	898 30	1,908 89
127	1	WIFI ACCESS	03/05/09	N	MCRS	SL	5	468 49	0 00	0 00	46 85	93 70	140 55
128	1	SECURITY CAMERAS	03/05/09	N	MCRS	SL	7	1,698 82	0 00	0 00	121 34	242 69	364 03
129	1	ICE DISPENSER/SNEEZ	08/25/09	N	MCRS	SL	7	1,300 50	0 00	0 00	92 89	185 79	278 68
130	1	DR MIRROR	10/15/09	N	MCRS	SL	7	973 37	0 00	0 00	0 00	69 53	69 53
131	1	LR SOFAS	08/10/10	N	MCRS	SL	7	8,079 84	0 00	0 00	0 00	577 13	577 13
Group # 3 Total							387,768 66	0 00	0 00	339,014 72	13,069 23	352,083 95	
Group # 4 PARKING LOT													
1	1	PARKING LOT REFINI	07/22/75	R		SL	10	6,700 00	0 00	0 00	6,700 00	0 00	6,700 00
2	1	PARKING LOT IMPRO	08/31/84	R		SL	10	2,810 00	0 00	0 00	2,810 00	0 00	2,810 00
3	1	APPROACH TO PARKI	09/18/87	R	MCRS	SL	10	1,400 00	0 00	0 00	1,400 00	0 00	1,400 00
4	1	PARKING LOT SOUTH	11/07/87	R	MCRS	SL	10	2,950 00	0 00	0 00	2,950 00	0 00	2,950 00
5	1	PARKING LOT - 1509	03/01/90	R	MCRS	SL	10	13,333 63	0 00	0 00	13,333 63	0 00	13,333 63
6	1	ALLEY PAVING	07/27/05	N		SL	10	7,200 00	0 00	0 00	2,940 00	720 00	3,660 00
Group # 4 Total							34,393 63	0 00	0 00	30,133 63	720 00	30,853 63	
Grand Total							2,040,302.74	0.00	0.00	1,126,153.27	60,130.07	1,186,283.34	