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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010

- 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: ALPHA GAMMA OF SIGMA CHI INC C/O PETER ASMAR. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 42 RIDGECREST DRIVE. City or town, state or country, and ZIP + 4: CHAGRIN FALLS, OH 440224218

D Employer identification number: 23-7105054. E Telephone number. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website:

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [X] 501(c)(2) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 198,027

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 198,027. Expenses total: 65,940. Net Assets total: 413,885.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 413,372 (beginning), 466,012 (end). Total liabilities: 131,574 (beginning), 52,127 (end). Net assets: 281,798 (beginning), 413,885 (end).

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? ALPHA GAMMA OF SIGMA CHI INC (CORPORATION) IS A TAX EXEMPT ORGANIZATION (UNDER SECTION 501 (C)(2) ORGANIZED FOR THE PURPOSE OF OWNING AND MAINTAINING RESIDENCE FOR THE ALPHA GAMMA CHAPTER OF THE SIGMA CHI FRATERNITY		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 PROVISION & MAINTENANCE OF RESIDENCE FOR MEMBERS OF THE ALPHA GAMMA CHAPTER OF THE SIGMA CHI FRATERNITY (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	65,940
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	65,940

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

33		No
34		No
35		

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

35a		No
35b		

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36		No
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** _____

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

37b		No
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38a		No
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b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** _____

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

a Initiation fees and capital contributions included on line 9 **39a** _____ 0

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

39a		0
39b		0

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 **39a** _____, section 4912 **39b** _____, section 4955 **39c** _____

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 **40b** _____

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

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40d** _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** _____ No

40b		
40c		
40d		
40e		No

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

42a The organization's books are in care of **42a** PETER ASMAR TREASURER Telephone no **42a** (440) 338-6947
52 RIDGECREST DRIVE
 Located at **42a** CHAGRIN FALLS, OH ZIP + 4 **42a** 440224218

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** _____ **Yes No**

42b		No
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If "Yes," enter the name of the foreign country **42b** _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** _____ **Yes No**

42c		No
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year **43** _____

44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. **44** _____ **Yes No**

44		No
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ. **45** _____ **Yes No**

45		No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2011-05-07

Type or print name and title: PETER ASMAR, TREASURER

Paid Preparer's Use Only

Preparer's signature: MICHAEL F DRENNEN Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM LLC, 5450 FRANTZ ROAD SUITE 300, DUBLIN, OH 430164141

Preparer's identifying number (See instructions): _____

EIN: _____

Phone no: (614) 793-4501

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7105054

Name: ALPHA GAMMA OF SIGMA CHI INC
C/O PETER ASMAR

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DIRK GREENE 42 RIDGECREST DRIVE CHAGRIN FALLS, OH 440224218	PRESIDENT 1 0	0	0	0
ALAN ZINK 42 RIDGECREST DRIVE CHAGRIN FALLS, OH 440224218	1ST VP 1 0	0	0	0
JOHN MCGEORGE 42 RIDGECREST DRIVE CHAGRIN FALLS, OH 440224218	SECRETARY 1 0	0	0	0
PETE ASMAR 42 RIDGECREST DRIVE CHAGRIN FALLS, OH 440224218	TREASURER 2 0	0	0	0

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

Department of the Treasury
Internal Revenue Service

▶ **See separate instructions.** ▶ **Attach to your tax return.**

Name(s) shown on return ALPHA GAMMA OF SIGMA CHI INC C/O PETER ASMAR	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 23-7105054
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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 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	864

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	17,135
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		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) 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	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		See Add'l Data				
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	2010-08	11,635	27 5 yrs	MM	S/L	53
	i Nonresidential real property			39 yrs	MM	S/L
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

21 Listed property

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	19,939
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data

Software ID:

Software Version:

EIN: 23-7105054

Name: ALPHA GAMMA OF SIGMA CHI INC
C/O PETER ASMAR

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2006 Tax Year Using the General Depreciation System:

(a) 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	(f) Method	(g) Depreciation deduction
c 7-year property		2,695	7			385
c 7-year property		691	7			99
c 7-year property		9,819	7			1,403

TY 2009 General Explanation Attachment

Name: ALPHA GAMMA OF SIGMA CHI INC
 C/O PETER ASMAR

EIN: 23-7105054

Identifier	Return Reference	Explanation
ELECT OUT BONUS 168(k) DEPRECIATION	FORM 4562 BONUS DEPRECIATION 168 (K)	The taxpayer hereby elects out of the special depreciation allow ance for all property placed in service by the taxpayer during the taxable year w hich w ould otherw ise qualify for the special depreciation allow ance under Code Section 168(k) and w hich is in the follow ing classes 3-year property, 5-year property, 7-year property, 10-year property, 15-year property, 20-year property

TY 2009 Other Expenses Schedule**Name:** ALPHA GAMMA OF SIGMA CHI INC

C/O PETER ASMAR

EIN: 23-7105054

Description	Amount
OFFICE EXPENSES	60
INSURANCE	9,943
HOUSE EXPENSES	299
LICENSES	859
UTILITIES	1,917
REPAIRS & MAINTENANCE	8,644
REAL ESTATE TAXES	15,200
MISC	1,993
HOMECOMING EXPENSES	2,605
Interest	3,196
Depreciation	19,939