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SCANNED NOV 17 2010

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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)

0806

2007 Open to Public

OMB No 1545-0047

Department of the Treasury inspection. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service OSTMARK 07-01 , 2007, and ending 06-30 , 20 08 For the 2007 calendar year, or tax year beginning ENVEL C Name of organization Check if applicable 94-2586604 PI KAPPA PHI ALUMNI ASSOCIATION Address change tabel or print or Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change type. 123 14TH PLACE (310)986-2303Initial return Specific F Accounting method: Cash X Accrual Termination City or town state or country, and ZIP + 4 Instruc-MANHATTAN BEACH 90266 fions. CA Other (specify) Amended return Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? H(b) If "Yes." enter number of affiliates NONE Are all affiliates included? (if "No," attach a list. See instructions.) ► X 501(c) (7) (insert no) (check only one) 4947(a)(1) or Is this a separate return filed by an Yes X No if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000 A return is not required, but if the organization chooses Group Exemption Number Check ▶ X if the organization is not required to file a return, be sure to file a complete return 182,715 to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 (See the instructions) Part 🔛 Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds **b** Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) 1d righcashis L 2010 Total (add lines 1a through 1d) (cash \$ 1e Program service revenue including government fees and contracts (from Part VII, line 93) 182,715 2TPR.BRANCH Membership dues and assessments Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 6a Gross rents · · · · · b Less rental expenses c Net rental income or (loss) Subtract line Other investment income (describe) 7 8a Gross amount from sales of assets (B) Other than inventory - - - -8a b Less cost or other basis and c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8 and (B) 8d Special events and activities (attack schedule) If any amount is from gaming, check here Gross revenue (not including \$ contributions reported on line 1b) **b** Less direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a. 9с 10a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 182,715 13 171,294 14 Management and general (from line 44, column (C)) 14 ٥ 15 Fundraising (from line 44, column (D)) • • • • • • • 15 0 16 17 Total expenses. Add lines 16 and 44, column (A) 17 171,294 Excess or (deficit) for the year Subtract line 17 from line 12 11,421 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 383,441 19

Net assets or fund balances at end of year Combine lines 18, 19, and 20

394,862

20

21

Form	990 (2007) PI KAPPA PHI ALUMNI ASSOCIATION				94-25866	
Pa	** Statement of All organizations must c				•	
	Functional Expenses organizations and section	n 4947	(a)(1) nonexempt ch	aritable trusts but or	otional for others (Se	e the instructions.)
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I			services	and general	5 0.00-F26-P4-75-7
22 a	Grants paid from donor advised funds (attach schedule)		ŀ			
	(cash \$noncash \$)	1				
	If this amount includes foreign grants, check here	22a				
22 b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach	_				
	schedule) · · · · · · · · · · · · · · · · · · ·	23				A THE TANK
24	Benefits paid to or for members (attach					
	schedule) · · · · · · · · · · · · · · · · · · ·	24			ALL THE CAMPAGE AND THE	
25 a	Compensation of current officers, directors,		İ			}
	key employees, etc listed in Part V-A · · · · · · · · · · · · · · · · · · ·	25a				
b	Compensation of former officers, directors,	_	Í			
	key employees, etc listed in Part V-B	25b		·		
С	Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c	<u> </u>			<u> </u>
26	Salaries and wages of employees not included		ļ			
	on lines 25a, b, and c	26				
27	Pension plan contributions not included on					
	lines 25a, b, and c	27				
28	Employee benefits not included on lines	1				
	25a - 27	28				
29	Payroll taxes · · · · · · · · · · · · · · · · · · ·	29			<u></u>	ļ·
30	Professional fundraising fees • • • • • • • • • • • • • • • • • •	30			<u> </u>	<u> </u>
31	Accounting fees	31				ļ
32	Legal fees · · · · · · · · · · · · · · · · · ·	32			ļ	ļ
33	Supplies · · · · · · · · · · · · · · · · · · ·	33	1.056	4 056		
34	Telephone · · · · · · · · · · · · · · · · · · ·	34	1,876	1,876		
35	Postage and shipping · · · · · · · · · · · · · · · · · · ·	35				
36	Occupancy	36				<u> </u>
37	Equipment rental and maintenance	37				ļ
38	Printing and publications	38				ļ
39	Travel	39				<u> </u>
40	Conferences, conventions, and meetings	40	05.016	05.016		
41	Interest 4562	41	25,916	25,916		
42	Depreciation, depletion, etc (attach schedule) • • • • • •	42	18,770	18,770		
43	Other expenses not covered above (itemize)		104 700	101 700		
a	SEE ATTACHED STATEMENT	43a	124,732	124,732		<u> </u>
b		43b				<u></u>
C 		43c				
d		43d				
_e		43e				
τ		43f				
g	2111	43g				
44	Total functional expenses. Add lines 22a					
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines				_	_
	13-15)	44	171,294	171,294		
	Costs. Check ▶☐ If you are following SOP 98-2		_	_		
	ny joint costs from a combined educational campaign and fund	traising		-		· ▶ ☐ Yes 🗓 No
	s," enter (i) the aggregate amount of these joint costs \$			ount allocated to Pro	-	·
(III) th	ne amount allocated to Management and general \$, and (iv) the	amount allocated to	Fundraising \$	<u>_</u>
			E	EA		Form 990 (2007)

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

•	grants and accomplianments	Danasan Orașia
	nat is the organization's primary exempt purpose? COLLEGE FRATERNITY ACTIVITIES	Program Service Expenses
ΑIJ	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	trusts, but optional for others)
a	See SERVICES	
		į
	(Grants and allocations \$) If this amount includes foreign grants, check here	
þ		
		i
	(Grants and allocations \$) If this amount includes foreign grants, check here	
	(Grants and allocations \$) If this amount includes foreign grants, check here	<u> </u>
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
d	7 II this amount includes foleigh grants, check here	<u> </u>
u		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
0	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)	
-		Form 000 (0007)
	EEA	Form 990 (2007)

Page 4

Pa	irt 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	Beginning of year		End of year
	45	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	832	45	14,238
	46	Savings and temporary cash investments	59,627	46	63,044
	1				
	47 a	Accounts receivable 47a		e e	
	ь	Less allowance for doubtful accounts · · · · · · · 47b	l	47c	
	1				
	48 a	Pledges receivable			
		Less allowance for doubtful accounts · · · · · · · · 48b		48c	
	49	Grants receivable		49	
	l	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
Α	h	Receivables from other disqualified persons (as defined under section		-	
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) · · · ·		50b	
s	E4 0	Other notes and loans receivable (attach		30D	
S	314	schedule) · · · · · · · · · · · · · · · · · · ·			
e	[Less allowance for doubtful accounts · · · · · · 51b		51c	
t				52	
s	52			53	
	53	Prepaid expenses and deferred charges			
	1	Investments - publicly-traded securities Cost FMV		54a	
	1	Investments - other securities (attach schedule) · · · · ▶ Cost FMV		54b	
	55 a	Investments - land, buildings, and		Sec.	
		equipment, basis · · · · · · · · · 55a			
	b	Less accumulated depreciation (attach		**************************************	
		schedule) · · · · · · · · · · · · · · · · · 55b		55c	
	56	Investments - other (attach schedule)		56	
	57 a	Land, buildings, and equipment basis · · · · · · 57a 803,548			
	b	Less. accumulated depreciation (attach			
		schedule) • • • • • • • • • • • • • • • • • • •	669,594	57c	650,824
	58	Other assets, including program-related investments			
	ĺ	(describe ▶)		58	
	59	Total assets (must equal line 74) Add lines 45 through 58 · · · · · · · · ·	730,053	59	728,106
	60	Accounts payable and accrued expenses		60	
L	61	Grants payable • • • • • • • • • • • • • • • • • • •		61	
a	62	Deferred revenue • • • • • • • • • • • • • • • • • • •		62	
b	63	Loans from officers, directors, trustees, and key employees (attach		1	
1		schedule)		63	
i	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t	ь	Mortgages and other notes payable (attach schedule)	346,612	64b	333,244
i	65	Other liabilities (describe)		65	
е		· · · · · · · · · · · · · · · · · · ·			
S	66	Total liabilities. Add lines 60 through 65	346,612	66	333,244
_		nizations that follow SFAS 117, check here and complete lines			
	0.5	67 through 69 and lines 73 and 74		斯特	i
	67	Unrestricted · · · · · · · · · · · · · · · · · · ·		67	
V F		Temporarily restricted • • • • • • • • • • • • • • • • • • •		_68_	
<u> </u>	69	Permanently restricted · · · · · · · · · · · · · · · · · · ·		69	
d	l				
B	Orga	nizations that do not follow SFAS 117, check here	{	1	
; a		complete lines 70 through 74		ر پائید تا . ازیکانید	
, 1	70	Capital stock, trust principal, or current funds	739,000	70	739,000
a	71	Paid-in or capital surplus, or land, building, and equipment fund	15,246	-	15,246
, ",	72	Retained earnings, endowment, accumulated income, or other funds	(370,805		(359,384
, е	73	Total net assets or fund balances. Add lines 67 through 69 or lines		و کرکیا اور کرکیا	
S		70 through 72 (Column (A) must equal line 19 and column (B) must			
		equal line 21) • • • • • • • • • • • • • • • • • • •	383,441	73	394,862
- 1	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	730,053	74	728,106

Pa	Reconciliation of Revenue per A	Audited Financial	Statem	ients With Rev	enue	e per Reti	urn (See the
	Total revenue, gains, and other support per audited final	ncial statements • •				a	182,715
ь	Amounts included on line a but not on Part I, line 12					25.35.	
1	Net unrealized gains on investments		- b1				
2	Donated services and use of facilities · · · · · · · · ·		- b2			See .	
3	Recoveries of prior year grants		- b3			1 - 1 - 1	
4	Other (specify)					St. getagg	
·			b4				
	Add lines b1 through b4 · · · · · · · · · · · · · · · · · ·					b	
С	Subtract line b from line a					c	182,715
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b •		- d1			15 - L	
			1 41			(2) (2) (2)	
2	Other (specify)		اما			1 × 256 × 4 1 1	
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·		d2	 -			
		• • • • • • • • • • • •		• • • • • • • • •		d	100 315
e	Total revenue (Part I, line 12) Add lines c and d				<u>· •</u>	e	182,715
	rt IV-B: Reconciliation of Expenses per A		<u>Statem</u>	ents With Exp	ense		
а	Total expenses and losses per audited financial stateme	ents · · · · · ·	• • • • •		• • •	a Chr	171,294
b	Amounts included on line a but not on Part I, line 17					COLUMN TO SERVICE SERV	
1	portated borrious aria abo or radiitate	• • • • • • • • • • •	• b1			STATE OF THE PARTY	
2	Prior year adjustments reported on Part I, line 20 · · ·		• b2			18 1 2 2 m	
3	Losses reported on Part I, line 20 · · · · · · · · ·	• • • • • • • • • •	- b3			建基础	
4	Other (specify)						
			b4			200	
	Add lines b1 through b4 · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	• • •	b	
С	Subtract line b from line a · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		С	171,294
d	Amounts included on Part I, line 17, but not on line a:					Lapitation /	
1	Investment expenses not included on Part I, line 6b •	• • • • • • • • • • •	- d1			a a a a a a a a a a a a a a a a a a a	
2	Other (specify):					الله ما والله المعارض الله	
			d2			22:302	
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·					ď	
е	Total expenses (Part I, line 17) Add lines c and d -				· •	e	171,294
Pa	rt V-A Current Officers, Directors, Trusto	ees, and Key Em	olovees	(List each perso	n who	was an offic	er, director, trustee,
	or key employee at any time during the year	even if they were not co	mpensate	ed) (See the instru	ctions)	
		(B)		(C) Compensation	(D) Co	ntnbutions to yee benefit	(E) Expense account
	(A) Name and address	Title and average hour week devoted to posi	s per tion	(If not paid, enter -0)	plans	& deferred nsation plans	and other allowances
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		EEA					Form 990 (2007)

Fom	990 (2007) PI KAPPA PHI ALUMNI ASSOCIATION	<u>. </u>		94-2586604		F	age 6
Pa	Current Officers, Directors, Trustees, a	nd Key Employees	(continued)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permit	tted to vote on organizati	on business at boa	rd	6.3	7.37	1
	meetings · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	• • • • • •	5			
b	Are any officers, directors, trustees, or key employees listed in	Form 990, Part V-A, or hi	ghest compensated	1	4	7	
	employees listed in Schedule A, Part I, or highest compensated	d professional and other i	ndependent		100 m		
	contractors listed in Schedule A, Part II-A or II-B, related to eac	h other through family or	business			-	
	relationships? If "Yes," attach a statement that identifies the ind	lividuals and explains the	relationship(s) .		75b	al	X
С	Do any officers, directors, trustees, or key employees listed in F	Form 990. Part V-A, or his	nhest		2 4	******	- 15 m
	compensated employees listed in Schedule A, Part I, or highes		•		- Y-1		
	independent contractors listed in Schedule A, Part II-A or II-B, r	•			37.	283 Tel	
	organizations, whether tax exempt or taxable, that are related to	•	•		41/4/4 21		
	- · ·				75c	~ ·	_ `
	If "Yes," attach a statement that includes the information descri				J-188.F	Marcilia	X
	·				يييه تاري	I-SI	
	Does the organization have a written conflict of interest policy?				75d	X	
Pa	rt V-B* Former Officers, Directors, Trustees, ar	nd Key Employees	That Received	Compensation	n or C	Other	•
	Benefits (If any former officer, director, trustee, or		•	•		ow)	
	during the year, list that person below and enter the a	amount of compensation	or other benefits in	the appropriate colu	ımn		
	See the instructions)	···	I	(D) Contitute			
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employee benefit		Expense and of	
	***	(5) 250.15 0.15 / 15/0.1555	enter -0-)	plans & deferred compensation plans		wances	
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. ^ j	Cathania Cathania	<u> </u>				., -	
<u>: Pa</u> 76	Other Information (See the instructions)	of conduction and the Co	16 (1) / II - · · ·		· ·	Yes	No
, 0	Did the organization make a change in its activities or methods detailed statement of each change.		ir res," attach a		2.40		3
77	detailed statement of each onlying			• • • • • • • • • •	76		<u>X</u>
77	Were any changes made in the organizing or governing docume	ents not reported to the IF	KS7	• • • • • • • • • • • • • • • • • • • •	77	Name of Street	X
••	If "Yes," attach a conformed copy of the changes				1516	222	- 35mg
78 a	Did the organization have unrelated business gross income of \$	51,000 or more during the	year covered by			4 3	mail
	this return? · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	• • • • • • • • •	· • • • • • • • • • •	78a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	<u> </u>	• • • • • • • . • . • •	• • • • • • • • • • •		N/A	
79 ⁻	Was there a liquidation, dissolution, termination, or substantial of	contraction during the yea	ar? If "Yes," attach		و شروعه	La Tari La Cara	
	a statement • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		79	-]	X
30 a	Is the organization related (other than by association with a state			ļ	ع من المواقعة المرازع		Markey .
	common membership, governing bodies, trustees, officers, etc.,				****	1111	
	organization?	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · ·		80a	X	
b	If "Yes," enter the name of the organization PI KAPPA I	HI FRATERNITY		İ	(Salary)		78
	-	and check whether it is	X exempt or	nonexempt			
31 a	Enter direct and indirect political expenditures (See line 81 instr		· · · · 81a		100 Jan	網灣	MAP OF
	Did the organization file Form 1120-POL for this year? • • •	• • • • • • • • • • •			81b	7.7	ATLISE ▼
	gamma, me i em i en ioi uno joui!	- FFA			Form	990 /2	X 007)
		EEA			LOIM 3	J3U (2	JU1)

	990 (2007) PI KAPPA PHI ALUMNI ASSOCIATION	94-258660	4	_	age
	t VI- Other Information (continued)		,	Yes	No
2a	Did the organization receive donated services or the use of materials, equipment, or facilities a	t no charge	1		
	or at substantially less than fair rental value?	• • • • • • • • • • • • • • • • •	82a	100 5-20	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	1	-3717	4	مريد حين جي پيون
	(See instructions in Part III) · · · · · · · · · · · · · · · · ·	82b	هنشد.		=
33a	Did the organization comply with the public inspection requirements for returns and exemption	• •	83a	N/A	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributi	ons? ······	83b	N/A	_
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	• • • • • • • • • • • • • • • • • • • •	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such conf	ributions or	- 1° - 1 "	235 F 7	5#4.34
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		N/A	
35a	501(c)(4), (5), or (6) 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		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	organization	3	**	1
	received a waiver for proxy tax owed for the prior year				50311
C	Dues, assessments, and similar amounts from members	85c	1.连.X	4	
d	Section 162(e) lobbying and political expenditures	85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices · · · · · · · · · · · · · · · · · · ·	85e	1		SEC.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		2000	e sitte.
g			85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amoun		1	***	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure	s for the	38.7	Militaria.	
	following tax year?		85h	N/A	
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a (# ⁷ ₹1,	7
b	Gross receipts, included on line 12, for public use of club facilities	86b (÷2,335.	-,
7	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	32.		
b	Gross income from other sources (Do not net amounts due or paid to other		4	ويتراكين	TANK
	sources against amounts due or received from them) • • • • • • • • • • • • • • • • • •	87b		SERTING .	1 Take Mark
8a	At any time during the year, did the organization own a 50% or greater interest in a taxable corp	oration or	福蘇		ere de
	partnership, or an entity disregarded as separate from the organization under Regulations secti	ons	201		
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a	_	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity will	hın the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI · · · · · · · · · · · · · · · · · ·		88b		Х
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	r	*		***********
	section 4911 ▶, section 4912 ▶, section 491	55 >		1	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit tr	ansaction		201	A PARTY OF
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yo	es," attach	25/4°		
	a statement explaining each transaction		89b	N/A	
C	Enter Amount of tax imposed on the organization managers or disqualified		of the San	**************************************	مه ۱ در پسور م
	persons during the year under sections 4912, 4955, and 4958 - · · · · · · · · · · · · · · · · · ·		Kageie	**************************************	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization • • • • • • • • • • • • • • •		* C	7	
е	All organizations At any time during the tax year, was the organization a party to a prohibited ta	x shelter		A CONTRACT	ره پاسپ د هد مراجع درسکار درس مراجع درسکار درس
	transaction?		89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insur	rance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. D		377.75	MAN AL	and in
	supporting organization, or a fund maintained by a sponsoring organization, have excess busine	ess holdings		Los Cross	
	at any time during the year?		89g	TOTAL .	X
0a	List the states with which a copy of this return is filed				<u>^^</u>
	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions) · · · · · · · · · · · · · · · · · · ·				
	•	elephone no ▶ 310-986-2	303		
		3P+4 ▶ 90266			
	At any time during the calendar year, did the organization have an interest in or a signature or o		-		
	over a financial account in a foreign country (such as a bank account, securities account, or other	•	ſ	Yes	No
	account)?		91b	163	
	If "Yes," enter the name of the foreign country		710 (100)	grings) was	X Car⊋
			12 tru and 200 L	A 24' 24'	William Street

and Financial Accounts

EEA

Par	t.VI Other Information (continuation)						Ye	es No
С	At any time during the calendar year, did the	ne organization	maintain an office outside	e of the United S	tates?		91c	X
	If "Yes," enter the name of the foreign cou				·			_
92	Section 4947(a)(1) nonexempt charitable to				• • • • • • • • •	• • • • • • •)	▶ ∐
	and enter the amount of tax-exempt intere				· · · · · · •	92		_
	t VII Analysis of Income-Prod	ucing Activ	ities (See the instruction	ons)				
Note	e: Enter gross amounts unless otherwise	Unrelate	ed business income	Excluded by	section 512, 513, or 514	4	(E)	
ındıc	cated	(A)	(B)	(C)	(D)	e	Related or kempt function	วก
93	Program service revenue	Business code	Amount	Exclusion code	Amount		income	
а	RENTAL INCOME	611600	182,419					
b	INTEREST EARNED		296					
c								
d			-					
e								
f	Medicare/Medicaid payments · · · ·					-		
g	Fees and contracts from government agencies		-					
94	Membership dues and assessments · ·							
95	Interest on savings & temporary cash investments				ļ —————			
96	Dividends and interest from securities •			 				
97	Net rental income or (loss) from real estate		The state of the s	1 - T. T. T. T. T. T. T. T. T. T. T. T. T.	Marin Carlos Security	eren and an a	- The state of the	Straft .
a	debt-financed property · · · · · ·	7 7 7 7		- 1 San Analysis on	Mar of the state o	, ,	Y - HICHWARD	7
b	not debt-financed property	-		 				
98	· · ·	 +				 -		
99	Net rental income or (loss) from personal property Other investment income • • • • • • •			 				
100	Gain or (loss) from sales of assets other			 				
101	than inventory Net income or (loss) from special events							
	, , ,							
102	Gross profit or (loss) from sales of inventory		·					
103	Other revenue a							
D								
C				<u> </u>	ļ			
đ								
е		A TOTAL ACTOR	100 515	Contrado - classical de la contrado de contrado de classica de contrado de con	<u> </u>			
104		これできるからは大学	182,715	A. A. A. A. A. A. A. A. A. A. A. A. A. A	<u> </u>			
105	Total (add line 104, columns (B), (D), and			• • • • • • • •	• • • • • • • •	<u> </u>	182	2,715
Note:	Line 105 plus line 1e, Part I, should equal the							
Par	t VIII Relationship of Activities							
Line	Explain how each activity for which				mportantly to the ad	ccomplishment		
	▼ of the organization's exempt purpose	ses (other than	by providing funds for suc	ch purposes)				
			·					
								
Par	t:IX: Information Regarding Ta	xable Subs	idiaries and Disreg	arded Entitie	es (See the instru	ictions)		
	Name, address, and EIN of corporatio	n	(B) Percentage of ownership interest	(C) Nature of	a cetu utua a	(D)	End-of-)
	partnership, or disregarded entity	,	ownership interest	nature or	activities	Total income	End-of-	-year ets
			%					
			%					
			%					
-			%					
Par	t X Information Regarding Tr	ansfers Ass		nal Benefit (Contracts (See	the instructions	()	
(a)		eive any funds.	directly or indirectly, to pa	IV premiums on a	personal benefit of	contract?		X No
(b)							_	X No
٠,	ote: If "Yes" to (b), file Form 8870 and Form		• • •			-		٠٠٠ ت
		. ,		EEA			Form 990	0 (2007)
								- (=20.)

Form 990 (2007)

PI KAPPA PHI ALUMNI ASSOCIATION

Page 8

94-2586604

Pa	rt XI	Information Regarding Trans a controlling organization as defi		trolled Entities. Co	omplete only if the	e organization		_
106		ne reporting organization make any tra	•	ined in section 512(b)(13	i) of		Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of	(I Amount of	•	fer
а								
b								
С								
		Totals	A STATE OF THE STA			,-		
107		e reporting organization receive any to (13) of the Code? If "Yes," complete to	•				Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of	(E Amount of		ler
а								
ь								
c								
		Totals	Agent start with the start of the				1	
108	rents,	e organization have a binding written or royalties, and annuities described in q	uestion 107 above?				Yes	No
Plea		Under penalties of penury, I declare that I have eand belief, it is true, correct, and complete Declared belief.	examined this return, including accompanying arabon of preparer (other than officer) is based.	ng schedules and statements, a sed on all information of which p	nd to the best of my k reparer has any know	nowledge riedge	 (4)	ა
Sig: Her		Signature of officer TUAN SET Type or print name and title	RANO , PRESIASO	1		Date		
Paid Prepa		Preparer's signature TAMPS F	POWELL, CPA Date 10-1	2-2010 Check if self- employed	X	SN or PTIN (See		t X)
	Only_ -	f self-employed),	LMOND LANE CA 95118		EIN _ ▶ 72 Phone no ▶	- <i>[55949</i> 32666052	<u>'ජ –</u>	
				EEA		Form	990 /2	ימחמי

	Statement of Program Service Accomplishments	2007 01
Name(s) as shown on return		Your Social Security Number
PI KAPPA PHI	I 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.

Form 4562

Depreciation and Amortization (Including Information on Lis

tea	Proj	perty	

2007

OMB No 1545-0172

Attachment Department of the Treasury Sequence No 67 ► See separate instructions. Attach to your tax return. Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 94-2586604 KAPPA PHI ALUMNI ASSOCIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 ġ 9 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 a service and the service and 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 18,770 MACRS Depreciation (Do not include listed property) (See instructions) Part III. 17 MACRS deductions for assets placed in service in tax years beginning before 2007 The state of the s If you are electing to group any assets placed in service during the tax year into one or more A CONTRACTOR OF THE PROPERTY O general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed in (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental MM S/L 27 5 yrs ММ 27.5 yrs S/L property Nonresidential real MM S/L 39 vrs MM S/L property Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System A-6-12 / 188 Class life 20 a S/L 12-year S/L 12 yrs 40-year MM S/L 40 yrs Summary (see instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

18,770

F	Federal Supporting	Statements	2007 PG 01
Name(s) as shown on return		·	FEIN
PI KAPPA PHI ALUMNI ASS	OCIATION		94-2586604
FORM 99	0, SCH FOR PART LAND ETC. SCHE	•	Statement #116
		Accumulated	
Category or Item	Basis	Depreciation	End of Year
BUILDING & FURNITURE _	803,548	152,724	650,824
	803,548	152,724	650,824

Performance of the continue	, te	* Item was disposed of during current year					ă	Depreciation Detail Listing	in De	tail Lis	sting					20	_
Description Due Cost Savings Section Cost Savings	.			_				For your	recor	rvices ds only						PAGE	3E 1
Description Date Cod Subage Description Description Date Cod Subage Description	Nam.	UMNI	SOCIATION	z	!		:								Social	Social security number/EIN	
19910530 218,216 100,00 218,216 100,00 218,216 100,00 218,216 100,00 218,216 100,00 218,216 100,00 218,216 100,00 218,216 21,409	9	Description	Date	Cost	Salvage	Business	Section 179	Depreciation Basis	Life	Method		-	1	Accumulated Depreciation	Prior	Bonus	AMT
BUILDING IMPROVEMENTS 20000630 3, 534 BUILDING IMPROVEMENTS 20000630 3, 535 BUILDING IMPROVEMENTS 20000630 3, 536 BUILDING IMPROVEMENTS 20000630 3	۰ ا	BUILDING IMPROVEMENTS	19910630			100.00		218, 216	48		╁		46	77,095			4,546
BUILDING IMPROVEMENTS 20010430 53,554 100.00 3,600 10 57,543 80 10 57,	ı m	BUILDING IMPROVEMENTS	20000636			100.00		675,75	41				, 404	13,984			1,404
BUILDING IMPROVEMENTS 20010630 39,718 BUILDING IMPROVEMENTS 20020630 39,718 BUILDING IMPROVEMENTS 20020630 39,718 BUILDING IMPROVEMENTS 20040630 3	4	BILL DING IMPROVEMENTS	2001002			0.001		000.0	ת מ				<u>,</u>	114			97
BUILDING IMPROVEMENTS 200040615 169, 554 100.00 39,718 100	י ט		06901006			100.00		53,554	8 6				, 409	10,021			1,409
BUILDING IMPROVEMENTS 20040630 169,554 100.00 159,574 20 57L MQ 5 5 100.00 159,574 20 57L MQ 5 100.	י נ	BUILDING IMPROVEMENTS	2001002	,		100.001		3, 808	2				381	2,650			381
BUILDING IMPROVEMENTS 200404019 BUILDING IMPROVEMENTS 200404030 BUILDING IMPROVEMENTS 200404030 BUILDING IMPROVEMENTS 200404010 T, 017 15 S/L MQ 6.667 FURNITURE FURNITURE 100.00 100.00 7, 017 15 S/L MQ 6.667	0 1	BUILDING IMPROVEMENTS	20020630			100.00		39, 718	20				986,	11,833			1,986
19910630 250,000 2550,000 100.00 302 20 S/L NQ 5 S/L NW VALUE 19910630 250,000 2550,	- (BUILDING IMPROVEMENTS	20040615	169,		100.00		169,554	50				, 478	34,265			8,478
FURNITURE 20040101 7,017 15 5/L MO 6.667	Σ (BUILDING IMPROVEMENTS	20040630					302	20								
FUNNITURE 20040101 7, 017 100.00 7, 017 15 S/L MQ 6.667	עכ		1991063(•			-						
	10		20040101			100.00		7,017	15			299	469	2,102			468
	•															77-	
803, 548 250, 000 553, 548 18, 770	ļ.	Totals		803,548				553, 548			+	18,	+-	152,724			18,769
nount	1	Land Amount		-							$\frac{1}{1}$		4				

990	Overflow Statement	2007 Page 1
Name(s) as shown on return		FEIN
PI KAPPA PHI ALUM	NI ASSOCIATION	94-2586604

OTHER PROGRAM EXPENSES

Description		Amount	
OFFICE SUPPLIES	\$	4,343	
DISPOSAL AND LANDSCAPING SERVICES		3,805	
CITY PROVIDED UTILITIES		12,771	
CLEANING SERVICES		29,948	
COIN MACHINE RENTAL FEES		968	
BANK SERVICE CHARGES		833	
PROPERTY INSURANCE		9,063	
GENERAL REPAIRS		6,040	
GENERAL MAINTENANCE		6,725	
GAS AND ELECTRIC		33,736	
PROPERTY TAXES		16,500	
Total:	\$	124,732	