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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)

2005

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 2005 calendar year, or tax year beginning

07-01, 2005, and ending

06-30, 2006

- B Check if applicable
- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

PI KAPPA PHI ALUMNI ASSOCIATION

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

123 14TH PLACE

Room/suite

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

MANHATTAN BEACH, CA 90266

D Employer identification number

94-2586604

E Telephone number

(310) 986-2303

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Website: NONE

Organization type (check only one)

☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527

Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 289277

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

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a		
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ <u>289277</u>)	1d		289277
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		289277
13	Program services (from line 44, column (B))	13		480152
14	Management and general (from line 44, column (C))	14		
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		480152
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		(190875)
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		523371
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		332496

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

Form 990 (2005)

91 196

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	359021	359021	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	24641	24641	
42	Depreciation, depletion, etc. (attach schedule)	42	37540	37540	
43	Other expenses not covered above (itemize)				
a	SEE ATTACHED STATEMENT	43a	58950	58950	
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	480152	480152	0

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **COLLEGE FRATERNITY ACTIVITIES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a THIS ENTITY OWNS THE PROPERTY USED BY PI KAPPA PHI UNDERGRADUATE

FRATERNITY,

THIS IS A COLLEGE FRATERNITY THAT RAISES MONIES FOR
VARIOUS CHARITIES & EDUCATION EVENTS. IT'S ONLY
ACTIVITIES RELATE TO THE UNDERGRADUATE FRATERNITY.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c THIS FACILITY IS OPERATED FOR OCCUPANCY BY MEMBERS
OF AN AFFILIATED COLLEGE FRATERNITY. THE
ASSOCIATION OPERATES FOR CHARITABLE, EDUCATIONAL
AND LITERARY ORGANIZATIONS. NO OFFICERS OR MEMBERS
RECEIVE COMPENSATION FOR ASSISTING OTHER CHARITABLE
ORGANIZATIONS.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ☐

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	3766	45	5494
46	Savings and temporary cash investments	165609	46	15098
47 a	Accounts receivable			
b	Less allowance for doubtful accounts	4159	47c	
48 a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A 51 a	Other notes and loans receivable (attach schedule)			
s b	Less allowance for doubtful accounts		51c	
s 52	Inventories for sale or use		52	
t 53	Prepaid expenses and deferred charges	11468	53	
s 54	Investments - securities (attach schedule) ☐ Cost ☐ FMV		54	
55 a	Investments - land, buildings, and equipment basis	803548		
b	Less accumulated depreciation (attach schedule)	115184	55c	688364
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		57c	
58	Other assets (describe)		58	
59	Total assets (must equal line 74) Add lines 45 through 58	892135	59	708956
L 60	Accounts payable and accrued expenses	10	60	
i 61	Grants payable		61	
a 62	Deferred revenue		62	
b 63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
i 64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t 64 b	Mortgages and other notes payable (attach schedule)	368719	64b	357462
i 65	Other liabilities (describe INCOME TAXES PAYABLE)	35	65	
e 66	Total liabilities. Add lines 60 through 65	368764	66	357462
s 67	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74		67	
68	Unrestricted		68	
69	Temporarily restricted		69	
69	Permanently restricted		69	
A 70	Organizations that do not follow SFAS 117, check here ☒ and complete lines 70 through 74.			
s 70	Capital stock, trust principal, or current funds	739000	70	739000
s 71	Paid-in or capital surplus, or land, building, and equipment fund	15246	71	15246
t 72	Retained earnings, endowment, accumulated income, or other funds	(230875)	72	(402752)
s 73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	523371	73	351494
o 74	Total liabilities and net assets / fund balances. Add lines 66 and 73	892135	74	708956

Part-V-A	Current Officers, Directors, Trustees, and Key Employees (continued)
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations	75c		X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** **Other Information** (See the instructions)

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization PI KAPPA PHI FRATERNITY and check whether it is ☒ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions)	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	N/A	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts 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	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
90 a	List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b		
91 a	The books are in care of ▶ <u>TODD DIPOLA</u> Telephone no ▶ <u>310-986-2303</u>		
	Located at ▶ <u>123 14TH PL, MANHATTAN BEACH CA</u> ZIP + 4 ▶ <u>90266</u>		
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)? 91b	Yes	No
	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	RENTAL INCOME	611600	289277			
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		228			
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		289505			
105	Total (add line 104, columns (B), (D), and (E))					289505

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here

Signature of officer: Juan Serrano Date: 10/14/10

Type or print name and title: JUAN SERRANO, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: James E Powell CPA Date: 10-12-2010 Check if self-employed: ☒ Preparer's SSN or PTIN (See Gen. Inst. W):

Firm's name (or yours if self-employed) address, and ZIP + 4: James E Powell CPA EIN: Phone no: 408-266-6052

1418 Helmond Lane

San Jose CA 95118

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

PI KAPPA PHI ALUMNI ASSOCIATION

Employer identification number

94-2586604

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
None				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶		

Name as shown on Return

Employer identification number

PI KAPPA PHI ALUMNI ASSOCIATION

94-2586604

OTHER PROGRAM EXPENSES**Description****Amount**

ALARM SERVICES	\$ 75
ADMINISTRATION SERVICES	69
OFFICE SUPPLIES	29
LANDSCAPING AND DISPOSAL SERVICES	718
CITY PROVIDED UTILITIES	7,241
CLEANING SERVICES	7,474
COIN MACHINE RENTAL PAYMENTS	466
PROPERTY INSURANCE	8,711
GENERAL REPAIRS	4,673
GAS AND ELECTRIC	12,104
TELEPHONE	1,530
PROPERTY TAXES	15,860
Total:	\$ 58,950

Form 4562

(Rev. January 2006)
Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2005
Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PI KAPPA PHI ALUMNI ASSOCIATION

PROGRAM SERVICES - 1

94-2586604

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,770

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		SL	
h Residential rental property			27 5 yrs	MM	SL	
i Nonresidential real property			27 5 yrs	MM	SL	
			39 yrs.	MM	SL	
				MM	SL	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					SL	
b 12-year			12 yrs		SL	
c 40-year			40 yrs	MM	SL	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	18,770
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2005) (Rev. 1-2006)

Depreciation Detail Listing

2005

PAGE 1

* Item was disposed
of during current year

PROGRAM SERVICES - 1

For your records only

Name(s) as shown on return															Social security number/EIN	
PI KAPPA PHI ALUMNI ASSOCIATION																
94-2586604																
No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current	
1	BUILDING	19910630	218,216		100.00		218,216	48	SL	MM	2.083	68,003			4,546	
2	BUILDING IMPROVEMENTS	19980630	57,579		100.00		57,579	41	SL	MM	2.439	11,176			1,404	
3	BUILDING IMPROVEMENTS	20000630	3,800		100.00		3,800	39	SL	MM	2.564	580			97	
4	BUILDING IMPROVEMENTS	20010430	53,554		100.00		53,554	38	SL	MM	2.632	7,203			1,409	
5	BUILDING IMPROVEMENTS	20010630	3,808		100.00		3,808	10	SL	MQ	10	1,888			381	
6	BUILDING IMPROVEMENTS	20020630	39,718		100.00		39,718	20	SL	HY	5	7,861			1,986	
7	BUILDING IMPROVEMENTS	20040615	169,554		100.00		169,554	20	SL	MQ	5	17,309			8,478	
8	BUILDING IMPROVEMENTS	20040630	302		100.00		302	20	SL	MQ	5					
9	LAND VALUE	19910630	250,000	250,000	100.00		0	5		0						
10	FURNITURE	20040101	7,017		100.00		7,017	15	SL	MQ	6.667	1,164			469	