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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 10-01-2010, and ending 09-30-2011

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

C Name of organization: ALPHA GAMMA OF SIGMA CHI INC CO 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: (440) 338-6947. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify). I Website: N/A. J Tax-Exempt status: [] 501(c)(3) [X] 501(c)(2) (insert no) [] 4947(a)(1) or [] 527

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

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 147,867

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total: 147,867). Rows 10-17: Expenses (Total: 96,205). Rows 18-21: Net Assets (Total: 465,547).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	76,122	22	99,390
23 Land and buildings	389,890	23	390,779
24 Other assets (describe in Schedule O)		24	
25 Total assets	466,012	25	490,169
26 Total liabilities (describe in Schedule O)	52,127	26	24,622
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	413,885	27	465,547

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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 \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	93,579
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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	93,579

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and 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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
37b	b Did the organization file Form 1120-POL for this year?	37b	
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 tax year covered by this return?	38a	No
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of PETER ASMAR TREASURER Telephone no (440) 338-6947 52 RIDGECREST DRIVE Located at CHAGRIN FALLS, OH ZIP + 4 440224218		
42b	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)? 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.	42b	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	

		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	No
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45		No
45a		No
46		No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

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?

b 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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-07-27 Date
	PETER ASMAR TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="text"/> MICHAEL F DRENNEN	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> CBIZ MHM LLC 5450 FRANTZ ROAD SUITE 300 DUBLIN, OH 43016			EIN <input type="text"/>
			Phone no <input type="text"/> (614) 793-4501	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ALPHA GAMMA OF SIGMA CHI INC CO PETER ASMAR

Employer identification number

23-7105054

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 30 DIVIDEND INCOME 235 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 265

Identifier

Return Reference

Explanation

OCCUPANCY, RENT, UTILITIES AND MAINTENENCE

FORM 990-EZ, PART I, LINE 14

DESCRIPTION DEPRECIATION AMOUNT 25,290

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 1,420 DESCRIPTION INTEREST EXPENSE AMOUNT 1,111 DESCRIPTION INSURANCE AMOUNT 9,551 DESCRIPTION HOUSE EXPENSES AMOUNT 2,116 DESCRIPTION LICENSES AMOUNT 850 DESCRIPTION UTILITIES AMOUNT 2,310 DESCRIPTION REPAIRS & MAINTENANCE AMOUNT 33,971 DESCRIPTION REAL ESTATE TAXES AMOUNT 15,644 DESCRIPTION HOMECOMING EVENTS AMOUNT 2,627 TOTAL TO FORM 990-EZ, LINE 16 69,600

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return ALPHA GAMMA OF SIGMA CHI INC CO PETER ASMAR

Business or activity to which this form relates FORM 990-EZ PAGE 1

Identifying number 23-7105054

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.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including description of property, cost, and elected cost.

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)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation details.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 5 rows for Section C assets, including class life, year, and depreciation method.

Part IV Summary (see instructions)

Table with 3 rows for Part IV summary, including listed property amount, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, 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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

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 columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

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 questions 37-41 and Yes/No columns. Includes a note at the bottom: "Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles."

Part VI Amortization

Table for Section VI with 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.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ALPHA GAMMA OF SIGMA CHI INC CO PETER ASMAR

EIN: 23-7105054

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION US BANK LOAN BEG OF YEAR AMOUNT 52,127 END OF YEAR AMOUNT 24,622

Additional Data**Software ID:****Software Version:****EIN:** 23-7105054**Name:** ALPHA GAMMA OF SIGMA CHI INC CO 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 1918 INDIANOLA AVE COLUMBUS, OH 43201	PRESIDENT 1 00	0	0	0
T A WARD II 1918 INDIANOLA AVE COLUMBUS, OH 43201	VICE-PRESIDENT 1 00	0	0	0
JAMES EVANS 1918 INDIANOLA AVE COLUMBUS, OH 43201	SECRETARY 1 00	0	0	0
PETER S AMSAR 1918 INDIANOLA AVE COLUMBUS, OH 43201	TREASURER 1 00	0	0	0
MATT BERRY 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0
GREG CALLAGHAN 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0
MARK DORNFELD 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0
BENJAMIN LAYMAN 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0
DAVID LAYMON 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0
ALAN ZINK 1918 INDIANOLA AVE COLUMBUS, OH 43201	DIRECTOR 1 00	0	0	0