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990 Form

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2008 calend	аг year, o	r tax year beginning	07-01 , 2008, and e	ending	06	i-30 , 20 09							
В	Check if a	applicable	Please	C Name of organization PI KAPPA PHI ALUMNI	ASSOCIATION			D Employer identification no.							
\Box	Address	change	use IRS	Doing Business As				94-2586604							
	Name ch	-	label or print or	Number and street (or P O box if mail is not delivered to stre	ot address)	Room/suite									
<u>;</u>		•	type.	123 14TH PLACE	et audiess)	Koonvalle	ľ	E Telephone number (310) 986-2303							
	initial retu	m	See Specific												
닏	Terminati	ion	instruc	City or town, state or country, and ZIP + 4			ľ	G Gross receipts \$							
	Amended	t return	tions.	MANHATTAN BEACH, CA 90266				247,543							
	Application	on pending	F Name	and address of principal officer		14-2 10 45-0		turn for a							
4						H(a) is this affiliate	a group ret es?	Yes X No							
<u>-</u>	Tax-exen	npt status	X 501(c) (7) ◀ (insert no) 4947(a)(1) or 527		H(b) Are all	affiliates in	ncluded? Yes No							
~	Website.					H(c) Group	attach a li	st (see instructions)							
<u>پ</u>		organization	Corporation	Trust X Association Other	L Year of formation	1001	ate of legal								
	irt:			Trust IX resources Control			ate of legal	domes							
Pa		Summar Briefly deser		ganization's mission or most significant activities	THIS ENTITY	NAME THE DI	ODPDT	Y HEED BY DI							
	1	•		-											
Δ				GRADUATE FRATERNITY, ALSO A NON PR				FRATERNITY							
A C			THAT RAISES MONEY FOR VARIOUS CHARITIES AND EDUCATIONAL ENTITIES. ITS ONLY ACTIVITIES												
io	1	RELATE TO	O THE U	NDERGRADUATE FRATERNITY.											
Y e		Check this b	ox 🕨 🔲	f the organization discontinued its operations or dis	posed of more than 25%	% of its assets									
t u	, з	Number of v	oting men	nbers of the governing body (Part VI, line 1a)	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	- 3	5							
¹ a	1 4			nt voting members of the governing body (Part VI, Ii				5							
e n	1			oyees (Part V, line 2a)			- 5	0							
g e	6			teers (estimate if necessary) • • • • • • • • • • • • • • • • • • •			6	 							
·				business revenue from Part VIII, line 12, column (C			7a	 							
	ı	-		<u> </u>											
	<u>_</u>	Net unrelate	ed busines	s taxable income from Form 990-T, line 34 · · · ·				 							
R	1			~ (O ^2)	ļ	Prior Ye	ar	Current Year							
e	8				• • • • • • • • • • • • • • • • • • • •			0							
v e	9			nue Part VIII, line 2g)	• • • • • • • • • • • • •	1	82,419	247,543							
n	10			art VIII eolumg (A), lines 3, 4, and 7d)	· · · · · · · · · · /			0							
u e	11	Other revenu	ue (Party)	1(1,00)umn (A), lines 5,80,8c,9c, 10c, and 11e) -	• • • • • • • • • • • • • • • • • • • •			0							
	12	Total revenu	add lit	nes 8 through 11 (must equal Part VIII, column (A), I	ine 12) • • • • • • •	1	82,419	247,543							
	13	Grants and	sınılar am	ounts baid (Page 1X solumn (A), lines 1-3) · · · ·	• • • • • • • • • •			0							
_	14	Benefits paid	d to on fer	members (Party) (column (A), line 4)				0							
E	15	Salaries, oth	er compa	nsation employee benefits (Part IX, column (A), line	es 5-10)			0							
P	- 1			ng tees (Part IX, column (A), line 11e)											
e				enses (Part IX, column (D), line 25)	0		NOT W								
s	17				 .		71,294	· · · · · · · · · · · · · · · · · · ·							
e s		•	•	lines 13-17 (must equal Part IX, column (A), line 25)			71,294								
	1			es Subtract line 18 from line 12 · · · · · · · · ·	,		11,125								
	19	Revenue les	ss expense	Subtract line to from time 12 · · · · · · ·											
Net Asse	•			4.00		Beginning o		End of Year							
or	20	Total assets	•	•	• • • • • • • • • • • • • • • • • • • •		28,106								
) Fund (Bal-	21	Total liabilitie	•	•	• • • • • • • • • • • • • • • • • • • •		33,244								
ance	s 22	Net assets o	or fund bal	ances Subtract line 21 from line 20 · · · · · ·	• • • • • • • • • • • • •	3	94,862	429,421							
Pa	rtill	Signatu	re Bloc	<u>k</u>	- <u> </u>										
				, I declare that I have examined this return, including accompanying, and complete Declaration of preparer (other than officer) is based.				lge							
;		and benci, it	Nac, come	at and sompted bedandard of property (outlet that officery is be.	sed on all infolliation of Which	preparer has any r	llowicage	1 1							
9			mary	Samone			ļ	10/14/10							
ेSig	n	Signatu	re of officer				Dat	te							
Hei	re		JUAN	SURRAND, PRESIDENT				·							
'		Type or	print name a					(\sqrt{\sq}}}}}}}}}}}\signtimesept\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}\enditinitendendendendendendendendendendendendende							
_	_	Dropassia		10	Date Chec	ak if Pri	parer's ide	entifying number							
Paid	ł	Preparer's signature	1 0.	A = A + A + A + A + A + A + A + A + A +	0-12-2010 self-	►\V (se	e instructio	· -							
	arer's		* //	James E Powell CPA	empl										
•	Only	Firm's name		1418 Helmond Lane		EIN 75-	1550	498							
	· ,	if self-employ address, and		San Jose, CA 95118		100	100-25	6-6052							
	Ab a IPs	Salasara (1)		<u> </u>		Phone no	100-20	6-6052							
way	Tine IRS	o discuss this	return wit	h the preparer shown above? (see instructions)				· · · Yes X No // -							

Form 990 (2008)

PI KAPPA PHI ALUMNI ASSOCIATION

94-2586604

Page 2

Page 3

`Pa	rt IV Checklist of Required Schedules			3-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<u> </u>	
	complete Schedule A · · · · · · · · · · · · · · · · · ·	. 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	 	^
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>	 	 ^
•	Schedule C, Part III	4		J
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-	├	
3	- • • • • • • • • • • • • • • • • • • •	١_	İ	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	├	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		}	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete]		
_	Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1	}	
	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		L X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9	l	Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	445		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		_X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4-	İ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
10	the state of the s			
4-7	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
_	Schedule J · · · · · · · · · · · · · · · · · ·	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	ł		
	24b-24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		$\neg \dashv$	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		\dashv	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		\dashv	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		-+	<u>X</u>
-	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		v
		27		<u>X</u>

Form 990 (2008)

PartiV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	66 1 For	2	4.5
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity	4		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,		2	411
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	ł	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		<u> </u>	
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 • • • • • • • • • • • • • • • • • •	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			<u> </u>
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х

EEA

			Yes	No
1a	·	-		1
	U.S. Information Returns Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •		10.0	1
t	· · · · · · · · · · · · · · · · · · ·	4.8	7777	J
C			1. 1	
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	· 1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-6	, a	Sept 1
	Statements, filed for the calendar year ending with or within the year covered by this return •••••• 2a 0	J		1.
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		Î.e.	
	instructions)	الماقة. السد	12c 2 c4 1/2	1-27
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-#25	21,4	
	this return?	3a	_	X
ŧ	olf "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}	1	}
	account)? • • • • • • • • • • • • • • • • • • •	4a		X
t	o If "Yes," enter the name of the foreign country	- 45	,; <u>-</u> ;	-3
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		الاستان من المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة الم المنظمة المنظمة	TR
	and Financial Accounts	[A	ؙ ؙؙڟؿڂ ۼؿڂ؞	17-17-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b	_	X
С				
	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		1
6a		6a		X
b			<u> </u>	
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).		14 17	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	<u></u>	1.7
b	the state of the s	7b	<u> </u>	
c		- <u>:-</u>		
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		ŀ
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	5.454		6
е			જેવાં	
	benefit contract?	7e		52
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-		-
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	~	peta j	- NT
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	7A.7	in the second	
	organization, have excess business holdings at any time during the year?	8	¥2 > ≟ i	 1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-41	7 ~~~	Myant a a h T
а	Did the organization make any taxable distributions under section 4966?	9a	·	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter	الأوراث	موند و پير مواريس	10 1
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	##1" 78 WHT 78		1.2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b			1,00
11	Section 501(c)(12) organizations. Enter	1 4	E ,	
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	4	1	Mary 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against			12.7
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	744	1	186 6. A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	استعملت	
ь	transfer in the second of the	1,747	in.	

EEA

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	*		-
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body		E 13	373.5
b	Enter the number of voting members that are independent • • • • • • • • • • • • • • • • • • •	ing,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	() () () () () () () () () ()		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		_^
, a	of the governing body? • • • • • • • • • • • • • • • • • • •	7a		v
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· ·	ئىرن ەرس ىر ،	A A
0	·			and the second
	the year by the following The governing body?		7 1 XA	AND THE
a	the governing body	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ļ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u>X</u>	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts? • • • • • • • • • • • • • • • • • • •	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done · · · · · · · · · · · · · · · · · · ·	12c		X
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	A C V STORY	200	200
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		1	
а	The organization's CEO, Executive Director, or top management official? • • • • • • • • • • • • • • • • • • •	15a		X
ь	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)	· (1)	**	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X.S	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	7 45 TM		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	-		
	the organization's exempt status with respect to such arrangements?	16b	ALL SE	X
Sec	tion C. Disclosure			_ <u>~</u>
36 6 17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	·			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization TODD DIPAOLA (310) 986-2303			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate a	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	ltd nri dur ise vtc iet de o u r a o l r	I	Γ_{Δ}	K e y e m p l o y e e	H c en ghplos n y e e t e d	F o r m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					<u> </u>			<u>-</u>		
									_	
	-								-	
								_		

Page 8

Part VII Section A. Officers, Directors, Trustees, Ke	y Employees	s, and	Hig	hest	t Cor	npens	ated	Employees (conti	nued)	
(A)	(B)	ļ		(C)				(D)	(E)	(F)
Name and title	Average	Position apply)		heck	all tha	ıt		Reportable	Reportable	Estimated
	hours	<u> </u>	Π.	Τ.	Ke	Нсе	F	compensation	compensation	amount of
	per	1		P	e m	l.∘ m	0	from	from	other
	week	l'se	t u	ılı -	уP	gpp	l m	the	related	compensation
		V t c	l t	c		le '' o	e r	organization (W-2/1099-MISC)	organizations	from the
		d eo	¦ e	e r	e	l i e	'	(VV-2) 1095-MISC)	(W-2/1099-MISC)	organization and related
	1	la o	Ĭ,		e	e e d	l			organizations
		ا ا	a I		-	1				organizations
	 	}	-	}	-	-				
		<u> </u>	_	L	_					
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	 	_		-	├	-				
	<u> </u>									
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	ļ		L	L						<u> </u>
				1	<u> </u>					
	 		├	╁╌	├				·	
				_	L					
										
1b Total · · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	لـــا				0	
2 Total number of individuals (including those in 1a) wh								le compensation f		1
organization					,000					
										Yes No
3 Did the organization list any former officer, director or					•		•			
employee on line 1a? If "Yes," complete Schedule J fo									• • • • • • •	· 3 X
For any individual listed on line 1a, is the sum of repo						-				
the organization and related organizations greater tha										
5 Did any person listed on line 1a receive or accrue con										4 X
services rendered to the organization? If "Yes," compl						_				5 X
Section B. Independent Contractors										1 - 1 - 1 - 2
Complete this table for your five highest compensated	Independen	t contra	acto	ors th	nat re	ceive	d mo	re than \$100,000	of	
compensation from the organization										
(A) Name and business address	•							(B)		(C)
Harrie and obsidess dudiess	<u></u>							Description of se	THICES	Compensation
· · · · · · · · · · · · · · · · · · ·										
								 		
2 Total number of independent contractors (including th	ose in 1) who) recen	ved	mor	e the	n \$10	0.00			in and it is some Then
compensation from the organization				01	- a16	ψ ι υ	J,JU	y 111		

Part \	VIII	Statement of Revenu	16			<u> </u>		
ا مدر المدر			The state of the s	The second secon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cooa	1a	Federated campaigns · · ·	• • • • 1a		1791 1 12 x 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Charles of the state of	Special Control of the Control of th	
oitm	ь	Membership dues · · · ·	1b		The state of the s	The state of the s	The state of the s	The state of the s
tteu	C	Fundraising events · · · ·	1c			Marie Marie and a first and a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the sa
s, ' "	ď	Related organizations · · ·	1d		The second secon		Carlotte A	1 - 1 - 1 - 1
pas		Government grants (contribut	├				10 10 1	1
tam ini		Government grants (contribut	lons, i i ie			the table of the same of the s	The same of the sa	
oti nsa	f	All other contributions, gifts, grants, ar			高速電影がかれ な		A STATE OF THE STA	2 () () () () () () () () () (
s, r a	l	similar amounts not included above	· · · · 1f			The state of the s	Marie To Company	
n d	9	Noncash contributions include			BOTAL ENDE			The state of the s
	h	Total. Add lines 1a-1f · ·			and the senger	The second of the second of		AT North
				Business Code	M. Marillan Mari		Millian 1	Land Francis
PSR	2a	RENTAL INCOME		611600	247,480			
r e e	Ь	INTEREST EARNED			63	63		<u> </u>
gve	C							ļ
rın	ď			ļ				
m e e	0							
	f	All other program service rever			047.740	120 120 120 120 120 120 120 120 120 120	75.30	
	9			····	247,543	make to the law or the gray		- 12 m
	3	Investment income (including of				ł		
	i	other similar amounts) · · ·						
	4	Income from investment of tax-	exempt bond prod	ceeds · · · ▶				
	5	Royalties		•••••	Fre XII 2 De CV	Manager Co. Marcul		7271170
			(ı) Real	(ii) Personal		5.7	The state of the s	2000年1月
		Gross Rents · · · · · · ·		ļ	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
		Less rental expenses · · · ·			pully and the second	A STATE OF THE PARTY OF THE PAR		
		Rental income or (loss)	L	L	E	CATCHER STATE OF THE TOTAL		المناسبة الم
	d	Net rental income or (loss) -	 	•••••	Land Land	/ Ev +	26	School of the Control
	7a	Gross amount from sales of	(i) Securities	(ii) Other		A STATE OF THE STA		
		assets other than inventory						Louis Transport
	Ь	Less cost or other basis						
0		and sales expenses · · · ·				Mary Control		
t	I	Gain or (loss)				The state of the s	A CONTRACTOR OF THE PARTY OF TH	
n e		Net gain or (loss) · · · · ·		•••••	1 U 1922 K. H. 122	estar u linguista di Azilo		to a section of the s
r	8a	Gross income from fundraising			A THE RESIDENCE OF THE PARTY OF		to the state of th	and the second second
R		events (not including \$		1			10 m	2,3
€		of contributions reported on line			Control of the same	The second secon		10000000000000000000000000000000000000
V .		See Part IV, line 18 · · · ·	_			70	Strad Cape	The second secon
n			b	L	الا مادون الرسويي الأنواء الأي أسراحها والمادون المادون المادون المادون المادون المادون المادون المادون المادون	ستنسب المعتدية فأفضيني	ray Larker IF	المساس منتقعة أحمادا
u	1	Net income or (loss) from funda	aising events •	•••••	IN THE PROPERTY IN THE	₹ 9 000000000000000000000000000000000000		*** * E.S. 140 753
e	9a	Gross income from gaming activities	_		The state of the s			
	١.	See Part IV, line 19	a	ļ				
		Less direct expenses · · · ·				Timber / - aug., - aug.		and a state of the
		Net income or (loss) from gami	ng activities		a tassalu (n. 10. 10. 10. 10.	REAL STREET	· Carrier - French	Saltaper (3, 7)
	10a	Gross sales of inventory, less returns and allowances • • •		1				
		Less cost of goods sold ••						
		Net income or (loss) from sales					area and a same	
	ــــــــــــــــــــــــــــــــــــــ		or inventory -			and the second second	V Service Are School (V and S	ا د د د د د د د د د د د د د د د د د د د
	11a	Miscellaneous Revenue	_ - -	Business Code	Production of the	APPENDED TO THE STATE OF	Carrier Commence	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	ь			 				
	c							
	d	All other revenue · · · · ·						
		Total. Add lines 11a-11d •				THE TAXABLE	NO Charles	
		Total Revenue. Add lines 1h, 2	a 3 4 5 6d 7d 9	Rc .	_	ALL WARRY OF WENNEY AND BELLEVILLE	3-9 - 37,000 3 4	- 4 MAN W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		9c, 10c, and 11e • • • • • •			247,543	247,543	q	o

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete colur				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	<u> </u>	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		ļ		A STATE OF THE STA
2	Grants and other assistance to individuals in			A STATE OF THE PROPERTY OF THE	
	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·			The state of the s	7
3	Grants and other assistance to governments,		İ	The second secon	The state of the s
	organizations, and individuals outside the			and the second second	
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·		<u> </u>		NOTE SEA
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •				一种
5	Compensation of current officers, directors,				
	trustees, and key employees		L		<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B) · · · · ·		<u> </u>		
7	Other salaries and wages			<u> </u>	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)		ļ		
а	Management · · · · · · · · · · · · · · · · · · ·				
ь	Legal				
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services See Part IV, line 17 •			A STATE OF THE STATE OF THE	
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion		 		
13	Office expenses · · · · · · · · · · · · · · · · · ·		†		
14	Information technology • • • • • • • • • • • • • • • • • • •				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings - · · · · ·	<u> </u>			
20	Interest · · · · · · · · · · · · · · · · · · ·	23,859	23,859		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization · · · · · ·	18,770	18,770		
23	Insurance · · · · · · · · · · · · · · · · · · ·	9,244	9,244		
24	Other expenses Itemize expenses not			A TOWN THE REAL PROPERTY.	A Marie To the second Maries
	covered above (Expenses grouped together	Catherine Catherine			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	SEE ATTACHED STATEMENT	161,111	161,111	I A T SHANGER,T A TREBUS.	1. 二次 FF 200 To A GAME AND A SECOND A
b					
c					
d		-	 		
e			· · · · · · · · · · · · · · · · · · ·		
f	All other expenses	 			
25	Total functional expenses. Add lines 1 through 24f · ·	212,984	212,984	0	
26	Joint Costs. Check here Inf following \	===,504	2,2,304	-	
	SOP 98-2 Complete this line only if the organization			İ	
	organization reported in column (B) joint costs			}	
	from a combined educational campaign and fundraising solicitation				
	idioralsing solicitation	EEA .	<u>. </u>		Form 990 (2008)
					vvv (£000)

PI KAPPA PHI ALUMNI ASSOCIATION 94-2586604 • Form 990 (2008) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 14,238 1 11,627 Cash - non-interest-bearing 63,044 2 105,327 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, or other related parties. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Α 7 Notes and loans receivable, net s Inventories for sale or use Я е Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment cost basis 10a 10a Less accumulated depreciation Complete h 650,824 Part VI of Schedule D · · · · · · · · · · · · · · · 10b 171.494 10c 632,054 11 11 12 12 13 13 14 14 15 15 728,106 749,008 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 19 Deferred revenue 19 20 20 Escrow account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 333,244 319,587 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Other liabilities Complete Part X of Schedule D 25 25 319,587 26 333.244 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. F N cde u 27 27 t n Temporarily restricted net assets 28 28 d 29 29 В S Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 739,000 а 30 Capital stock or trust principal, or current funds 30 739,000 n 31 Paid-in or capital surplus, or land, building, or equipment fund 15,246 31 15,246 (359, 384)(324,825)32 Retained earnings, endowment, accumulated income, or other funds 32 394,862 429,421 Total net assets or fund balances 33 33 Total liabilities and net assets/fund balances 728,106 34 749,008 34 Part XI Financial Statements and Reporting

	TOTAL TAXABLE CONTROL			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	्री ब		5,00
2a	Accounting method used to prepare the Form 990. Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits?	3b	Ċ	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

Internal Revenue Service Employer identification number Name of the organization KAPPA PHI ALUMNI ASSOCIATION 94-2586604 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Tyes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service.

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items

Par	<u>t.III</u>	Organizations Maintaining	<u>Collecti</u>	ions o	<u>f Art, Historic</u>	al Treasure	s, or C	ther Similar A	ssets (contin	ued)
3	Using the	e organization's accession and other re	cords, che	ck any o	of the following th	at are a significa	int use of	its collection			
	items (ch	eck all that apply)									
а	Publ	ic exhibition	d	Lo	an or exchange p	programs					
b	Scho	plarly research	θ	Ot	her						
C	Pres	ervation for future generations							-		
4	Provide	a description of the organization's collect	tions and	explain l	how they further	he organization	's exemp	purpose in			
	Part XIV										
5	During th	ne year, did the organization solicit or re	ceive dona	ations of	art, historical tre	asures, or other	simılar				
	assets to	be sold to raise funds rather than to be	maintaine	ed as pa	rt of the organiza	tion's collection	· · · ·		\sqcap	Yes	No
Par	t IV	Trust, Escrow and Custodi	al Arran	aeme	nts. Complete	organization ar	swered "	Yes" to Form 990,			
		Part IV, line 9, or reported an amoun									
1a	Is the org	ganization an agent, trustee, custodian	or other int	iermedia	ary for contribution	ns or other asse	ts not				
	ıncluded	on Form 990, Part X?							\sqcap	Yes	□No
b		explain the arrangement in Part XIV and									
		,	•		J			Am	ount		
С	Beannin	g balance					10				
d		during the year		 .							
e		ons during the year					10				
f		alance · · · · · · · · · · · · · · · · · ·					11				
2a	•	rganization include an amount on Form	990 Part	X line 2)12				🗇	Yes	No
		explain the arrangement in Part XIV			- •					103	
Pår		Endowment Funds.Complete	organizat	ion ansv	vered "Yes" to Fo	rm 990 Part IV	line 10	<u> </u>			
T al	<u> </u>	Lindownie it i dinds.	(a) Curre		(b) Prior Year			(A) These Years Basis	(-) [-		
1a	Reginnin	g of year balance	(a) Curre	il Teal	* * * * * * * * * * * * * * * * * * *	(c) Two Ye	als back	(d) Three Years Back	(e) FO	ur Years	Back
b	_	ions			A CONTRACTOR OF THE PARTY OF TH		Co. Co made	The state of the s	TO MATERIAL STATES	A CONTRACTOR	national and a
•		nt earnings or losses			2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		erkanaet Meet 63	CANAL ASSESSMENT STORY	a Miles	Land Wa	200 A. C. C.
٨		scholarships			47688	The state of the s	The second	The second	- 1.2	· FUR	**************************************
•		penditures for facilities			Colored to the state of the sta	Committee of the second	348	7.1 . 5.5	1 12 13	******	* E. 200 1
Ð		rams · · · · · · · · · · · · · · · · · · ·								1	
f		rative expenses			A CHARLES TO A COLUMN		25 P.V.	ZPARTATION AND	\$4	100 April 1	- 1
		ear balance			12 - A - S		Section 2		455 miles	AND THE P	: CEC.
9	•	L.	d balanca	hald as		11.		T. Like M. T.	,5%.		3
		he estimated percentage of the year en	o balance								
		signated or quasi-endowment		- %							
b		nt endowment ▶ %									
C											
		endowment funds not in the possessio	n of the or	ganizatio	on that are held a	na administered	for the				
	organizat								<u> </u>	Yes	No
	• •	ated organizations	• • • • •	• • • •	• • • • • • • • •		• • • •	• • • • • • • •	- 3a(i)	+	—
		ed organizations					• • • •	• • • • • • • • •	- 3a(ii)	4	
		3a(ii), are the related organizations list	-				• • • •	• • • • • • • • •	•3ь		<u>L.</u>
		in Part XIV the intended uses of the org									
Par	t VI	Investments - Land, Buildin	<u>gs, and</u>	<u>Equip</u>	oment. See For	m 990, Part X, I	ine 10	· · · · · · · · · · · · · · · · · · ·			
		Description of investment	(a)	Cost or oth		Cost or other basis (other)	(c)	Depreciation	(d) Bo	ok value	
1a	Land • •	• • • • • • • • • • • • • • • • • • • •	••				Market V.	STATE OF THE PARTY			
b	Buildings	• • • • • • • • • • • • • • • • • • • •	• •			803,548		171,494		632	,054
C	Leasehol	d improvements · · · · · · · · · · · · · · · · · · ·	••[
d	Equipme	nt •••••••••	••[_			
е	Other • •		\cdots								
otal.	Add line:	s 1a-1e (Column (d) should equal Form	990, Part	X, colur	mn (B), line 10(c))	• • • •	• • • • • •		632	,054

Schedule D (Form	n 990) 2008	PI KAPPA PHI AI	UMNI ASSOCIATION	94-258	6604 Page 3
Part VII		- Other Securities. S	ee Form 990, Part X, line 12		
1.4.4.4.4.4	(a) Description of security		(b) Book value	(c) Method of valuation	n
	(including name of		,	Cost or end-of-year market	
Einancial deri	vatives and other final			- Cost of the first the fi	
			·	 	
	equity interests • •		<u> </u>	 	
Other					
				<u> </u>	
		-			
				 	
				 	
				 	
Total. (Column (b) should equal Form 990,	Part X, col (B) line 12)		The state of the s	
Part VIII	Investments	- Program Related, S	ee Form 990, Part X, line 13		
(- u - u - u - u - u - u - u - u - u -	(a) Description of inves		(b) Book value	(c) Method of valuation	
	(a) Dodding a circumstance		(-,	Cost or end-of-year market v	
				Cost of end-or-year market v	raiue
				<u> </u>	
					
-	· · · · · · · · · · · · · · · · · · ·				
				 	
					
				589 N.S. 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	b) should equal Form 990,	Part X, col (B) line 13)		The state of the s	The second secon
Part IX	<u>Other Assets.</u>	See Form 990, Part X, line	15		
		(a) [Description		(b) Book value
			-		
					
		····			
					
		<u></u>			
					
Total (Column (b) should equal Form 990, I	Part X, col (B) line 15)	• • • • • • • • • • • • • • • • • • • •	<u>· · · · · · · · · · · · · · · · · · · </u>	
Part X	Other Liabilitie	s. See Form 990, Part X, III	ne 25		
<u></u>	(a) Description of I		(b) Amount		· 对心情。一种
Federal incom					
			-		
					100
			 		
					A Property of the Park of the
					
					
					
	<u></u>			A TANANTA TO THE TANA	
Total. (Column (b) should equal Form 990, F	Part X, col (B) line 25)			

PI KAPPA PHI ALUMNI ASSOCIATION

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	lule D (Form 990) 2008 PI KAPPA PHI ALUMNI ASSOCIATION	94-2586604	Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	S .	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8 · · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Ρ̈́a	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	··
1	Total revenue, gains, and other support per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	7.28	 -
а	Net unrealized gains on investments · · · · · · · · · · · · · 2a	4 20	
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
С	Recoveries of prior year grants		
ď	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
•	Add lines 2a through 2d		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	364	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	ner Peturn	
1	Total expenses and losses per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	Programme and the second	
а	Donated services and use of facilities • • • • • • • • • • • • • • • 2a	(m) (m)	
b	Prior year adjustments • • • • • • • • • • • • • • • • • • •		
С	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	7 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1864	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a		
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pa	t.XIV [®] Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
	•		
			
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Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Internal Revenue Service Business or activity to which this form relates FORM 990 - 1 KAPPA PHI ALUMNI ASSOCIATION 94-2586604 **Election To Expense Certain Property Under Section 179** 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 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 Carryover of disallowed deduction to 2009 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 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 2008 17 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 2008 Tax Year Using the General Depreciation System (b) Month and (C) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (9) Depreciation deduction only-see instructions) service - 1247 1247 19 a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs S/L g Residential rental ММ 27 5 yrs S/L 27 5 yrs MM S/L property Nonresidential real 39 yrs MM S/L property ММ S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs S/I 40-year MM 40 yrs S/L Summary (see instructions) 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 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year.

enter the portion of the basis attributable to section 263A costs

						Program Services	am Sei	vices					PAGE	
Nome to supplied to the suppli	_					For your records only	record	ls only						
vaniets) as snown on return PI KAPPA PHI ALUMNI ASSOCIATION	OCIATION											Socia	Social security number/EIN 94-2586604	
No Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	File	Method	Rate	Current	Accumulated Depreciation	Pnor	Bonus	AMT
1 BUILDING 1	19910630	218,216		100.00		218,216	48	S/L MM	2.083					4,546
2 BUILDING IMPROVEMENTS 19980630	19980630	57,579		100.00		57, 579 41	41	S/L MM						1,404
3 BUILDING IMPROVEMENTS 20000630	20000630	3,800		100.00		3,800 39		S/L MM						97
4 BUILDING IMPROVEMENTS 20010430	20010430	53,554		100.00		53,554 38		S/L MM		1,409	11,430			1,409
5 BUILDING IMPROVEMENTS 20010630	20010630	3, 808		100.00		3,808 10		S/L MQ						381
6 BUILDING IMPROVEMENTS 20020630	20020630	39,718		100.00		39,718 20				1,986				1,986
7 BUILDING IMPROVEMENTS 20040615	20040615	169,554		100.00		169,554 20				8,478				8.478
8 BUILDING IMPROVEMENTS 20040630	20040630	302		100.00		302 20								
9 LAND VALUE	19910630	250,000 250,000	250,000	100.00		0								
10 FURNITURE 2	20040101	7,017		100.00	,	7,017		S/L MQ	6.667	7 469	2,571			468
Totals		803,548	250,000			553, 548				18,770	171,494			18.769
	1									,				70''OT

990	Overflow Statement	2008 Page 1
Name(s) as shown on return		FEIN
PI KAPPA PHI A	LUMNI ASSOCIATION	94-2586604

OTHER PROGRAM EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 5,894
DISPOSAL AND LANDSCAPING	 6,420
CITY PROVIDED UTILITIES	17,904
CLEANING SERVICES	44,309
COIN MACHINE RENTAL FEES	1,479
BANK SERVICE CHARGES	1,280
GENERAL REPAIRS	6,347
GENERAL MAINTENANCE	 9,773
GAS AND ELECTRICITY	48,107
TELEPHONE	 2,767
PROPERTY TAXES	 16,831
Total:	\$ 161,111