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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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning SEPTEMBER 01, 2011, and ending AUGUST 31, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OKLAHOMA BETA OF PI BETA PHI, INC.		D Employer identification number 73-6102709
	Doing Business As		E Telephone number (405) 377-9195
	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite 2204 OAK TRAIL DRIVE		G Gross receipts \$ 311,499
	City or town, state or country, and ZIP + 4 STILLWATER OK 74074		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: SEE ATTACHMENT #1		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(7) (insert no.) 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number

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

L Year of formation 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 <input type="checkbox"/> 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)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	3
6 Total number of volunteers (estimate if necessary)	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	370
7b Net unrelated business taxable income from Form 990-T, line 34	0
8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,525 Current Year 10,000
9 Program service revenue (Part VIII, line 2g)	296,200 297,650
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,099 3,518
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	331
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	300,824 311,499
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500 500
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)	41,176 42,683
16a Professional fundraising fees (Part IX, column (A), line 11e)	
16b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	169,180 250,354
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	210,856 293,537
19 Revenue less expenses. Subtract line 18 from line 12	89,968 17,962
20 Total assets (Part X, line 16)	Beginning of Current Year 1,126,825 End of Year 1,323,126
21 Total liabilities (Part X, line 26)	117,859 296,198
22 Net assets or fund balances. Subtract line 21 from line 20	1,008,966 1,026,928

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

Type or print name and title

TREASURER

Date 10/31/12

Paid Preparer Use Only

Print/Type preparer's name

EDWIN ONLEY

Preparer's signature

Date

10/25/12

Check ☐ if self-employed

PTIN

P00139828

Firm's name DUNCAN & ONLEY PC

Firm's EIN 73-1416084

Firm's address 808 S MAIN STE 314

Phone no

STILLWATER OK 74074

(405) 372-7744

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2011)

P 10

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III



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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 293,537 including grants of \$ 500) (Revenue \$ 297,650)

SEE ATTACHMENT #2

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 ► 293,537

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 (see instructions)?		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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II N/A		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		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, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
24c 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		
24d 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
25b 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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," 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 N/A		
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 ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)?		X
b	If "Yes," enter the name of the foreign country See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A		

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.

Check if Schedule O contains a response to any question in this Part VI. ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	7
b Enter the number of voting members included in line 1a, above, who are independent.	1b	7
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 governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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.	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N/A
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N/A
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	N/A
13 Did the organization have a written whistleblower policy?	13	X
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SEE ATTACHMENT #3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHLY 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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE				FORMER
1b Sub-total										0	0	0
c Total from continuation sheets to Part VII, Section A										0	0	0
d Total (add lines 1b and 1c)										0	0	0

1b	Sub-total	0	0	0
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	0	0

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

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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 SIMILAR AMOUNTS CONTRIBUTIONS	1a Federated campaigns	1a					
	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	10,000				
	g Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f		10,000				
PROGRAM SERVICE REVENUE	2a CHAPTER RENTAL INCOME	Business Code		297,650	297,650		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			297,650			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			370		370	
	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 ..		3,148				
	c Gain or (loss)		3,148				
	d Net gain or (loss) ..			3,148			3,148
	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 PROPERTY TAX INCOME FR			331	331			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			331				
12 Total revenue. See instructions			311,499	297,981	370	3,148	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	500	500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	35,075	35,075		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,692	4,692		
10 Payroll taxes	2,916	2,916		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,150	2,150		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	750	750		
13 Office expenses	4,469	4,469		
14 Information technology	5,908	5,908		
15 Royalties				
16 Occupancy	126,865	126,865		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,223	7,223		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,780	93,780		
23 Insurance	985	985		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DUES & SUBSCRIPTIONS</u>	3,724	3,724		
b <u>HOUSE SUPPLIES</u>	3,276	3,276		
c <u>TELEPHONE</u>	1,066	1,066		
d <u>BANK CHARGES</u>	58	58		
e All other expenses	100	100		
25 Total functional expenses. Add lines 1 through 24e	293,537	293,537		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	6,264	1	7,736
	2 Savings and temporary cash investments	88,204	2	88,073
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 2,391,644		
	b Less: accumulated depreciation	10b 1,164,327	1,032,357	10c 1,227,317
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11.		12	
	13 Investments -- program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,126,825	16	1,323,126	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	800	17	839
	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	117,059	23	295,359
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25	117,859	26	296,198
N E T A S S E T S O R 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	1,008,966	32	1,026,928
	33 Total net assets or fund balances	1,008,966	33	1,026,928
	34 Total liabilities and net assets/fund balances	1,126,825	34	1,323,126

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	311,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	293,537
3	Revenue less expenses Subtract line 2 from line 1	3	17,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,008,966
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,026,928

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	X	
2b Were the organization's financial statements audited by an independent accountant?		X
2c 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.		X
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

**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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		261,683		261,683
b Buildings		1,601,094	902,289	698,805
c Leasehold improvements				
d Equipment		477,939	227,257	250,682
e Other		50,929	34,782	16,147
Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,227,317

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
(1) Financial derivatives		
(2) Closely-held equity interests .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
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
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
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
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) 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 (ASC 740).

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 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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

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.

FORM 990 PART VI, SECTION C DISCLOSURE, LINE 19
ADDITIONALLY, THE CONFLICT OF INTEREST POLICIES AND THE FINANCIAL
STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC

INSPECTION

For calendar year 2011, or tax period beginning

09-01-2011, and ending

08-31-2012

Name of Organization

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer Identification Number

73-6102709

990, Page 1, Line F

Principal officer name

or

Business Name:

JAN POLK

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

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2011, or tax period beginning

09-01-2011, and ending

08-31-2012

Name of Organization

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer Identification Number

73-6102709

Part III - Statement of Program Service Accomplishments

Code	Expenses	293,537	including Grants of	500	Revenue	297,650
------	----------	---------	---------------------	-----	---------	---------

Exempt Purpose Achievements

PROVIDE HOUSING TO APPROXIMATELY 105 COLLEGE WOMEN WHO ARE MEMBERS OF THE OKLAHOMA BETA CHAPTER OF PI BETA PHI FRATERNITY AT OKLAHOMA STATE UNIVERSITY.

990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION

For calendar year 2011 or tax period beginning

09-01

, and ending

08-31-2012

Name of Organization

OKLAHOMA BETA OF PI BETA PHI, INC.

Employer Identification Number

73-6102709

Part VI - Line 20

Individual Name

or

Business Name

JAN POLK

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

990 SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 4: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC
INSPECTION

For Calendar year 2011, or tax year period beginning 09-01-2011

and ending 08-31-2012

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 DEPR SCHEDULE ATTACHED						
Total:						

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

INSPECTION

For calendar year 2011 or tax period beginning

09-01-2011, and ending

08-31-2012

Name of Organization

Employer Identification Number

OKLAHOMA BETA OF PI BETA PHI, INC.

73-6102709

Total:

2011 DETAIL STATEMENTSOKLAHOMA BETA OF PI BETA PHI,
73-6102709

PAGE 1

STATEMENT #1 - OFFICE EXPENSES (990 EO PG 10 LINE 13)

OFFICE SUPPLIES.....	129
COPIER LEASE EXPENSE.....	3,681
STORAGE LEASE.....	659

TOTAL CARRIED TO 990 EO PG 10 LINE 13.....	4,469
--	-------

STATEMENT #2 - OCCUPANCY (990 EO PG 10 LINE 16)

HOUSE REPAIRS.....	72,718
YARD MAINTENANCE.....	30,823
HOUSE PROPERTY INSURANCE.....	14,560
HOUSE CLEANING.....	8,764

TOTAL CARRIED TO 990 EO PG 10 LINE 16.....	126,865
--	---------

STATEMENT #3 - PROG. DEPECIATION/DEPLETION (990 EO PG 10 LINE 22B)

DEPRECIATION FROM ATTACHED SCHEDULE.....	93,780
--	--------

TOTAL CARRIED TO 990 EO PG 10 LINE 22B.....	93,780
---	--------

STATEMENT #4 - SECURED MORTGAGES END YEAR (990-EO PG 11 LINE 23B)

	BEGINNING	ENDING
1ST OK BANK #150007299.....	117,059	95,360
1ST OK BANK #150011592.....	0	199,999

TOTAL CARRIED TO 990-EO PG 11 LINE 23B.....	117,059	295,359
---	---------	---------

STATEMENT #5 - OTHER COST OR OTHER BASIS (SCH D, PG 2 LINE 1E(B))

PARKING LOT.....	34,394
LAND IMPROVEMENTS.....	16,535

TOTAL CARRIED TO SCH D, PG 2 LINE 1E(B).....	50,929
--	--------

STATEMENT #6 - OTHER DEPRECIATION (SCH D, PG 2 LINE 1E(C))

ACCUMULATED DEPRECIATION- PARKING LOT.....	32,294
ACCUMULATED DEPRECIATION- LAND IMPROVEMENTS....	2,488

TOTAL CARRIED TO SCH D, PG 2 LINE 1E(C).....	34,782
--	--------

2011 NOTES

OKLAHOMA BETA OF PI BETA PHI, INC
73-6102709

NOTE #1

OKLAHOMA BETA OF PI BETA PHI INC
I D. #73-6102709

SUPPLEMENT TO FORM 990 AND FORM 990-E

CALCULATION OF TAXABLE GAIN ON SALE OF EXEMPT FUNCTION ASSETS BY A SECTION 501(C)(7)
ORGANIZATION

PAGE 9, LINE 7(C) - GAIN ON SALE OF PROGRAM RELATED FIXED ASSETS

SALE PRICE OF BEDROOM FURNITURE USED IN SORORITY HOUSE \$3,147

COST OF FURNITURE	\$9,500	
LESS DEPRECIATION	-9,500	
	<hr/>	0
BASIS IN FURNITURE		
		<hr/>
GAIN ON SALE		3,147
PURCHASE PRICE OF REPLACEMENT FURNITURE		\$55,538
TAXABLE GAIN RECOGNIZED ON SALE OF FURNITURE		\$ 0

10/25/2012
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OKLAHOMA BETA OF PI BETA PHI, INC. - E68
Federal ID # 736102709
Asset Summary - Federal Tax Basis
Period Ended 8/31/12

Company: E68
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending 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
6	1	LAND - 1501 W 4TH	06/27/12	R			158,330 00	0 00	0 00	0 00	0 00	0 00
Group # 1 Total							261,683 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	284,072 84	6,026 57	290,099 41
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	210,695 49	9,799 79	220,495 28
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	652 55	52 03	704 58
12	1	5 TON CONDENSOR	05/29/99	R	MCRS	SL 27 5	1,770 00	0 00	0 00	791 09	64 36	855 45
13	1	4 TON CONDENSOR	08/19/99	R	MCRS	SL 27 5	1,385 00	0 00	0 00	606 42	50 36	656 78
14	1	2ND FLOOR LOUNGE	08/13/99	R	MCRS	SL 27 5	18,808 47	0 00	0 00	8,235 78	683 94	8,919 72
15	1	FRONT DOORS	04/06/00	R	MCRS	SL 27 5	9,250 84	0 00	0 00	3,826 44	336 39	4,162 83
16	1	NEW ROOF	07/10/00	R	MCRS	SL 27 5	16,235 39	0 00	0 00	6,567 98	590 38	7,158 36
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	14,256 66	1,419 75	15,676 41
19	1	AIR HANDLERS	08/01/01	R	MCRS	SL 27 5	48,765 55	0 00	0 00	17,806 79	1,773 29	19,580 08
20	1	FIRE SPRINKLER SYST	07/01/01	R	MCRS	SL 27 5	81,723 00	0 00	0 00	30,088 97	2,971 75	33,060 72
21	1	DSL WIRING	02/01/01	R	MCRS	SL 27 5	10,747 67	0 00	0 00	4,119 90	390 82	4,510 72
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	1,961 02	183 13	2,144 15
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	489 50	46 07	535 57
26	1	HALL LIGHTS	07/13/01	R	MCRS	SL 27 5	1,707 75	0 00	0 00	628 76	62 10	690 86
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
29	1	NEW FLAT ROOF	06/05/02	R	MCRS	SL 27 5	6,165 00	0 00	0 00	2,064 32	224 18	2,288 50
30	1	CHAPEL REMODEL	07/05/02	R	MCRS	SL 27 5	2,572 61	0 00	0 00	853 64	93 55	947 19
31	1	PLUG MOLDS	07/29/02	R	MCRS	SL 27 5	2,306 83	0 00	0 00	765 41	83 88	849 29
32	1	PLUG MOLDS	12/07/02	R	MCRS	SL 27 5	1,604 22	0 00	0 00	508 04	58 34	566 38
33	1	WIREMOLD IN BEDR	06/03/03	R	MCRS	SL 27 5	4,927 30	0 00	0 00	1,470 69	179 17	1,649 86
34	1	WIREMOLD IN BEDR	06/18/03	R	MCRS	SL 27 5	3,028 16	0 00	0 00	903 82	110 11	1,013 93
35	1	VENT HOOD, CABINE	08/11/03	R	MCRS	SL 27 5	29,502 47	0 00	0 00	8,627 26	1,072 82	9,700 08
36	1	5 TON KITCHEN AIR	08/21/03	R	MCRS	SL 27 5	1,322 25	0 00	0 00	386 64	48 08	434 72
37	1	HEAT EXCHANGER -	02/13/04	R	MCRS	SL 27 5	3,745 50	0 00	0 00	1,027 18	136 20	1,163 38
38	1	CARPETING	04/26/04	N	MCRS	SL 7	16,727 12	0 00	0 00	16,727 12	0 00	16,727 12
39	1	6 TON A/C UNIT FOR	05/07/04	R	MCRS	SL 27 5	1,608 75	0 00	0 00	426 56	58 50	485 06
40	1	LIGHTING - STUDY H	07/17/04	R	MCRS	SL 27 5	2,414 02	0 00	0 00	625 43	87 78	713 21
41	1	2 TON A/C UNIT	09/09/04	R	MCRS	SL 27 5	812 00	0 00	0 00	205 48	29 53	235 01
42	1	FENCE	01/17/05	N	MCRS	SL 7	1,629 82	0 00	0 00	1,542 50	87 32	1,629 82
43	1	5 TON & 4 TON A/C U	04/12/05	R	MCRS	SL 27 5	2,427 37	0 00	0 00	562 72	88 27	650 99
44	1	POWDER & PRES RO	08/08/05	R	MCRS	SL 27 5	75,445 97	0 00	0 00	16,575 25	2,743 49	19,318 74
45	1	FENCE	08/12/05	N	MCRS	SL 7	772 75	0 00	0 00	676 14	96 61	772 75
46	1	POWDER ROOM MIRR	09/13/05	N	MCRS	SL 7	2,053 14	0 00	0 00	1,613 20	293 31	1,906 51
47	1	YORK 5 TON A/C	10/25/05	R	MCRS	SL 27 5	4,246 00	0 00	0 00	907 10	154 40	1,061 50

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OKLAHOMA BETA OF PI BETA PHI, INC. - E68
Federal ID #: 736102709
Asset Summary - Federal Tax Basis
Period Ended 8/31/12

Company: E68
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<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 2 BUILDINGS & IMPROVEMENTS (Continued)												
48	1	NEW WINDOWS	01/06/06	R	MCRS SL	27.5	40,002.95	0.00	0.00	8,182.41	1,454.65	9,637.06
49	1	FRONT PATIO REMOD	07/18/06	R	MCRS SL	27.5	19,857.50	0.00	0.00	3,700.71	722.09	4,422.80
50	1	FIRE ALARM SYSTEM	06/23/07	N	MCRS SL	7	22,802.68	0.00	0.00	13,437.31	3,257.53	16,694.84
51	1	SECURITY CAMERAS	05/22/08	N	MCRS SL	7	11,904.61	0.00	0.00	5,739.73	1,700.66	7,440.39
52	1	VINYL FLOORING	06/19/08	N	MCRS SL	7	5,178.95	0.00	0.00	2,312.03	739.85	3,051.88
53	1	WOOD FLOOR & CAR	06/11/08	N	MCRS SL	7	4,835.00	0.00	0.00	2,158.47	690.71	2,849.18
54	1	SUITE BATHROOM RE	08/15/08	R	MCRS SL	27.5	29,924.85	0.00	0.00	3,309.88	1,088.18	4,398.06
55	1	3 NEW WINDOWS	06/11/07	R	MCRS SL	27.5	1,615.69	0.00	0.00	247.24	58.75	305.99
56	1	HOT WATER TANKS	12/16/08	R	MCRS SL	39	18,125.83	0.00	0.00	1,258.73	464.76	1,723.49
57	1	DINING ROOM LIGHT	07/28/09	R	MCRS SL	39	10,294.71	0.00	0.00	560.94	263.97	824.91
58	1	DINING ROOM ROPE	07/28/09	R	MCRS SL	39	1,157.95	0.00	0.00	63.09	29.69	92.78
59	1	BATHROOM REMODE	08/15/09	R	MCRS SL	39	68,671.35	0.00	0.00	3,594.97	1,760.80	5,355.77
60	1	BATHROOM REMODE	10/05/09	R	MCRS SL	39	6,000.00	0.00	0.00	288.47	153.85	442.32
61	1	VINYL BATHROOM FL	07/06/10	N	MCRS SL	7	11,538.95	0.00	0.00	2,472.63	1,648.42	4,121.05
62	1	SIDING	07/07/10	R	MCRS SL	39	7,092.46	0.00	0.00	204.59	181.86	386.45
63	1	45 VALANCES	08/10/10	N	MCRS SL	7	6,754.92	0.00	0.00	1,447.48	964.99	2,412.47
64	1	TILE FLOORING	07/08/11	N	MCRS SL	7	3,339.16	0.00	0.00	238.51	477.02	715.53
65	1	ELECTRICAL MOLD	06/24/11	R	MCRS SL	27.5	7,046.37	0.00	0.00	53.38	256.23	309.61
66	1	CARPETING	07/18/11	R	MCRS SL	7	34,321.63	0.00	0.00	612.89	4,903.09	5,515.98
67	1	STEAM HEAT EXCHA	03/07/11	R	MCRS SL	27.5	17,064.01	0.00	0.00	284.40	620.51	904.91
68	1	PALM READER	12/31/10	N	MCRS SL	7	3,222.50	0.00	0.00	230.18	460.36	690.54
69	1	NEW A/C UNIT	12/02/10	R	MCRS SL	27.5	3,136.50	0.00	0.00	80.79	114.05	194.84
70	1	STEAM HEAT EXCHA	12/05/11	R	MCRS SL	27.5	9,656.28	0.00	0.00	0.00	248.72	248.72
71	1	KITCHENETTE REMO	01/13/12	R	MCRS SL	27.5	3,309.61	0.00	0.00	0.00	75.22	75.22
72	1	ELECTRIC PANELS	02/23/12	R	MCRS SL	27.5	9,885.00	0.00	0.00	0.00	194.70	194.70
73	1	CARPETING & TILE	07/13/12	N	MCRS SL	7	41,426.85	0.00	0.00	0.00	2,959.06	2,959.06
Group # 2 Total							1,642,420.54	0.00	0.00	842,199.15	55,585.99	897,785.14
Group # 3 FURNITURE & FIXTURES												
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
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
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
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 & ACCESSORIE	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
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
36	1	LOVE SEAT	08/01/96	N	MCRS SL	7	519.75	0.00	0.00	519.75	0.00	519.75
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
43	1	MATHIS BROTHERS	08/14/98	N	MCRS SL	7	739.75	0.00	0.00	739.75	0.00	739.75
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
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
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
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

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OKLAHOMA BETA OF PI BETA PHI, INC. - E68
Federal ID #: 736102709
Asset Summary - Federal Tax Basis
Period Ended 8/31/12

Company: E68
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Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 3 FURNITURE & FIXTURES (Continued)												
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
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
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
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
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	4,813 60	0 00	4,813 60
89	1	SOFA, LAMP, & CLOC	07/26/03	N	MCRS SL	7	1,529 85	0 00	0 00	1,529 85	0 00	1,529 85
90	1	2 -3 SECTION REFRIG	08/11/03	N	MCRS SL	7	7,221 60	0 00	0 00	7,221 60	0 00	7,221 60
91	1	3 SECTION FREEZER	08/11/03	N	MCRS SL	7	4,552 40	0 00	0 00	4,552 40	0 00	4,552 40
92	1	3 SECTION UNDERCO	08/11/03	N	MCRS SL	7	2,142 51	0 00	0 00	2,142 51	0 00	2,142 51
93	1	CONVECTION OVENS	08/11/03	N	MCRS SL	7	7,070 63	0 00	0 00	7,070 63	0 00	7,070 63
94	1	CONDENSATION HOO	08/11/03	N	MCRS SL	7	461 00	0 00	0 00	461 00	0 00	461 00
95	1	WORK TABLE	08/11/03	N	MCRS SL	7	195 93	0 00	0 00	195 93	0 00	195 93
96	1	ICE MACHINE	09/02/03	N	MCRS SL	7	4,090 00	0 00	0 00	4,090 00	0 00	4,090 00
97	1	2 TABLES/ DARK	06/10/04	N	MCRS SL	7	1,367 10	0 00	0 00	1,367 10	0 00	1,367 10
98	1	20 LADDERBACK SID	06/10/04	N	MCRS SL	7	3,689 00	0 00	0 00	3,689 00	0 00	3,689 00
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	2,763 41	50 27	2,813 68
103	1	DSL SWITCHES	10/08/04	N	MCRS SL	5	1,056 40	0 00	0 00	1,056 40	0 00	1,056 40
104	1	STEREO SYSTEM & C	11/03/04	N	MCRS SL	5	343 13	0 00	0 00	343 13	0 00	343 13
105	1	2 NEW WASHING MAC	04/24/05	N	MCRS SL	7	1,193 22	0 00	0 00	1,086 68	106 54	1,193 22
106	1	LR CHAIR	07/10/05	N	MCRS SL	7	720 00	0 00	0 00	630 02	89 98	720 00
107	1	LR BUFFET	08/17/05	N	MCRS SL	7	1,200 00	0 00	0 00	1,050 01	149 99	1,200 00
108	1	TELEVISION	08/17/05	N	MCRS SL	7	807 42	0 00	0 00	706 52	100 90	807 42
109	1	2 CANDLEABRAS	11/02/05	N	MCRS SL	7	1,450 00	0 00	0 00	1,139 27	207 14	1,346 41
110	1	3 FILE CABINETS	03/23/06	N	MCRS SL	7	455 67	0 00	0 00	358 05	65 10	423 15
111	1	WIRELESS INTERNET	04/13/06	N	MCRS SL	5	1,051 98	0 00	0 00	1,051 98	0 00	1,051 98
112	1	CARD TABLE/ CHAIRS	06/22/06	N	MCRS SL	7	763 91	0 00	0 00	600 22	109 13	709 35
113	1	WIRELESS INTERNET	10/28/06	N	MCRS SL	5	1,072 22	0 00	0 00	1,045 40	26 82	1,072 22
114	1	3 COMPUTERS	11/15/06	N	MCRS SL	5	3,992 17	0 00	0 00	3,892 35	99 82	3,992 17
115	1	HP LASERJET 1018	11/15/06	N	MCRS SL	5	142 00	0 00	0 00	138 45	3 55	142 00
116	1	UNDERCOUNTER REF	12/16/06	N	MCRS SL	7	2,699 20	0 00	0 00	1,783 40	385 60	2,169 00
117	1	VACUUM	03/29/07	N	MCRS SL	7	531 68	0 00	0 00	332 28	75 95	408 23
118	1	ROUND ACCENT TAB	07/31/07	N	MCRS SL	7	391 45	0 00	0 00	230 67	55 92	286 59
119	1	CHAIR & LAMP	07/31/07	N	MCRS SL	7	831 93	0 00	0 00	490 26	118 85	609 11
121	1	VEGGIE STEAMER	09/12/07	N	MCRS SL	7	4,150 84	0 00	0 00	2,297 80	592 98	2,890 78
122	1	3 WASHERS	10/23/07	N	MCRS SL	7	1,723 84	0 00	0 00	954 26	246 26	1,200 52
123	1	WASHER	02/29/08	N	MCRS SL	7	565 49	0 00	0 00	292 83	80 78	373 61

10/25/2012
10.49

OKLAHOMA BETA OF PI BETA PHI, INC. - E68
Federal ID #: 736102709
Asset Summary - Federal Tax Basis
Period Ended 8/31/12

Company: E68
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<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 3 FURNITURE & FIXTURES (Continued)												
124	1	24 MATTRESSES	07/11/08	N	MCRS SL	7	9,504 75	0 00	0 00	4,243 19	1,357 82	5,601 01
125	1	AREA RUG	08/06/08	N	MCRS SL	7	4,570 00	0 00	0 00	2,040 19	652 86	2,693 05
126	1	TV RM SOFA, LOVESEA	08/06/08	N	MCRS SL	7	6,288 13	0 00	0 00	2,807 19	898 30	3,705 49
127	1	WIFI ACCESS	03/05/09	N	MCRS SL	5	468 49	0 00	0 00	234 25	93 70	327 95
128	1	SECURITY CAMERAS	03/05/09	N	MCRS SL	7	1,698 82	0 00	0 00	606 72	242 69	849 41
129	1	ICE DISPENSER/SNEEZ	08/25/09	N	MCRS SL	7	1,300 50	0 00	0 00	464 47	185 79	650 26
130	1	DR MIRROR	10/15/09	N	MCRS SL	7	973 37	0 00	0 00	208 58	139 05	347 63
131	1	LR SOFAS	08/10/10	N	MCRS SL	7	8,079 84	0 00	0 00	1,731 39	1,154 26	2,885 65
132	1	50 NEW MATTRESSES	07/18/11	N	MCRS SL	7	13,050 00	0 00	0 00	932 14	1,864 29	2,796 43
133	1	25 SETS BEDROOM FU	07/22/11	N	MCRS SL	7	148,659 38	0 00	0 00	10,618 53	21,237 06	31,855 59
134	1	SONICPOINT W A P	09/27/10	N	MCRS SL	7	5,664 61	0 00	0 00	404 62	809 23	1,213 85
135	1	HD FRIDGE	01/13/12	N	MCRS SL	7	375 25	0 00	0 00	0 00	26 80	26 80
136	1	BEDROOM FURNITUR	06/25/12	N	MCRS SL	7	55,537 54	0 00	0 00	0 00	3,966 97	3,966 97
137	1	MATTRESSES	07/13/12	N	MCRS SL	7	2,700 00	0 00	0 00	0 00	192 86	192 86
138	1	DRESSERS	07/12/12	N	MCRS SL	7	3,926 21	0 00	0 00	0 00	280 44	280 44
139	1	TV CONSOLE	07/17/12	N	MCRS SL	7	466 54	0 00	0 00	0 00	33 32	33 32
140	1	T V	08/28/12	N	MCRS SL	5	301 85	0 00	0 00	0 00	30 19	30 19
Group # 3 Total							436,512 10	0 00	0 00	191,525 25	35,731 21	227,256 46
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	4,380 00	720 00	5,100 00
Group # 4 Total							34,393 63	0 00	0 00	31,573 63	720 00	32,293 63
Group # 5 LAND IMPROVEMENTS												
1	1	SPRINKLER SYSTEM	06/23/11	N	MCRS SL	15	6,139 77	0 00	0 00	204 66	409 32	613 98
2	1	WOODEN FENCE & G	07/12/11	N	MCRS SL	7	7,570 00	0 00	0 00	540 71	1,081 43	1,622 14
3	1	WOOD FENCE EXTEN	01/09/12	R	MCRS SL	7	2,825 00	0 00	0 00	0 00	252 23	252 23
Group # 5 Total							16,534 77	0 00	0 00	745 37	1,742 98	2,488 35
Grand Total							2,391,544 34	0 00	0 00	1,070,546 75	93,780 18	1,164,326 93