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Form - 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury

benefit trust or private foundation)

Open to Public

EEA

Form 990 (2009)

•		ue Service	▶	The organization may have to use a copy of	of this return	to satisfy sta	te reportir	ng req	uirements	Inspection		
			ar year, o	tax year beginning	07-		and endi	ng	00	6-30 ,20 10	_	
В	Check of a	pplicable	Please	C Name of organization PI KAPPA PHI ALU	JMNI ASS	CIATION				D Employer identification no.		
	Address o	change	use IRS label or	Doing Business As						94-2586604		
\sqcap	Name cha	ange	print or	Number and street (or P O box if mail is not delivered	ed to street add	ress)		Room	/suite	E Telephone number		
\equiv	nıtıal retu	•	type. See	123 14TH PLACE						(310) 986-2303		
一	Terminate		Specific	City or town, state or country, and ZIP + 4						G Gross receipts		
\equiv	Amended		instruc- tions.	MANHATTAN BEACH, CA 90266						s 262,74	7	
\equiv		n pending	F Name	and address of principal officer							_	
۔ ب	# # 1100000	ponog						H(a)	Is this a group re affiliates?	eturn for Yes X N	lo	
1 1	ax-exem	npt status	X 501(c) (7) ◀ (insert no) 4947(a)(1) or	527					$\overline{}$	lo	
	Nebsite:							H(c)	If "No," attach a Group exemptio	included? Yes N list (see instructions) in number		
		rganization	Corporation	Trust X Association Other		L Year of forma	ation 199	1	M State of leg	gal domicile CA	_	
Pa		Summar									_	
	1			ganization's mission or most significant activ	ities	COLLEGE F	RATERN	ITY	ACTIVITIE	ES	_	
	1	•	`	·							_	
A c G											_	
t o								_		<u> </u>		
v e	2	Check this b	ox 🕨 🗀	f the organization discontinued its operations	s or dispose	d of more tha	n 25% of	its ne	assets		_	
t n	3			nbers of the governing body (Part VI, line 1a)					3		5	
l a	4	Number of ir	ndepende	nt voting members of the governing body (Pa	art VI, line 11	o) • • • • ·			4		5	
s c	5	Total numbe	r of emplo	oyees (Part V, line 2a)					5		0	
& e	6		-	eers (estimate if necessary)					6			
	7a	Total gross u	inrelated l	ousiness revenue from Part VIII, column (C),	, line 12 -				7a	1	0	
		•		s taxable income from Form 990-T, line 34					7b		0	
	1							Pr	ior Year	Current Year	_	
R e	8	Contribution	s and grar	nts (Part VIII, line 1h)		• • • • • • • • • • • • • • • • • • •					0	
v	9			nue (Part VIII, line 2g)			🗀		247,54	3 262,74	7	
e n	10			art VIII, column (A), lines 3, 4, and 7d)					<u></u>		0	
u e	11	Other revenu	ue (Part V	III, column (A), In es 5, 60, 80, 96, 10c, and 1	11e)	• • • • • • • • • • • • • • • • • • •					0	
·	12			ies 8 through (1) must equal Perk VII, colum				-	247,54	3 262,74	7	
	13			ounts paid (Part IX, columnib(A), lines (-3)		• • • • • •					0	
_	14	Benefits paid		0								
E	15			sation, employee benefits (Part IX column	(A), lines 5-	10)			-		0	
p e	16a	Professional	l fundraisii	ng rees (Part IX, columnity), June 11e)		· · · · · · ·				1	0	
n	ь	Total fundra	ising expe	nses (Part IX -column (P) line 25)		0	ا همتر	in Activ	7		<u>.</u>	
s e	17	Other expen	ses (Part	IX, column (A) lines 11a-11d, 11f-24f)					212,98	4 264,20	8	
s	18	Total expens	ses Add I	ines 13-17 (must equal Part IX, column (A),	line 25) •	· · · · · ·			212,98	4 264,20	8	
	19	Revenue les	s expense	es Subtract line 18 from line 12 · · · ·		• • • • • •			34,55	9 (1,46	51)	
Net						-	Beg	gránnig	of Current Year	End of Year	_	
Asset	s 20	Total assets	(Part X, lı	ne 16)					749,00		8	
Fund	21	Total liabilitie	es (Part X	line 26) • • • • • • • • • • • • • • • • • • •		 .	🗀		319,58	7 304,80	9	
Bal- ances	22	Net assets o	r fund bal	ances Subtract line 21 from line 20 · · ·		• • • • • • •	🗀		429,42	1 427,95	9	
Pa	rt II	Signatu	re Bloc	k							_	
				, I declare that I have examined this return, including accept, and complete. Declaration of preparer (other than office							_	
		and belief, it i	S due Conec	at, and complete Declaration of preparer (outer than once	er) is based on	all information o	willar prep	aici na	s arry knowledge	- 1)		
Sig	n		<u> </u>	con Senons					_	10/14/18		
Her	e	Signatur	re of officer						D	ate	_	
		 	<u></u>	VAN SERRAND, PRECIAL	SNT							
		Type or	print name a								_	
0		Preparer's	Δ		Date		Check if			dentifying number	_	
Paid		signature	y (),	my & Penell CPA			self- employed	►X	(see instruct	uons)	_	
	arer's	l	<i>Ju</i>	viny o privace CFF	10-1	2-2010	1				_/	
•	Only	Firm's name	(or volue	James E Powell, CPA			EI	N .	70 100	01100	- 4	
	,	if self-employ	ed)	1418 Helmond Lane					1 0-155	7770	_	
		address, and	ZIF + 4	San Jose, CA 95118			P	hone no			_	
May	the IRS	discuss this	return wit	h the preparer shown above? (see instructio	ns) · · ·	 .				· · · X Yes No	1	

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

Form	1990 (2009) PI KAPPA PHI ALUMNI ASSOCIATION	94-2586604	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	COLLEGE FRATERNITY ACTIVITIES		
	·		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	· · · TYes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · TYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	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.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		_	
	·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			 _
		-	_ _
		 	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	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 similar funds or 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	ÍÍ	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	· ` ' ' ' ' ' ' ' '	200	× ,
	Schedule D, Part VI	in Marie		**
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	, , , , , ,	整度	ارات العامرين
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			53.4
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	\$		A A
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	5 74 August	4	5- W.
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	¥	ないな	4 2 4 2 2
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	-12 Mag		- · ·
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	2 3	200	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	~~~~ <i>6</i>	30	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	- ~		9000 A
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·	2.0	
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	1.00 1.00	· - 3		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •		han hank Shara Mank and market	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	,		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000 (2	X
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Form 990 (2009) PI KAPPA PHI ALUMNI ASSOCIATION 94-2586604 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Х

37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

94-2586604

ra	t V Statements Regarding Other IRS Fillings and Tax Compliance		т	T
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	F .55	Yes	No
ıa	US Information Returns Enter -0- if not applicable	2 1		4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		Mada.	line.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 1 1 1 2	Marcurez a	
·	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	10	Y	~ ۳اوي را
2a		254	- A	
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 0	100	₩ ₃ ,	·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	- 74		14.
	instructions)	72	- * #	42(),
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	18.3	10 mg - 100 mg	1-11
-	this return? · · · · · · · · · · · · · · · · · · ·	3a		X.
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	\vdash	 -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial]]	}
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	7,000	س فطر	Char.
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.h	13.
	and Financial Accounts	1 . 40 B	\$\$\$\;-*\	10-1- ut
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	Ì	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).	The Second	ANALYS (F
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T. War	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			1.5
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	12	i.gr	/ - '
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? · · · · · · · · · · · · · · · · · · ·	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,	5. 3.465	F. F.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		£7.
_	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		feel to je	5/2 -
a	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1995A.030	9.5. V.
0	Section 501(c)(7) organizations. Enter		7. 1.302.24	***
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	秀、、	a wai	
b 4	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
1 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	. 3	**	132
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		***	M.
~	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	G. Ca	150	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,;x <u>e</u>	LAST-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b	7. Jan	in source	est and
-	,	. "		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management		,	
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5		1	•
b	Enter the number of voting members that are independent 1b 5		2 - C	′
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Saling	attanta.	17
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
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			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	77		
	the year by the following	7. 380	320	58 ac
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	A
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	<u> </u>		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
500	tion B. Policies (This Section B requests information about policies not required by the Internal	 -	l	- 11
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	140
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	<u> </u>		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Λ	-
••	form?	11	v	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	347	X	Marine
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124	Х	
	rise to conflicts?	12b	v	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125	Х	
С	describe in Schedule O how this is done	420		17
40		12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.5	-	
a	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	ecy -	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	3.3		به در مهر رئیس سر
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	Art 1990		A THE
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1. ASc.	ânie.	د ا مقارب بالمه
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
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 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	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			
	123 14TH PLACE MANHATTAN BEACH, CA 90266			

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

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

Check this box if the organization did not compensate any current officer, director, or trustee (D) Œ) Æ Name and Title Average Position (check all that apply) Reportable Reportable Estimated H c e g mp h p l e e o s n y t s e t hours per compensation compensation amount of I t d Ō κ e from related week from other the organizations compensation se vtc let deo m e m p - o (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization a o and related organizations

Form 990 (2009)

Pa	art VII Section A. Officers, Directors, Trustees, F	(ey Employe	es, an	d Hi	ighe	st C	ompe	nsat	ed Employees (co	ntınued)			
	(A)	(B)				C)			(D)	(E)		(F))
	Name and Title .	Average hours per week	Position Pos	l t n r s u t s i t	Office	K e y e m p l o y e e	at apply H c e g mp l e n p o s n s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	(i)	Estimated amount of other ompensation from the organization and related rganizations	
			-	<u> -</u>							_		
_			-										
				-									
_				-	\vdash								
					-								
				-	-								
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								-			_		
				-	\vdash								
				 	_								
					\vdash	_							
					-								
		 			-						-	-	
1b	Total · · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		<u>. </u>	<u></u>	<u> </u>	•	0		0		0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	e) w	ho re	ecen	ved mo	ore t	han \$100,000 in		0		
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of report the organization and related organizations greater tha individual	r such indivi table compe n \$150,000?	dual nsatio If "Ye:	n an s," c	 id ot omp	her o	compe Sched	nsat	on from J for such		• 3	The second	X X X
5	Did any person listed on line 1a receive or accrue comservices rendered to the organization? If "Yes," complete	-		-			-			·····	• 5	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	X
<u>Se</u> 1	ction B. Independent Contractors Complete this table for your five highest compensated compensation from the organization	ındependen	t contr	acto	ors th	nat re	eceive	d mo	ore than \$100,000	of			
_	(A)								(B)			(C)	_
_	Name and business address								Description of s	ervices	Com	pensation	
_									 				
_													_
2	Total number of independent contractors (including but more than \$100.000 in compensation from the organization from the organizatio		to thos	se lis	sted	abo	ve) wh	o re	ceived		والمراجع المراجع المراجع		

Part \	ΛII	Statement of Revenu	<u>e</u>			···			
5			24		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
	1a	Federated campaigns · · ·		1a					
	Ь	Membership dues · · · ·		1b			The state of the s		275
Contri-	c	Fundraising events · · ·		1c				The state of the s	
buttons,	Ι.			1d				Francisco de la constitución de	
gifts, grants	d	Related organizations · · ·		1e		A Same and the same of the sam	10 A	() () () () () () () () () ()	The same of the sa
and	е	Government grants (contribution		16		泛是的一個		A CALL TO SERVICE TO THE SERVICE TO	24
other	f	All other contributions, gifts, gi	rants,	4.				e de la companya de l	Mary Marie () Salar
similar amounts		and similar amounts not include	_	1f	l			漂線	A BOOK OF THE SECOND
	9	Noncash contributions include				Reference - Nachting			143 a.s.
	h	Total. Add lines 1a-1f · ·	• • • • • •	• •			A SERBONICA CONTRACTOR OF THE SERVICE OF THE SERVIC	A 22.00	*19h 34 mars 2
			Business Code	Detra Little					
	2a	RENTAL INCOME			611600	262,672	262,672		<u> </u>
	b	INTEREST EARNED				75	75		
Program Service	С	-							
Revenue	d								
	e				<u>'-</u>				
	f	All other program service rever	nue · · · ·	╌.					
	Į.	Total. Add lines 2a-2f · · ·				262,747	11.1461	4.44.27.77.7	J
	3	Investment income (including dother similar amounts) • • •	lividends, inte	rest,	and				
	4	Income from investment of tax-							
	5	Royalties · · · · · · ·		• •			1 001 0	. Imp n exc w	799-4 S.A.
			(ı) Real		(II) Personal			Park Table	1 2 x - 1 2 x 2 x - 1 x 2 x 2 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3
	6a	Gross Rents · · · · · ·			<u> </u>				State of the state
	b	Less rental expenses · · · ·							
	С	Rental income or (loss) · · ·						State of the state	
	d	Net rental income or (loss)		••	• • • • • • • •	1			
	72	Gross amount from sales of	(i) Secunties	 s	(ii) Other	が心を終め出たべ	Total Control of the	The second secon	141 212
	'"	assets other than inventory						THE PROPERTY OF	Principles March 198
		Less cost or other basis						"M"	
	0	and sales expenses · · · ·						THE PROPERTY OF THE PROPERTY O	A CHEST TO THE PROPERTY OF THE PARTY OF THE
0	_ ا	Gain or (loss)	-	_				The second second	The state of the s
t						Tageth suprassive of	A ST. CARROLL CO.	lina destantina y	ar Marin dan an
e	1	Net gain or (loss) · · · · ·				white water is good	The state of the s	ا این رود اور معارد از کورد داشی	TO (18 10 PM , V) 234 ,
r	8a	Gross income from fundraising				ST.		THE STATE OF THE S	
R		events (not including \$		_					HANNEY HOLDEN
6		of contributions reported on line	e 1c)			Light A		The state of the s	
V		See Part IV, line 18 · · · ·		· a	ļ		The state of the s	A STATE OF THE STA	
e n		Less direct expenses · · ·		· b	L		TOTAL STATE OF THE		
ü	C	Net income or (loss) from fund	raising events	•	· · · · · · •			7 7 7	A column of parts
e	9a	Gross income from gaming act	ivities			新教			P. T. San
		See Part IV, line 19 · · · ·		· a				THE REAL PROPERTY.	The state of the s
	ь	Less direct expenses · · · ·		· b		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	The state of the state of	- the same and any mark to me	
	С	Net income or (loss) from game	ing activities		• • • • • • •				
	10a	Gross sales of inventory, less				The Party of the State of the S	李 二	and the first of the second se	A AMERICAN TO
		returns and allowances		. а				Jan Warms	
	Ь	Less cost of goods sold · ·		· b		整 整器 1313			
	1	Net income or (loss) from sales	s of inventory						
	_	Miscellaneous Revenue			Business Code			Transfer in the state of the st	N. W. St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
	11a	wiscellaneous revenue			LUGERAS COOK	Filial Property Control	A Photographic A down to the Back	Administration of	The second of th
	Ι.				ļ	+	 	 	
	b			_	-	 	 	 	
	C	All alban saver				+	-		
	1	All other revenue		• •		 	SECURIC THROCK THE		
	1	Total. Add lines 11a-11d •				262 747	262,747	Services Transfer	Marie Caracteria
	12	Total revenue. See instruction	s · · · ·	• • •		262,747	202,747	<u> </u>	Form 990 (2009)
					EEA				1 OHH 330 (2009)

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			The same of the sa	AND THE STREET
_	organizations in the coordinate of the control of t				Service of the servic
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·			AND THE PROPERTY OF THE PROPER	A Print to the second s
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16 · · · · · · · ·			The same of the same of the same of	A THE STATE OF THE
4	Benefits paid to or for members			The second of th	photo and the second of the first party
5	Compensation of current officers, directors,				
	trustees, and key employees · · · · · · · · · · · · · · · · · ·		ļ. <u></u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·			<u> </u>	
7	Other salaries and wages • • • • • • • • • • • • • • • • • • •				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits			<u></u>	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal				
c	Accounting • • • • • • • • • • • • • • • • • • •				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 -				
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 · · · · · ·		***************************************		
20	Interest · · · · · · · · · · · · · · · · · · ·	22,819	22,819		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •	18,770	18,770	<u> </u>	
23	Insurance · · · · · · · · · · · · · · · · · · ·	9,429	9,429	<u> </u>	
24	Other expenses litemize expenses not	The state of the s	The state of the s	A STANDARD WILL SHE IS NOT THE STANDARD	William Tarking
4-	covered above (Expenses grouped together			The state of the s	Name and Addition
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)			Potential Control	AN SALANIE STATE
_	SEE ATTACHED STATEMENT	213,190	213,190	TOTAL LES TOTAL	Land American Control of the Control
a	CAL BITHOUS STREET			 	
D			 	 	
ن					
a -				 	
e	All other expenses · · · · · · · · · · · · · · · · · ·				
f oe	Total functional expenses. Add lines 1 through 24f	264,208	264,208	0	0
25 26	Joint Costs. Check here If following	204,208	204,208	 	
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation	<u> </u>	<u> </u>		Form 990 (2009)

Form 990 (2009)

Part	X	Balance Sheet	(4)		(D)
			(A)		(B)
			Beginning of year	_	End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	11,627	1	11,108
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	105,327	2	108,376
	٠3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	" (5.42.44)
	5	Receivables from current and former officers, directors, trustees, key		يزيمني	at the second
		employees, and highest compensated employees. Complete Part II of		A = 12 -2	San Silver
		Schedule L · · · · · · · · · · · · · · · · · ·	Annal Carlo Commence (Carlo Commence Co	5	Mar y 3 - mm Tranky
	6	Receivables from other disqualified persons (as defined under section		かなって、 温む: ~ 4	Name of the last o
Α		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		12.41.2	
S		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
e	8	Inventories for sale or use		8	- <u>-</u>
s	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or		.,,' 	
		other basis Complete Part VI of Schedule D · · · · · 10a 803,548	STATE OF THE STATE	•.; * *	4
	ь	Less accumulated depreciation · · · · · · · · · 10b 190,264	632,054	10c	613,284
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	749,008	16	732,768
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key	And the second second second second	14.00	· · · · · · · · · · · · · · · · · · ·
1		employees, highest compensated employees, and disqualified			ALC TO THE REST
i		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties	319,587	23	304,809
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	304,809
		Organizations that follow SFAS 117, check here	"沙州"等 《沙里》等	16.1	The same of the sa
NF		complete lines 27 through 29, and lines 33 and 34.		SEr.	
e u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·		27	
t n	28	Temporarily restricted net assets		28	
d A	29	Permanently restricted net assets		29	
s B		Organizations that do not follow SFAS 117, check here	CARL CONTRACTOR	i, t my	
s a e l	1	and complete lines 30 through 34.		2.5	
t a	30	Capital stock or trust principal, or current funds	739,000	30	739,000
s n	31	Paid-in or capital surplus, or land, building, or equipment fund	15,246	31	15,246
0 8	32	Retained earnings, endowment, accumulated income, or other funds	(324,825)	32	(326,287)
r s	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	429,421	33	427,959
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	749,008	34	732,768
	_ <u></u>	FFA	<u> </u>		Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 💢 Accrual 🔲 Other	ور در	CO TANGEN	My ameline b marriage
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	77.52 27.52	3.5	15000
	Schedule O			Property land
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in	1 2 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Z waster
	Schedule O	1 1000	2 2 2 2 2	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1	G-7	
	issued on a consolidated basis, separate basis, or both	A	ار آناده محمد	i rati, jum
	Separate basis Consolidated basis Both consolidated and separate basis	1.1		A State of
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

".""Open to Rublic Inspection

Employer identification number Name of the organization 94-2586604 PI KAPPA PHI ALUMNI ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Par	t III Organizations Maintaining	<u>Collecti</u>	ons of	Art, Hist	<u>orical</u>	<u>Treasures</u>	<u>, or O</u>	<u>ther Similar As</u>	sets (contir	nued)
3	Using the organization's acquisition, accession,	and other	records,	check any o	of the foll	owing that are	a signif	icant use of its		
	collection items (check all that apply)									
а	Public exhibition	d	Loa	n or exchai	nge prog	rams				
b	Scholarly research	е	Oth	er						
c	Preservation for future generations								_	
4	Provide a description of the organization's collect	tions and	explain h	now they fur	ther the	organization's	exempt	purpose in		
•	Part XIV							,		
5	During the year, did the organization solicit or re	ceive don:	ations of	art historic	al treasuu	res or other si	mılar			
5	assets to be sold to raise funds rather than to be								· · TYes	No
== -	assets to be sold to raise funds rather than to be	Hannank	-4- Cor	mploto if or	anization	n answered "V	os" to E	om 990	163	
Pai	Escrow and Custodial Arra	ngemei	nts. Col	Inpiete ii oit	janizatio	ii alisweled i	C3 (0)	om 330,		
_	Part IV, line 9, or reported an amoun									
1a	Is the organization an agent, trustee, custodian	or other in	termediai	ry for contri	outions o	r otner assets	not		\Box	
	included on Form 990, Part X? · · · · ·				• • • •				· · [_]Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV and	d complete	e the follo	wing table						
								Amo	ount	
C	Beginning balance			• • • • •		• • • • • • •	· · 10	:		
đ	Additions during the year · · · · · · ·		• • • • •	• • • • •	• • • •	· · · · · · ·	· · 1d	<u> </u>		
е	Distributions during the year · · · · · ·				·	• • • • • •	• • 1e	•		
f	Ending balance · · · · · · · · · · · · · · · · · · ·						• • 1f	1		
2a	Did the organization include an amount on Form	1 990, Part	X, line 2	1? • • •					· · Yes	No
b	If "Yes," explain the arrangement in Part XIV									
Pat	rt V Endowment Funds. Complete	if the orga	nization a	answered "\	es" to Fo	orm 990, Part I	V, line	10		
<u> </u>	Lindownjone: ango	(a) Curre		(b) Pro		(c) Two years		(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance		, ,	()	. ,	March of the State			Com market	Market 1
b	Contributions			† ·		61		The section of the Control of the Co	3-4-4-1-1-1	* 37 2 T
c	Net investment earnings, gains, and losses			 	-	THE STATE OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Company of the control of the cont	And Andrew	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d	Grants or scholarships · · · · · · · · ·			 				20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.3.7.8
u	· ·			+	-	S Allender St. Co.	اللاد - د مه مقر	Will see the second	332	COA LONG TO
e	Other expenditures for facilities					1	100 m		- Wall- 1	and it
	and programs			 			A-MARIN TAN		· Carl	The state of the s
Ŧ	Administrative expenses	-						and the state of t	*	7 2 32 144 4
g	End of year balance			1		A PART INCHES			, *. , #####X	
2	Provide the estimated percentage of the year er	nd balance								
а	Board designated or quasi-endowment		_ %							
b	Permanent endowment									
C	Term endowment ▶ %									
3a	Are there endowment funds not in the possession	on of the o	rganizatio	on that are	neld and	administered f	for the			
	organization by								Ye	s No
	(i) unrelated organizations · · · · · · · ·				• • • •		• • • •	• • • • • • • • •	• 3a(i)	
	(ii) related organizations	• • • • •		• • • • •	• • • •		• • • •	• • • • • • • • •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as req	uired on	Schedule F	? • •			• • • • • • • • •	- 3b	
4	Describe in Part XIV the intended uses of the or	ganization	's endow	ment funds						_
Pa	rt VI Investments - Land, Buildir			_	ee Form	990, Part X, III	ne 10			
	Description of investment		Cost or oth	_	(h) Co	ost or other	(c)	Accumulated	(d) Book val	ue .
	Description of investment	(4)	(investm			us (other)		epreciation	(a) Dook var	ue .
1a	Land		,				- P	AND AN TO MAKE A COMPANY		-
b	Buildings · · · · · · · · · · · · · · · · · · ·					803,548		190,264	61	3,284
c	Leasehold improvements • • • • • • • • • • • • • • • • • • •									
d	Equipment · · · · · · · · · · · · · · · · · · ·	├─								
e	Other · · · · · · · · · · · · · · · · · · ·	⊢								
	I. Add lines 1a through 1e (Column (d) must equ		90 Part V	C column /	3) line 10)(c))				3,284
ı otal	i. Add inles la modgii te (Coldinii (d) must equ	a 1 01111 9:	ou, ran A	v, column (E	<i>)</i> , me 10	υ(υ) <i>)</i>				3,204

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	_
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial der	ivatives · · · · · · · · · · · · · · · · · · ·	•	
Closely-held	equity interests	•	
Other			
Total (Column	(b) must equal Form 990, Part X, col (B) line 12)		A STATE OF THE STA
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-)		Cost or end-of-year market value
			_
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	•	The second of th
Part IX	Other Assets. See Form 990, Part X, Im	e 15	
		Description	(b) Book value
		·-	
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line		
Part X	Other Liabilities. See Form 990, Part X,	line 25	
1	(a) Description of liability	(b) Amount	
Federal incor			
	 		
		T	
			A STATE OF THE PROPERTY OF THE
			A STATE OF THE STA
		 	
Total /Column	(b) must equal Form 990. Part X. col. (B) line 25.)	. 	The state of the s
TOTAL (COIUMN	(b) must equal Form 990, Part X, col (B) line 25)	1	and the property of the second

chedu	le D (Form 990) 2009 PI KAPPA PHI ALUMNI ASSOCIATION	94-2586604	Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u>s</u>	
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	
	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	7	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	18.12	
	Net unrealized gains on investments	—	
	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	7.9.1.024	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	Triple ye	
a b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •	- Andrews	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
<u>1 ai</u> 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	S produce diligi	- ·
а	Donated services and use of facilities 2a	The state of the s	
	Prior year adjustments • • • • • • • • • • • • • • • • • • •		
	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 4 ×	-
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pär	t XIV Supplemental Information		
	elete 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		
nd 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
his pa	art to provide any additional information		
		· · · · · ·	
			

990	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
PI KAPPA PHI ALUM	NI ASSOCIATION	94-2586604

OTHER PROGRAM EXPENSES

Description	 Amount
OFFICE SUPPLIES	\$ 13,342
DISPOSAL AND LANDSCAPING	8,775
CITY PROVIDED UTILITIES	23,218
CLEANING SERVICES	58,387
COIN MACHINE RENTAL FEES	1,999
BANK SERVICE CHARGES	2,250
GENERAL REPAIRS	 7,799
GENERAL MAINTENANCE	 13,572
GAS AND ELECTRICITY	 63,221
TELEPHONE	3,459
PROPERTY TAXES	 17,168
Total:	\$ 213,190

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment

•	al Revenue Service (99)	See separate	instructions.	► Attac	h to you	r tax return.		Sequence No 67
Name	(s) shown on return			Business or activity	to which th	is form relates		Identifying number
ΡI	KAPPA PHI ALUMNI	ASSOCIATI	ON	FORM 9	90	1		94-2586604
	rt 1 Election To Expens			ler Section 1	79			
	Note: If you have any list	ed property, comp	lete Part V be	fore you complet	e Part I			
1	Maximum amount. See the instruction	ctions for a higher	lımıt for certai	n businesses •	• • • •	• • • • • • • •	. 1	<u></u>
2	Total cost of section 179 property	placed in service ((see instructio	ns) · · · ·	• • • •	· · · · · · · · ·	. 2	
3	Threshold cost of section 179 proj	perty before reduct	tion in limitatio	on (see instructio	ns) - ·		3	
4	Reduction in limitation Subtract lii	ne 3 from line 2 If	zero or less,	enter -0-		 .	4	
5	Dollar limitation for tax year Subtr	act line 4 from line	1 If zero or I	ess, enter -0- If i	married f	ilıng		
	separately, see instructions	<u></u>	· · · · <u>·</u> · ·				. 5	
	(a) Description of	property		(b) Cost (business u	se only)	(c) Elected or	ost	
6								
7	Listed property Enter the amount		• • • • • •	• • • • • • •	7			
8	Total elected cost of section 179 p					• • • • • • • •	ــــــــــــــــــــــــــــــــــــــ	
9	Tentative deduction Enter the sm	aller of line 5 or lin	ne 8 · · · ·	• • • • • • • •	• • • •	· · · · · · · · ·	9	
10	Carryover of disallowed deduction	from line 13 of yo	ur 2008 Form	4562		· <i>· · ·</i> · · · ·	10	
11	Business income limitation Enter	the smaller of bus	iness income	(not less than ze	ro) or line	€ 5 (see instruction	s) 11	
12	Section 179 expense deduction A	dd lines 9 and 10,	, but do not er	nter more than lin	e <u>11</u>	· · · · · · · · · · · · · · · · · · ·	12	
13	Carryover of disallowed deduction	to 2010 Add line	s 9 and 10, le	ss line 12 🕠 🕨	▶ 13			Britania Maria
Note	: Do not use Part II or Part III below							
Pa		on Allowance	and Other	Depreciatio	n (Do no	ot include listed i	roperty	(See instructions)
14	Special depreciation allowance fo	r qualified property	(other than li	sted property) pla	aced in s	ervice		
	during the tax year (see instruction	ns) • • • • • • •		• • • • • • •		· · · · · · · · ·	14	
15	Property subject to section 168(f)(1) election • • •	• • • • • •	• • • • • • •	• • • •	· • • • • • • •	15	
16	Other depreciation (including ACF			· · · · · · · · · · · ·	· · · · ·	· · · · · · · · ·	16	18,770
Pa	rt III MACRS Depreciat	ion (Do not incli	ude listed pro	perty) (See instru	uctions.)			
				ection A				
17	MACRS deductions for assets pla	ced in service in ta	ax years begir	ning before 2009			17	
18	If you are electing to group any as	sets placed in sen	vice during the	e tax year into on	e or more	e general	Art Evroge a	
	addet added the, direct here						- Kan	
	Section B - Assets				the Gen	eral Depreciation	n System	1
	4-1	(b) Month and	(C) Basis for dep	reciation (d) Rec	oven L.	. "		

	Section B - Ass		e During 2009 Tax Yea	r Using the C	Seneral Depred	iation Systen	1
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property						
b	5-year property						
C	7-year property						
d	10-year property						
е	15-year property						
f	20-year property	The second second					
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs	MM	S/L	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property				MM	S/L	
	Section C - Ass	ets Placed in Service	During 2009 Tax Year	Using the A	ternative Depr	eciation Syst	em
20 a	Class life					S/L	
b	12-year			12 yrs		S/L	
С	40-year			40 yrs	MM	S/L	
		structions)		<u> </u>		· <u> </u>	<u> </u>
21	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 instructions

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

23

PI KAPPA PHI ALUMNI Descrition						Program Services		vices						PAGE	- -
PI KAPPA PHI ALUMNI Description						For your records only	record	s only					Social	Social security number/EIN	
No Description	ASSOCIATION													94-2586604	
	Date	Cost	Salvage	Business	Section 179	Depreciation Basis	Lıfe	Method	Rate	Current depr	_	Accumulated	Prior	Bonus	AMT
1 BUILDING 19	19910630	218,216		100.00		218,216	48	S/L MM	+	2.083 4	946	86, 187			4,546
2 BUILDING IMPROVEMENTS 19980630	9980630	57,579		100 00		57, 579 41	41				1,404	16, 792			1,404
3 BUILDING IMPROVEMENTS 20000630	0000000	3,800		100 00		3,800 39		S/L MM			16	896			97
4 BUILDING IMPROVEMENTS 20010430	0010430	53,554		100 00		53, 554 38		S/L MM			1,409	12,839			1,409
5 BUILDING IMPROVEMENTS 20010630	0010630	3,808		100.00		3,808					381	3,412			381
6 BUILDING IMPROVEMENTS 20020630	0020630	39,718		100.00		39,718	20				1,986	15,805			1,986
7 BUILDING IMPROVEMENTS 20040615	0040615	169,554		100.00		169,554 20		S/L MQ		· · ·	8,478	51,221			8,478
BUILDING IMPROVEMENTS	0040630	302		100.00		302	20								•
9 LAND VALUE 15	19910630	250,000 250,000	250,000	100.00		0			0						
10 FURNITURE 20	20040101	7,017		100.00		7,017	15	S/L MQ		6.667	469	3,040			468
Totals		803.548	250.000			553 548	\dagger			0.00	+	1,00			
Simple S			230,000	1	1	333, 348	1		-	18,	\dashv	190,264			18,769