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### Form. 990

# Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No 1545-0047

2006

Department of the Treasury Internal Revenue Service

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

Open to Public

	Intern		venue Service		organization may have to use a copy or tris						ت ک	wabacnow
150		A F	For the 2006 calendar	year, or ta	x year beginning	07-01	, 200	b, and en	aing		16-3	0, 20 07
ģ	!	B	Check if applicable	Please						dentification number		
	罗[	A	Address change	use IRS tabel or	PI KAPPA PHI ALUMNI ASSOCIATION 94-25  Number and street (or P O box if mail is not delivered to street address) Room/suite E Telaphone number						<u> 5866</u>	504
<b>2</b>	ENVEL	□	lame change	print or								
POSTIMARK DATE	[ 무	] "	nitial return	type. See	123 14TH PLACE					(310	986	5-2303
ŊĄ	إس	=	inal return	Specific Instruc-	City or town, state or country, and ZIP + 4					F Accounting me		Cash X Accrual
1	Ĭ	=	Amended return	tions.	MANHATTAN BEACH C	A 902 <u>6</u>	6			Other (spec	afy) ▶	
•	ַ וֹ	=	Application pending	● Section	501(c)(3) organizations and 4947(a)(1) nonexempt cha			d I are not a	pplicable	e to section 527 o	rganizatio	ns
9	<u>)</u>	<u></u> '			ust attach a completed Schedule A (Form 990 or 990-E		_	-		m for affiliates?		Yes X No
	<u>.</u>							_		ber of affiliates		<b>&gt;</b>
	~	ebsite:	NONE				H(c)	Are all affili				Yes No
	_		ation type (check only one)	<u> </u>	X 501(c) ( 7 ) ◀ (insert no ) 4947(a)(1) c	or 527				t See instruction	s)	
	<del></del>	eck he			ot a 509(a)(3) supporting organization and its gro		H(d)	Is this a se	parate r	eturn filed by an ed by a group ruli	002	Yes X No
			<del></del>		return is not required, but if the organization chooses	,33	_	Group Exe			<u></u>	
			return, be sure to file a comp		return is not required, but it the organization chooses		M	<del></del>		the organizat	on is no	ot required
					ne 12 ▶ 156,396				_	B (Form 990,		
			Ceipts Add lines 6b, 8b, 9b,			ind Polo-				tructions)		3.00011
70	<u>ra</u>	<u>rt I.</u>			and Changes in Net Assets or Fu similar amounts received.	iiiu Dalan	LES	10661	1113	2000113 /	7.4	
Statute Cleared K M Gallegos	<u>_</u>	1						.  1a			ं ह	
Seg eg	58983	a	Contributions to dono					1b			735 , T	
ute Gal	55%	•	Direct public support	•				<u> </u>			- ' -	
Statute Clear K M Gallegos	Ž-		Indirect public support	•	uded on line (a)			1c		<del></del>	7.	
ω¥		d		_	nts) (not included on line 4a)		•••	- 1d			-`	
	I	e	Total (add lines 1a th	• .	·	and VIII I and	<del></del> )		• • •		1e	156 226
		2			ding government fees and contracts (from F	ait vii, linė t	<del>3</del> 3)		• • •		2	156,396
		3	Membership dues an								3	
		4	· · · · · · · · · · · · · · · · · · ·		ary cash investmentsPR SPANOH curities		• • •	• • • •		• • • • • •	4	
ĵ		5	Dividends and interes	st from sec	curities · · · · · · · · · · · · · · · · · · ·		• • •				5	
		6a	Gross rents	• • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • •	- 6a		<del></del>	4	
		þ	Less rental expenses			• • • • • •	• • •	- 6b			7.5	
	R	C			otract line 6b from line 6a	• • • • • •	• • •	• • • •	• • •	• • • • • • • • • • • • • • • • • • •	6c	
	ž	7	Other investment inco	•	<del></del>					)	7	
	n	8a	Gross amount from s	ales of as	sets other	(A) Secur	ities	$\perp$	<u>(E</u>	3) Other	12 C	
	ě		than inventory • •					8a			*,4"	
		b	Less, cost or other ba	asis and sa	ales expenses			8b		<del></del>	; -	
,	_	С	Gain or (loss) (attach		ı			8c				
9	3	d	• • •		e 8c, columns (A) and (B)		• • •	• • • •	• • •		8d	
_	⊽	9			ttach schedule) If any amount is from gami	ng, check he	ere	▶ □			1.73	
	#a	а	Gross revenue (not in									
	<b>30</b>				b)							
	3	b	Less direct expenses	s other tha	n fundraising expenses • • • • • • •	• • • • • •	• • •	- 9b				
2	ž	C	Net income or (loss) to	from speci	at events Subtract line 9b from line 9a •	• • • • • •	• • •		• • •	• • • • • •	9c	<del></del>
۲	Ž	10a	Gross sales of invent	ory, less r	eturns and allowances	• • • • • •	• • •	- 10a				
	4											
		С	Gross profit or (loss)	from sales	of inventory (attach schedule) Subtract lin	e 10b from l	ine 1	0a • • •		• • • • • •	10c	
₹ o	ζ	11	Other revenue (from	Part VII, III	ne 103)			• • • •		• • • • • •	11	
Ü	2	12	Total revenue. Add in	nes 1e, 2,	3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		• • •	• • • •			12	156,396
9	E	13	Program services (fro	m line 44	column (B))				• • •		13	124,449
	E x p e n s	14	Management and ger	neral (from	line 44, column (C))					• • • • • •	14	0
	n	15	Fundraising (from line	e 44, colur	nn (D)) · · · · · · · · · · · · · · · · · ·	• • • • • •	• • •	• • • •		• • • • • •	15	0
	e	16	Payments to affiliates	(attach so	chedule) · · · · · · · · · · · · · · · · · · ·	• • • • • •	• • •	• • • •		• • • • • •	16	
	<b>S</b>	17	Total expenses. Add	lines 16 a	nd 44, column (A)	• • • • • •	• • •	• • • •			17	124,449
	N e i	18	Excess or (deficit) for	the year	Subtract line 17 from line 12 · · · · ·	· · · · · · ·	• • •	• • • • •	• • •		18	31,947
		19	Net assets or fund ba	lances at	beginning of year (from line 73, column (A))						19	351,494
	A S	20	Other changes in net	assets or	fund balances (attach explanation) · · ·							
	e t	21			end of year Combine lines 18, 19, and 20							383,441

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II .Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) (C) Management Do not include amounts reported on line (B) Program (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I 22 a Grants paid from donor advised funds (attach schedule) noncash \$ (cash \$ If this amount includes foreign grants, check here 22a 22 b Other grants and allocations (attach schedule) noncash \$ If this amount includes foreign grants, check here 22b Specific assistance to individuals (attach 23 23 Benefits paid to or for members (attach 24 24 25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach 25a b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) ..... 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 25c 26 Salaries and wages of employees not included on lines 25a, b, and c ...... 26 Pension plan contributions not included on 27 27 lines 25a, b, and c · · · · · · · · · Employee benefits not included on lines 28 28 29 29 30 Professional fundraising fees . . . . . . . . 30 31 31 Accounting fees - - - - - - -32 32 33 Supplies ...... 33 34 1,131 1,131 34 Postage and shipping ..... 35 35 36 36 37 37 Equipment rental and maintenance . . . . . 38 Printing and publications - · · · · · 38 39 39 40 40 Conferences, conventions, and meetings 28,360 41 28,360 41 Depreciation, depletion, etc (attach schedule) . . . . . . 18,770 42 42 18,770 43 Other expenses not covered above (itemize) 43a 76,188 76,188 SEE ATTACHED STATEMENT 43b 43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these 124,449 124,449 0 0 Joint Costs. Check ▶ if you are following SOP 98-2 · · · · · • Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 \$

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 Alto organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clears served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) programizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a See SERVICES  (Grants and allocations \$ ) if this amount includes foreign grants, check here  (Grants and allocations \$ ) if this amount includes foreign grants, check here  (Grants and allocations \$ ) if this amount includes foreign grants, check here  (Grants and allocations \$ ) if this amount includes foreign grants, check here  (Grants and allocations \$ ) if this amount includes foreign grants, check here	P	art III Statement of Program Service Accomplishments (See the instructions)	
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Pa	rt IV	Balance Sheets (See the instructions )			
	Note:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only  Cash - non-interest-bearing	Beginning of year		End of year
	45		5,494	45	832
	46	Savings and temporary cash investments	15,098	46	59,627
	47 a	Accounts receivable · · · · · · · · · · · · 47a			
		Less allowance for doubtful accounts · · · · · · · 47b		47c	
	_			1	
	48 a	Pledges receivable • • • • • • • • • • • • • • • • • • •			
		Less, allowance for doubtful accounts · · · · · · · 48b		48c	
	49	Grants receivable · · · · · · · · · · · · · · · · · · ·		49	
		Receivables from current and former officers, directors, trustees, and			
	•••	key employees (attach schedule)		50a	
A	ь	Receivables from other disqualified persons (as defined under section			
s	_	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51 a	Other notes and loans receivable (attach			
e	•••	schedule) · · · · · · · · · · · · · · · · · 51a			
t	b	Less allowance for doubtful accounts 51b		51c	
s	52	Inventories for sale or use		52	
-	53	Prepaid expenses and deferred charges		53	
		Investments - publicly-traded securities · · · · · · ▶ Cost FMV	· · · · · · · · · · · · · · · · · · ·	54a	
		Investments - other securities (attach schedule) Cost FMV		54b	<del></del>
		Investments - land, buildings, and			
		equipment basis · · · · · · · · · 55a		].	
	ь	Less accumulated depreciation (attach			
Ì		schedule) · · · · · · · · · · · · · · · · · 55b		55c	
ľ	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis · · · · · · 57a 803,548			
		Less accumulated depreciation (attach			
		schedule)STM116 57b 133,954	688,364	57c	669,594
	58	Other assets, including program-related investments	0007001		0037031
		(describe ▶		58	
	59	Total assets (must equal line 74) Add lines 45 through 58 · · · · · · · · ·	708,956	59	730,053
	60	Accounts payable and accrued expenses		60	7007000
ᄓ	61	Grants payable	<del> </del>	61	
a	62	Deferred revenue		62	
b	63	Loans from officers, directors, trustees, and key employees (attach			
		schedule) · · · · · · · · · · · · · · · · · · ·		63	
	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t		Mortgages and other notes payable (attach schedule)	357,462	64b	346,612
i	65	Other liabilities (describe ▶ )		65	
e					
s	66	Total liabilities. Add lines 60 through 65	357,462	66	346,612
	Organ	nizations that follow SFAS 117, check here and complete lines	-		
		67 through 69 and lines 73 and 74			
F	67	Unrestricted · · · · · · · · · · · · · · · · · · ·		67	
u	68	Temporarily restricted • • • • • • • • • • • • • • • • • • •		68	
n d	69	Permanently restricted • • • • • • • • • • • • • • • • • • •		69	
. "	Organ	nizations that do not follow SFAS 117, check here			
В		complete lines 70 through 74			
a	70	Capital stock, trust principal, or current funds	739,000	70	739,000
а	71	Paid-in or capital surplus, or land, building, and equipment fund	15,246	71	15,246
n	72	Retained earnings, endowment, accumulated income, or other funds	(402,752)	72	(370,805)
e	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
s		70 through 72 (Column (A) must equal line 19 and column (B) must			
		equal line 21) • • • • • • • • • • • • • • • • • • •	351,494	73	383,441
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	708,956	74	730,053
		EEA			Form 990 (2006)

Pa	Reconciliation of Revenue per A	udited Financial S	tate	ments With Rev	/enue	per R	eturn
 a	Total revenue, gains, and other support per audited finar	ncial statements · · ·				а	156,396
b	Amounts included on line a but not on Part I, line 12						
4	Net unrealized gains on investments · · · · · · ·		b1	1			
2	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		b2				
2	Recoveries of prior year grants		b3	·			
3			55				
4	Other (specify)		b4				
	Add lines h1 through h4	<del></del>	D4			ь	
	Add lines by through by		• • •		• • •		156 206
С	Subtract line b from line a	• • • • • • • • • • •	• • •		• • •	С	156,396
d	Amounts included on Part I, line 12, but not on line a:			1			
1	Investment expenses not included on Part I, line 6b -	• • • • • • • • • • • • • • • • • • • •	d1				
2	Other (specify)						
			d2				
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·				• • •	d	
e	Total revenue (Part I, line 12) Add lines c and d				• ▶	е	156,396
Pa	rt IV-B Reconciliation of Expenses per A	udited Financial S	taten	nents With Exp	enses	s per R	eturn
a	Total expenses and losses per audited financial stateme					а	124,449
b	Amounts included on line a but not on Part I, line 17						
1	Donated services and use of facilities • • • • • • • •		b1				
2	Prior year adjustments reported on Part I, line 20		b2				
3	Losses reported on Part I, line 20 · · · · · · · ·		b3				
4	Other (specify)		<del></del>				
*	Other (specify)		b4			,	
	Add longs he shrough he					b	
	Add lines of through by		• • •		• • •		104 440
с	Subtract line b from line a				• • •	С	124,449
d .	Amounts included on Part I, line 17, but not on line a:		h	1			
1	investment expenses not included on Part I, line 6b •	• • • • • • • • • • •	d1		-		
2	Other (specify).						
			d2				
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • •	• • •	• • • • • • • • •	• • •	d	
е	Total expenses (Part I, line 17) Add lines c and d -			• • • • • • • • • •	• ▶	е	124,449
Pa	rt V-A Current Officers, Directors, Truste	es, and Key Empl	oyee	s (List each perso	n who	was an o	fficer, director,
	trustee, or key employee at any time during th				ne instr	uctions)	
	<del></del>	(B)		(C) Compensation		ntnbutions t	(E) Expense account
	(A) Name and address	Title and average hours provided to position	per n	(If not paid, enter -0)	plans	& deferred sation plan	and other allowances
_		<del></del>					
	· · · · · · · · · · · · · · · · · · ·			<del> </del>			
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				L			1

Pai	t V-A	Current Officers, Directors, Trustees, a	nd Key Employees	(continued)			Yes	No
75 a	Enter the	total number of officers, directors, and trustees permi	tted to vote on organizati	on business at boa	ard			
	meetings			• • • • • • •	5			
b	Are any	officers, directors, trustees, or key employees listed in	Form 990, Part V-A, or hi	ghest compensate	d			
	employe	es listed in Schedule A, Part I, or highest compensated	d professional and other i	ndependent				
	contracto	ors listed in Schedule A, Part II-A or II-B, related to each	h other through family or	business				
	relations	hips? If "Yes," attach a statement that identifies the inc	lividuals and explains the	relationship(s) •		75b		Х
С	Do any o	fficers, directors, trustees, or key employees listed in F	Form 990, Part V-A, or hig	ghest				
	compens	ated employees listed in Schedule A, Part I, or highes	t compensated professio	nal and other				
	ındepend	ient contractors listed in Schedule A, Part II-A or II-B,	receive compensation fro	m any other			1	
		tions, whether tax exempt or taxable, that are related t						
	-		· • • • • • • • • • • • • • • • • • • •			75c		X
		attach a statement that includes the information descri	bed in the instructions					
d		organization have a written conflict of interest policy?				75d	x	
	t V-B			That Receive	d Compensatio	n or (	Other	
<u>r aı</u>	<u>. v-D</u>	Benefits (If any former officer, director, trustee, or	key employee received	compensation or o	ther benefits (describ	ed bei	low)	
		during the year, list that person below and enter the						
		See the instructions )	•					
			T	(C) Compensation	(D) Contributions to		Expens	
		(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans		nt and of lowance:	
_			<del> </del>	5.1.51 57	Compensation plans			
			1					
	-		<del> </del>	<del>                                     </del>				
			-					
			<u> </u>					
			-					
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				-	<del>                                     </del>			
			4	]				
		Con the materialism	<u> </u>	<u> </u>			V 1	Na
	rt VI	Other Information (See the instructions) rganization make a change in its activities or methods	of conducting actuation?	If "Voc " ottoch a		<u> </u>	Yes	No
76		-	or conducting activities?	ii res, allacii a		76		v
		statement of each change	onto not reported to the 1			77		<u>X</u>
77		y changes made in the organizing or governing docum	ients not reported to the r	K3/		"		X
		attach a conformed copy of the changes	E4 000 as mars divine the					
ва		rganization have unrelated business gross income of	a 1,000 or more during the	e year covered by				
	this retur					78a	22 (2	X
		has it filed a tax return on Form 990-T for this year?			• • • • • • • • • •	78b	N/A	
79		e a liquidation, dissolution, termination, or substantial	contraction during the year	ar / ।t "Yes," attach				
	a statem					79		X
30 a	_	anization related (other than by association with a state	•	, ,	•		ļ. <b>I</b>	
		membership, governing bodies, trustees, officers, etc	, to any other exempt or r	nonexempt				
	organizat	_			• • • • • • • • • • • • • • • • • • • •	80a	Х	
b	if "Yes," e	enter the name of the organization PI KAPP						
			and check whether it is		nonexempt			
		ect and indirect political expenditures. (See line 81 inst		81a				
b	Did the o	rganization file Form 1120-POL for this year? • • •	• • • • • • • • • • • •			81b		Х

Form 990 (2006) PI KAPPA PHI ALUMNI ASSOCIATION

94-2586604

Page 6

Form	990 (2006) PI KAPPA PHI ALUMNI ASSOCIATION 94-2586	604	Paç	ge <b>7</b>
	t 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?	82a		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 ) · · · · · · · · · · · · · · · · ·	[		ĺ
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	$\overline{}$		_
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? • • • • • • • • • • • • • • • • • • •	84a		X
b				l
	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?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			ł
	received a waiver for proxy tax owed for the prior year			l
С	Dues, assessments, and similar amounts from members • • • • • • • • • • • • • • • • • • •			1
d	Section 162(e) lobbying and political expenditures • • • • • • • • • • • • • • • • • • •		1	l
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices • • • • • • • • • • • • • • • • • • •		]	l
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) • • • • • • • • • • 85f			l
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u> </u>
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			l
	following tax year?	85h	N/A	<del></del>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a 0			1
	Gross receipts, included on line 12, for public use of club facilities		. '	
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
Ь	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
88 a	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	00-		.,
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		<u> X</u>
Đ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		37
90 -		OOD	$\vdash$	Х
09 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
<b>.</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			į
D	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 ••••••••••••••••••••••••••••••••••••	89h	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified		11/17	
•	persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? · · · · · · · · · · · · · · · · · · ·	89e	1 1	Х
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g		Х
90 a	List the states with which a copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			
	instructions ) • • • • • • • • • • • • • • • • • •			
91 a	The books are in care of $\blacktriangleright$ % TODD DIPAOLA Telephone no $\blacktriangleright$ 310–986	-23	03	
	Located at ► 123 14TH PLACE MANHATTAN BEAC CA ZIP+4 ► 90266			
þ	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		Yes	No
	account)?	91b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			

Par	t VI Other Information (contin				<del></del>		162	NO
С	At any time during the calendar year, did t		naintain an office outsid	le of the United S	itates? • • • •		91c	Х
	If "Yes," enter the name of the foreign cou		<del></del>					$\Box$
92	Section 4947(a)(1) nonexempt charitable to						• • • • •	$\sqcup$
	and enter the amount of tax-exempt intere				• • • • • •	92		
	t VII Analysis of Income-Prod	_		1			(F)	
	e: Enter gross amounts unless otherwise		business income	<del>                                     </del>	section 512, 513, or 5	514	(E) Related or	
	cated.	(A)	(B)	(C)	(D)	ex	rempt function	
93	Program service revenue	Business code	Amount	Exclusion code	Amount	·- <del>-</del>	income	
	RENTAL INCOME	611600	155,926	+		<del></del>		
	INTEREST EARNED		470		<del> </del>		,	
C				<u> </u>				
d				<del> </del>		-		
е				<del> </del>				
f	Medicare/Medicaid payments • • • • •			<del> </del>	<del></del>			
g	Fees and contracts from government agencies							
94	Membership dues and assessments				-			
95	interest on savings & temporary cash investments		<del></del>	<del></del>		<del></del>		
96	Dividends and interest from securities •			<del> </del>	1		·····	
97	Net rental income or (loss) from real estate							
a	debt-financed property				<del> </del>			
b	not debt-financed property							
98	Net rental income or (loss) from personal property		· =		<del>                                     </del>			
99	Other investment income • • • • • • • • • • • • • • • • • • •		<u>-</u>					
100	than inventory			<del>  -</del>		-		
101 102	Net income or (loss) from special events		-				<del></del>	
102	Gross profit or (loss) from sales of inventory  Other revenue a							
b	Office revenue a		<del></del>			<del></del>		_
c				<u> </u>		<del></del>		
d			<del></del>					
e				<del> </del>				
104	Subtotal (add columns (B), (D), and (E))		156,396	1				
105	Total (add line 104, columns (B), (D), and	(F)\	130,330			. •	156,3	96
	Line 105 plus line 1e, Part I, should equal the		e 12 Part I				130,3	90
	t VIII Relationship of Activities			omnt Burnos	See the ins	tructions )		
	No. Explain how each activity for which							
Lille	of the organization's exempt purpos				portoniny to the			
						· · · · · · · · · · · · · · · · · · ·		
				<del></del>				
Part	t IX Information Regarding Ta	xable Subsi	diaries and Disrec	arded Entition	es (See the inst	ructions)	<del></del>	
	(A) Name, address, and EIN of corporatio		(B)	(C) Nature of		(D)	(E) End-of-ye	
	partnership, or disregarded entity	11,	Percentage of ownership interest	Nature of	activities	Total income	End-of-ye	
			%					
			%					
-			%	•				
			%			-		
Part	X Information Regarding Tr	ansfers Asso	ociated with Perso	onal Benefit (	Contracts (S	ee the instructions	.)	
(a)						contract? -	Yes	No
(b)		-			•	<i></i> j	Yes	No
Not	te: If "Yes" to (b), file Form 8870 and Form 4	•	• • • •			,	~ _	-
				EEA			Form <b>990</b>	(2006)

PI KAPPA PHI ALUMNI ASSOCIATION

Form 990 (2006)

94-2586604

Page 8

Par	t XI Information Regarding Trans us a controlling organization as defined		ed Entities. Complete only in	
106	Did the reporting organization make any transf	ers to a controlled entity as defined	ın section 512(b)(13) of	Yes No
	the Code? If "Yes," complete the schedule belo	ow for each controlled entity		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				_
	Totals			
				Yes No
107	Did the reporting organization receive any tran	sfers from a controlled entity as def	ined in section	
	512(b)(13) of the Code? If "Yes," complete the	<del></del>		
	(A) Name, address, of each	(B) Employer Identification	(C) Description of	(D)
	controlled entity	Number	transfer	Amount of transfer
a		-		
			· · · · · · · · · · · · · · · · · · ·	
<u> </u>				
c				
	Totals	, i	•	
		<del></del>		Yes No
108	Did the organization have a binding written cor rents, royalties, and annuities described in que	<u> </u>	covering the interest,	
	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete Declarati	nined this return, including accompanying sch		
Pleas	<u> </u>	on or preparer (outer than onicer) is based on	all information of which preparer has any ki	10/14/13
Sign	I wan sena	ديــــ		Date
Here		-o, PRESIDENT	-	
	Type or prnt name and title			
Paid	4007-0-1	Will CPA 10-12	1 4	's SSN or PTIN (See Gen Inst X)
Prepa Jse O	Firm's name (or yours)		EIN -	12-1559498
,5 <del>0</del> U	address, and ZIP+4  If self-employed)  If self-employed)  San Jos	LMOND LANE e, CA 95118	Phone no ▶ 4 ∩ 8	1-266-6052
		e, CR 93110		Form <b>990</b> (2006)

### **SCHEDULE A** , (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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

Supplementary Information -- (See separate instructions.)

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

OMB No 1545-0047

2006

Employer identification number

PI KAPI	PA PHI ALUMNI ASSOCIAT	ION		94-2586604	
Part I	Compensation of the Five High (See page 2 of the instructions List each			rs, Directors, and	Trustees
(a) Nar	me 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
		1			
	r of other employees paid over \$50,000	4 D 111 1 2 2 2 4 2 4 0			•
Part II-A	Compensation of the Five Higher (See page 2 of the instructions List each				ices
NONE (	) Name and address of each independent contractor pa	nd more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
				_	
			=-		
					·····
	of others receiving over \$50,000 for services		<del>-</del>		
Part II-B		es other than professional serv			
NONE (a	) Name and address of each independent contractor pa	<del>`</del>	<b>(b)</b> Type	of service	(c) Compensation
			<del></del>		
			l	1	
					<del></del>
				}	
	of other contractors receiving over		,		······································
\$50,000 for o	ther services · · · · · · · · · ·	<u> </u>			

	Statement of Program Service Accomplishments	2006 01
Name(s) as shown on return		Your Social Security Number
PI KAPPA PHI	ALUMNI ASSOCIATION	94-2586604

### FORM 990, PART III (a)

Grants and Allocations \$0
Program Service Expenses \$0
Includes Foreign Grants NO

#### Explanation

THIS ENTITY OWNS THE PROPERTY USED BY PI KAPPA PHI UNDERGRADUATE FRATERNITY, ALSO A NON PROFIT ENTITY. THIS IS A COLLEGE FRATERNITY THAT RAISES MONIES FOR VARIOUS CHARITIES & EDUCATION EVENTS. IT'S ONLY ACTIVITIES RELATE TO THE UNDERGRADUATE FRATERNITY. 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.

990	Overflow Statement	<b>2006</b> Page 1
Name(s) as shown on return		FEIN
<u>PI KAPPA PHI</u>	ALUMNI ASSOCIATION	94-2586604

### OTHER PROGRAM EXPENSES

Description	 Amount
OFFICE SUPPLIES	\$ 1,925
DISPOSAL AND LANDSCAPING SERVICES	 1,965
CITY PROVIDED UTILITIES	6,026
CLEANING SERVICES	17,131
COIN MACHINE RENTAL FEES	478
BANK SERVICE CHARGES	740
PROPERTY INSURANCE	8,885
GENERAL REPAIRS	3,090
GENERAL MAINTENANCE	2,267
GAS AND ELECTRIC	17,504
PROPERTY TAXES	16,177
Total:	\$ 76,188

4,546 1,404 97 1,409 381 1,986 8,478 468 18,769 AMT **2006** PAGE 1 depreciation Social security number/Ell Bonus 94-2586604 expense Pnor 8,612 12,580 2,269 9,847 25,787 1,633 Accumulated Depreciation 72,549 677 133,954 1,404 1,409 1,986 8,478 4,546 381 469 97 18,770 Current 2.439 2.564 2.632 2.083 6.667 10 **Depreciation Detail Listing** 욧 PROGRAM SERVICES - 1 Method For your records only S/L S/L S/L S/I S/L S/L Ę 302 20 3,800 39 53, 554 38 3,808 10 39,718 20 69, 554 20 7,017 15 218,216 48 57, 579 41 0 553,548 Depreciation Basis Section 179 100.0d 100.00 100.00 100 od 100.00 100.00 100.00 100.00 100.00 100.00 percentage Busmess 250,000 250,000 803,548 250,000 Salvage 57,579 3,800 53,554 3,808 39,718 7,017 169, 554 218,216 Cost PI KAPPA PHI ALUMNI ASSOCIATION BUILDING IMPROVEMENTS 20040615 20040101 BUILDING IMPROVEMENTS 19980630 BUILDING IMPROVEMENTS 20000630 BUILDING IMPROVEMENTS 20010430 BUILDING IMPROVEMENTS 20010630 BUILDING IMPROVEMENTS 20020630 19910630 BUILDING IMPROVEMENTS 20040630 19910630 Name(s) as shown on retum of during current year Description \* Item was disposed LAND VALUE FURNITURE BUILDING Ŷ

ST ADJ

	2006 <sub>PG 01</sub>									
Name(s) as shown on return	FEIN									
<u>PI KAPPA PHI ALUMNI AS</u>	94-2586604									
FORM 990, SCH FOR PART IV, LINE 57 Statement #116 LAND ETC. SCHEDULE										
	Accumulated									
Category or Item	Basis	Depreciation	End of Year							
BUILDING & FURNITURE	803,548	133,954	669,594							
TOTAL	803,548	133,954	669,594							

Form **4562** 

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

OMB No 1545-0172 2006

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

	e(s) shown on return	•	Busin	ess or activity	to whic	this form relates	3		Identifying number	
ΡI	I KAPPA PHI ALUMNI ASSOCIATION			PROGRAM SERVICES - 1					94-2586604	
	rt I Election To Expens				_		_		1	
Note: If you have any listed property, complete Part V before you complete Part I										
1	Maximum amount See the instruc	tions for a highe	r limit for certain busi	nesses	• • •			1		
2	Total cost of section 179 property	placed in service	e (see instructions)	• • • • •		• • • • • • •		2		
3	Threshold cost of section 179 proj	perty before redu	ection in limitation •	• • • • •		• • • • • • •		3		
4	Reduction in limitation Subtract lii		•			• • • • • •		4		
5	Dollar limitation for tax year Subtr		•			•				
	separately, see instructions · · · · · · · · · · · · · · · · · · ·									
	(a) Description of p	property	<b>(b)</b> Co	st (business u	se only	y) <b>(c)</b> Ele	ected cost		]	
_6						_				
		·							]	
7	Listed property Enter the amount				7					
- 8	Total elected cost of section 179 p		• • •			• • • • • •		9		
9										
10	Carryover of disallowed deduction	•						10	<u> </u>	
11	Business income limitation Enter					•		11		
12	Section 179 expense deduction A					<del></del>	• • •	12		
13	Carryover of disallowed deduction				13					
	: Do not use Part II or Part III below		<del></del>						· · · · · · · · · · · · · · · · · · ·	
Pa							sted pro	perty)	(See instructions )	
14	Special allowance for qualified New	_	•	e property	(othe	er than listed				
	property) placed in service during		instructions)	• • • • •		• • • • • • •	• • •	14		
15	Property subject to section 168(f)(	•	• • • • • • • • • •	• • • • •			• • •	15		
16	Other depreciation (including ACR		• • • • • • • • • • • • • • • • • • • •				• • •	16	18,770	
Pa	rt III MACRS Depreciati	on (Do not inc	clude listed property) Section		ctions	s)				
		· · · · · · · · · · · · · · · · · · ·								
17	MACRS deductions for assets placed in service in tax years beginning before 2006							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 her		••••••				•	<u> </u>	·····	
	Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation Sys									
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	, IVY Reco	very	(e) Convention	(f) Method		(g) Depreciation deduction	
		service	only-see instructions)	репо	d				- Coronadion deaddion	
19a	3-year property	ļ							·	
b	5-year property									
<u>c</u>	7-year property	ļ								
d	10-year property	{								
<u>e</u>	15-year property			<del></del>						
	20-year property									
	25-year property		<u> </u>	25 yr	$\rightarrow$		S/L		<del></del>	
n	Residential rental			<del></del>		S/L		<u>-</u>		
	property  Negrondantal real			<del></del>		S/L		<del></del>		
i	Nonresidential real			39 yı	rs	MM	S/L	$\overline{}$		
	property Section C. Access 5	Nacadia Casia	D			MM	S/L	- 1	<del></del>	
Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System  20 a Class life										
	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	_		+			S/L			
	12-year			12 yr	$\rightarrow$		S/L	-		
C		tions)		40 yr	s	MM	S/L		<del></del>	
	Part IV Summary (see instructions)									
21 22	1 1 2									
22										
22	<del>r:,</del>							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									

EEA