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# Return of Organization Exempt From Income Tax

**2015**

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year or tax year beginning 2015, and ending 2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** EIN: 200612 07003000 29 JA  
 Name: PHI KAPPA SIGMA BERKELEY ASSOCIATES  
Z BERKELEY ASSOCIATES INC  
354 BORDEN AVE  
 City: PLEASANTON CA 94611-3912

**D** Employer identification number: 94-6078400

**E** Telephone number: (510) 654-2621

**G** Gross receipts \$: 279,736

**F** Name and address of principal officer: DON SANGUINETTI  
PRESIDENT #2 SPRING COURT, ORINDA, CA, 94563

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number: N/A

**I** Tax-exempt status:  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ORGANIZATION OWNS/OPERATES A CO-EDUCATIONAL, MEMBERSHIP-STUDENT DORMITORY, WITH 23 ROOMS. (HOUSING FEES ARE 30% BELOW MARKET.) &amp; RELATED SERVICES TO UC BERKELEY STUDENTS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	- 0 -
	6	Total number of volunteers (estimate if necessary)	6	25
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	- 0 -
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	- 0 -
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	252,279	255,780
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,5176	23,956
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 0 -	- 0 -
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,455	279,736
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100
14		Benefits paid to or for members (Part IX, column (A), line 4)	- 0 -	- 0 -
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	- 0 -	- 0 -
16a		Professional fundraising fees (Part IX, column (A), line 11e)	- 0 -	- 0 -
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,720	169,955
Expenses	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	186,820	176,155
	19	Revenue less expenses. Subtract line 18 from line 12	90,635	103,581
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,547,018	1,598,592
	22	Net assets or fund balances. Subtract line 21 from line 20	323,131	295,352
			1,223,887	1,303,240

RECEIVED  
AUG 19 2016

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: William T. RUTH Date: 8/15/16  
 Type or print name and title: SECRETARY/TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: [X] Preparer's signature: [X] Date: [X] Check  if self-employed

Firm's name: [X] Firm's EIN: [X]  
 Firm's address: [X] Phone no: [X]

May the IRS discuss this return with the preparer shown above? (see instructions) N/A  Yes  No

G 21 8

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: **BARRONS HOUSE THE CORPORATION'S 11000 SQ FT. DORMITORY, PROVIDES FURNISHED ROOMS & COOKING & DINING FACILITIES AT DEEPLY DISCOUNTED RENTS - TO 35 TO 39 STUDENT MEMBERS. LOCATED ONE BLOCK FROM THE UNIVERSITY CAMPUS AT BERKELEY, IT HAS BEEN PRIVATELY OWNED & OPERATED AT ITS CURRENT LOCATION SINCE 1957, AND AT OTHER NEAR CAMPUS LOCATIONS SINCE 1903.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

① **STUDENT MEMBER HOUSING - AS DESCRIBED ABOVE. IS PROVIDED BY EXEMPT CORPORATION. IN ADDITION, MOST STUDENT MEMBERS PURCHASE THEIR OWN GROCERIES & COOK THEIR OWN MEALS IN THE COMMUNITY KITCHENS PROVIDED, AND THE NON PROFIT EXEMPT CORPORATION PROVIDES MATCHING FUNDS TO STUDENT-RAISED FUNDING FOR SPECIAL EVENTS & NATIONAL HOLIDAYS FOR FOREIGN STUDENTS LIVING IN BARRONS HOUSE.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

② **SCHOLARSHIPS - EXEMPT CORPORATION - BY DIRECTORS RESOLUTION, \$ 25 PER STUDENT/RENT PER MO. - IS PLACED INTO THE FURDELTZ SCHOLARSHIP FUND. IN ADDITION ALL CORPORATE INCOME FROM THE RETAINED INVESTMENT EARNINGS OF THE CORPORATION, IN EXCESS OF \$ 1000/YR, IS PLACED INTO THE FURDELTZ SCHOLARSHIP FUND. STUDENTS SUBMIT APPLICATIONS FOR FINANCIAL ASSISTANCE, & SCHOLARSHIPS ARE AWARDED BASED UPON NEED, UPON ACADEMIC ACHIEVEMENT, & PARTICIPATION IN THE ACTIVITIES OF THE ORGANIZATION. SCHOLARSHIP FUND ACCOUNTS ARE RESTRICTED USE ACCOUNTS AND NOT MINGLED WITH OR USED FOR OTHER CORPORATE FUNDING PURPOSES.**

③ **LEADERSHIP & MANAGEMENT TRAINING EXEMPT CORP. TRAINS STUDENT MANAGERS IN OPERATIONAL, FINANCIAL, & LEADERSHIP SKILLS. THE FACILITY IS ENTIRELY OPERATED BY STUDENT MANAGERS & VOLUNTEERS. IN ADDITION, THE POOL OF GRADUATED FORMER STUDENT MEMBERS PROVIDES FEEDBACK TO CURRENT MEMBERS TO ASSIST THEM IN ACADEMICS AND JOB PLACEMENT. THE ONLY PAID SUPPORT FOR THE FACILITIES OPERATIONS IS PROVIDED BY THE EXEMPT CORPORATION'S TREASURER, A RETIRED FINANCIAL CONSULTANT WHO PROVIDES OPERATIONAL & FINANCIAL ASSISTANCE.**

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

**Part 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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	N/A	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	N/A	
b 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 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	N/A	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
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 . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	N/A	
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 . . . . .	N/A	
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, Part VI . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	N/A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <i>INTEREST ON BONDS ONLY</i>		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		X
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 account)?		X
b	If "Yes," enter the name of the foreign country: <u>N/A</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	0-	
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0-	
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	N/A	
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	
12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	N/A	
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	N/A	
13b			
c	Enter the amount of reserves on hand	N/A	
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	
14b			

**Part VI 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. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent . . . . .		
1b 12		
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? . . . . .		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? . . . . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6 Did the organization have members or stockholders? . . . . .	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .		
a The governing body? . . . . .	X	
b Each committee with authority to act on behalf of the governing body? . . . . .	X	
9 Is there any officer, director, 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 . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . . . .		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	N/A	N/A
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
11a		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
12a		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
12c		
13 Did the organization have a written whistleblower policy? . . . . .		X
13		
14 Did the organization have a written document retention and destruction policy? . . . . .		X
14		
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? . . . . .		
a The organization's CEO, Executive Director, or top management official . . . . .		X
15a		
b Other officers or key employees of the organization . . . . .		X
15b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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? . . . . .		X
16a		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		N/A
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► CALIFORNIA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. . . . .
- Own website  Another's website  Upon request  Other (explain in Schedule O) N/A
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
- WILLIAM RUTH (SEC/TREAS) 154 RONADA AVE, PIEDMONT, CA. 94611  
(510) 654-2621

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) <u>DON SANGUINETTI</u> <u>PRES./DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(2) <u>ALLAN KINGSTON</u> <u>VP COMPLIANCE - DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(3) <u>KENNETH ATTENOVAN</u> <u>VP/ CORP. COUNSELL</u>	1	X		X			-0-	-0-	-0-
(4) <u>STEVE CALEGARI</u> <u>VP EVENTS/DIRECTOR</u>	2	X		X			-0-	-0-	-0-
(5) <u>STEVE SKINNER</u> <u>VP LEGAL/DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(6) <u>WILLIAM RUTH</u> <u>SEC/TREAS/DIRECTOR</u>	13	X		X		30515	-0-	-0-	
(7) <u>BERNARD LANGSTON</u> <u>VP FACILITIES/DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(8) <u>BILL KERR</u> <u>VP VALUATIONS/DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(9) <u>DAVID VAN ATTA</u> <u>VP LEGAL - DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(10) <u>JIM EGAN</u> <u>VP ENGINEERING - DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(11) <u>PAUL MENDOZA</u> <u>VP COMPUTER SCIENCE - DIR</u>	1	X		X			-0-	-0-	-0-
(12) <u>JOSEPH WILDBERGER</u> <u>VP GOVERNANCE/DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(13) <u>JERRY WHITFIELD</u> <u>VP INSURANCE/DIRECTOR</u>	1	X		X			-0-	-0-	-0-
(14) <u>ALYSSA SARGENT</u> <u>STUDENT MANAGER/NON-VOTING DIRECTOR</u>	4	X		X			-0-	-0-	-0-

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							<b>30515</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>- 0 -</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>30515</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>NONE</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**- 0 -**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> <u>---</u>					
	<b>b</b> Membership dues	<b>1b</b> <u>---</u>					
	<b>c</b> Fundraising events	<b>1c</b> <u>---</u>					
	<b>d</b> Related organizations	<b>1d</b> <u>---</u>					
	<b>e</b> Government grants (contributions)	<b>1e</b> <u>---</u>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <u>---</u>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<u>---</u>					
	<b>h</b> Total. Add lines 1a-1f		<b>-0-</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>RESIDENTIAL USE FEES PAID BY MEMBERS</b>	Business Code <b>721301</b>	<b>295780</b>	<b>255780</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		<b>255780</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>23956</b>	<b>23956</b>	<b>-0-</b>	<b>-0-</b>	
	<b>4</b> Income from investment of tax-exempt-bond proceeds		<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	
	<b>5</b> Royalties		<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	
	<b>6a</b> Gross rents	(i) Real	<del>X</del>				
		(ii) Personal					
		Less: rental expenses					
		Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<del>X</del>				
		(ii) Other					
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	<b>a</b> <b>NONE</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19.	<b>a</b> <b>NONE</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> <b>NONE</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b> <b>NONE</b>	<b>N/A</b>						
<b>c</b>							
<b>d</b> All other revenue			<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	
<b>e</b> Total. Add lines 11a-11d			<b>-0-</b>				
<b>12</b> Total revenue. See instructions.			<b>279736</b>	<b>279736</b>	<b>-0-</b>	<b>-0-</b>	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	- 0 -	- 0 -		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6200	6200		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-	-		
4 Benefits paid to or for members	-	-		
5 Compensation of current officers, directors, trustees, and key employees	-	-	-	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-	-	-	
7 Other salaries and wages	-	-	-	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-	-	-	
9 Other employee benefits	-	-	-	
10 Payroll taxes	-	-	-	
11 Fees for services (non-employees):				
a Management	28040	16824	11216	
b Legal	-	-	-	
c Accounting	2475	1238	1237	
d Lobbying	-	-	-	
e Professional fundraising services. See Part IV, line 17	-			
f Investment management fees	-	-	-	
g Other. (If line 11g exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-	-	-	
12 Advertising and promotion	-	-	-	
13 Office expenses	502	251	251	
14 Information technology	-	-	-	
15 Royalties	-	-	-	
16 Occupancy	104174	104174	-	
17 Travel	-	-	-	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	-	-	-	
19 Conferences, conventions, and meetings	660	-	660	
20 Interest	245	-	245	
21 Payments to affiliates	-	-	-	
22 Depreciation, depletion, and amortization	30740	30740	-	
23 Insurance OFFICERS/DIRECTORS	2785	-	2785	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES	334	-	334	
b	X	X	X	
c	X	X	X	
d	X	X	X	
e All other expenses	-	-	-	
25 Total functional expenses. Add lines 1 through 24e	176155	159427	16728	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	X	X	X	
	-	N/A	-	

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	3453	1	5360
	2 Savings and temporary cash investments	490190	2	792143
	3 Pledges and grants receivable, net	—	3	—
	4 Accounts receivable, net	—	4	—
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	—	5	—
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	—	6	—
	7 Notes and loans receivable, net	—	7	—
	8 Inventories for sale or use	—	8	—
	9 Prepaid expenses and deferred charges	—	9	—
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1217451		
	b Less: accumulated depreciation	10b 697142		
	11 Investments—publicly traded securities	548271	10c	520309
	12 Investments—other securities. See Part IV, line 11	505104	11	280780
	13 Investments—program-related. See Part IV, line 11	—	12	—
	14 Intangible assets	—	13	—
	15 Other assets. See Part IV, line 11	—	14	—
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,547,018	15	—	
17 Accounts payable and accrued expenses	—	16	1,598,592	
18 Grants payable	—	17	—	
19 Deferred revenue	—	18	—	
20 Tax-exempt bond liabilities	—	19	—	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	—	20	—	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	—	21	—	
23 Secured mortgages and notes payable to unrelated third parties	321896	22	—	
24 Unsecured notes and loans payable to unrelated third parties	1235	23	297117	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	—	24	1235	
26 <b>Total liabilities.</b> Add lines 17 through 25	323131	25	—	
26 <b>Total liabilities.</b> Add lines 17 through 25	323131	26	295352	
<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
27 Unrestricted net assets	—	27	—	
28 Temporarily restricted net assets	—	28	—	
29 Permanently restricted net assets	—	29	—	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds	—	30	—	
31 Paid-in or capital surplus, or land, building, or equipment fund	—	31	—	
32 Retained earnings, endowment, accumulated income, or other funds	1,223,887	32	1303240	
33 Total net assets or fund balances	1,223,887	33	1303240	
34 Total liabilities and net assets/fund balances	1,547,018	34	1,598,592	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	279736
2	Total expenses (must equal Part IX, column (A), line 25)	2	176155
3	Revenue less expenses. Subtract line 2 from line 1	3	103581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,223,887
5	Net unrealized gains (losses) on investments	5	(24,228)
6	Donated services and use of facilities	6	—
7	Investment expenses	7	—
8	Prior period adjustments	8	—
9	Other changes in net assets or fund balances (explain in Schedule O)	9	—
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,303,240

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		N/A
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?		X
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.		N/A

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

PII KAPPA SIGMA BEAKEY ASSOC., INC.

Employer identification number

94-6078400

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 with checkboxes for Yes/No.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple rows and checkboxes for conservation easement details. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form with rows 1a, 1b, 2, a, b for reporting on art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	50,000	<del>          </del>	<del>          </del>	50,000
b Buildings	1,089,750	<del>          </del>	652,289	437,461
c Leasehold improvements		<del>          </del>		
d Equipment	77,701	<del>          </del>	44,853	32,848
e Other		<del>          </del>		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 520,309

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**  
Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**PHI KAPPA SIGMA BERKELEY ASSOC. INC.**, **90-6078400**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV** Business Transactions Involving Interested Persons  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(1) Name of interested person	(2) Relationship between interested person and the organization	(3) Amount of transaction	(4) Description of transaction	(5) Starting of organization's activities?	
				Yes	No
(1) WILLIAM RUTH	CURRENT DIRECTOR	\$3,0515	FOR MANAGEMENT FEES PAID FOR SERVICES AS AN INDEPENDENT CONTRACTOR (See Below)	X	
(2)					
(3)					
(4)					SEE BELOW
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V** Supplemental Information  
 Provide additional information for responses to questions on Schedule L (see instructions).

**PART IV. SCHEDULE L**

WILLIAM RUTH, THE ORGANIZATION'S MANAGING DIRECTOR IS PAID \$600/MO AGAINST 10 PERCENT OF THE GROSS RECEIPTS OF THE CORPORATION. DIRECTOR RUTH HAS BEEN THE PRINCIPAL OF HIS PROPERTY MGT & FINANCIAL SERVICES FIRM - THOMSON CO., SINCE 1972, AND WAS A STUDENT MEMBER OF SUBJECT DORMITORY WHILE A STUDENT AT BERKELEY FROM 1957 TO 1961. HE ALSO RECEIVED A MBA DEGREE FROM THE UC HOAS SCHOOL OF BUSINESS IN 1968. THE LUMP SUM PAYMENT OF THE RESIDUALS FOR 2014 WAS PAID ON JULY 18, 2015. THIS AMOUNTED TO \$19,670. DIRECTOR RUTH'S TOTAL COMPENSATION IN 2015 INCLUDING THE LUMP SUM RESIDUAL WAS \$30515 WHICH WAS ALSO REPORTED ON THIS FORM 990 PART VII SECTION A P.7.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

Employer identification number

PHI KAPPA SIGMA BENEVOLENT ASSOC. INC

94-6078400

FORM 990 PART VI SECTION A LINE 7(a) AT THE ANNUAL

MEETING OF DUES PAYING ALUMNI MEMBERS EACH DECEMBER, ANY MEMBER IN GOOD STANDING CAN VOLUNTEER, OR BE NOMINATED TO THE BOARD OF DIRECTORS. IF THEY ARE VOTED IN, THEY ATTEND THE NEXT BOARD MEETING AS A DIRECTOR.

LINE 7(b) GOVERNANCE DECISIONS OF THE BOARD AT ITS NOVEMBER MEETINGS ARE PRESENTED TO THE GENERAL MEMBERS AT THE DECEMBER GENERAL MEETING VERBALLY & VIA THE MINUTES OF THE PRIOR BOARD MEETINGS. IN ADDITION, ALL MEMBERS CAN BRING UP & VOTE ON OTHER NEW ISSUES UNDER "NEW BUSINESS" ON THE AGENDA.

ALL DECISIONS ON MAJOR ITEMS ARE MADE BY THE BOARD. NO REGULAR MEMBER OR BOARD MEMBER CAN HAVE A FINANCIAL STAKE IN ANY ASSETS OF THE CORPORATION. IN THE EVENT ANY ASSETS ARE SOLD, RECEIPTS REVERT TO THE FIDELITY SCHOLARSHIP FUND. IF THE EXEMPT CORP IS DISSOLVED OR TERMINATED -- ALL ITS NET ASSETS REVERT TO DESIGNATED <sup>NON-PROFIT 501(c)(3)</sup> SCHOLARSHIP FUNDS.

LINE 8(a) & 8(b) ALL BOARD & GENERAL & COMMITTEE

MEETINGS ARE RECORDED IN WRITING & APPROVED FOR ACCURACY AS PART OF SUBSEQUENT MEETING AGENDAS WHICH ARE ALSO IN WRITING.

FORM 990 PART VI SECTION B LINE 11(b) THE LAST WEEK OF NOVEMBER APPROX, 1 MO. BEFORE THE END OF THE YEAR THE BOARD OF DIRECTORS MEETS TO REVIEW INSURANCE & FINANCIAL DOCUMENTS, PRO FORMA FINANCIALS BASED UPON

Name of the organization

Employer identification number

PIPH KAPPA SIGMA BENEVOLENT ASSOC. INC.

94-6078400

CONTINUED FROM PREVIOUS PAGE

A GIVE 31st - NOVEMBER TRANSACTIONS PLUS ONE MONTH (DECEMBER) PROJECTIONS, BASED UPON THE PREVIOUS YEARS DECEMBER TRANSACTIONS, -- ARE REVIEWED IN DETAIL & COMPARED TO THE PREVIOUS YEARS FORM 990 LINE 12(b) SECTION B PART VI AT THIS SAME MEETING DIRECTORS ARE ASKED TO DISCLOSE ANY FACTS OR INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

SECTION C LINE 19 | GOVERNING DOCUMENTS & FINANCIAL STATEMENTS & TAX RETURNS ARE MADE AVAILABLE UPON WRITTEN REQUEST TO THE CORPORATE SECRETARY, OR IN THE CASE OF THE ARTICLES OF INCORPORATION TO THE CALIFORNIA SECRETARY OF STATE.

**PART V** PG 5 LINE 3(a) BY BOARD OF DIRECTORS RESOLUTION

ALL INTEREST INCOME IN EXCESS OF \$ 1000/YR IS PLACED IN A SEPARATE SCHOLARSHIP FUND THE "ERDELATZ SCHOLARSHIP FUND". THESE FUNDS ARE ONLY USED FOR SCHOLARSHIPS BOTH FOR STUDENT MEMBERS & OTHER QUALIFIED NON MEMBERS. THE FUNDS ARE RESTRICTED FUNDS AND NOT USED FOR CORPORATE PURPOSES.

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

OMB No. 1545-0047

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/forms990](http://www.irs.gov/forms990).

Name of the organization: **PHI KAPPA SIGMA BERKELEY ASSOC. INC** Employer identification number: **90-6078400**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) Name and address of organization or government	(2) EIN	(3) IRC section if applicable	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance	(8) Purpose of grant or assistance
(1) UCSF CANCER CENTER ADDRESS BELOW	UNKNOWN	501(c)3	\$200	—	CASH	N/A	CANCER TREATMENT & RESEARCH
(2) COREY'S CRUSADE AGAINST ALS	UNKNOWN	UNKNOWN	\$500	—	CASH	N/A	ALS RESEARCH
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

ITEM (1) LINE 1, PART II ABOVE

(1) UCSF HELLEN DILLER FAMILY COMPREHENSIVE CANCER CENTER  
PO BOX 45339 SAN FRANCISCO, CA, 94145-0339

ITEM (2) LINE 1, PART II ABOVE

(2) COREY'S CRUSADE AGAINST ALS (LOU GEHRIG'S DISEASE)  
c/o REICH & WALLER LLP  
1980 MOUNTAIN BLVD STE 202  
OAKLAND, CA, 94611

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UC BERKELEY TUITION ASSISTANCE \$500/EACH	11	\$5500	—	N/A	N/A
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I LINE 2 The ORGANIZATIONAL Grants were only given to 2 ORGANIZATIONS IN 2015, THE UCSF CANCER CENTER IS WORLD FAMOUS & IS RATED IN THE TOP 10 OF US CANCER FACILITIES YEAR AFTER YEAR. GORBY'S CRUSADE AGAINST ALS WAS ORGANIZED SOME 8 YEARS AGO BY THE REICH FAMILY IN OAKLAND, WHEN THEIR SON CONTRACTED ALS WHILE IN COLLEGE, IT HAS RAISED MILLIONS FOR ALS RESEARCH & IS PARTNERED WITH A NATIONAL ALS ORGANIZATION.. AND PROVIDES ANNUAL STATUS REPORTS.

PART III LINE 1 A SELECTION OF UC BERKELEY STUDENTS ARE ASKED TO SUBMIT AN ESSAY & GRADE REPORTS DURING THE FALL SEMESTER & 10 TO 15 APPLICANTS RECEIVE A \$500 TUITION GRANT BASED ON FINANCIAL NEED, LEADERSHIP SKILLS & FAMILY SITUATION. IN 2015 11 STUDENTS RECEIVED \$500 EACH.