(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Jun 30 **, 20** 20 For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending C Name of organization Canonsburg Corporation - California Epsilon of Phi Kappa Psi House Corp. D Employer identification number Check if applicable: Address change Doing business as 95-6059240 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 10960 Wilshire Blvd. 1510 (310)208-5474Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$1,343,795. Los Angeles, CA 90024 Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: Lloyd Talbert, 10960 Wilshire Blvd., Ste 1510, Los Angeles, CA 90024 H(b) Are all subordinates included? Tes No Tax-exempt status: **X** 501(c) (7) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c)(3) Website: ► N/A **H(c)** Group exemption number ▶ 5470 Form of organization: X Corporation Trust Association 1934 M State of legal domicile: CA L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: Holding title to local 1 chapter of national college fraternity providing room and board Activities & Governance for members only. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3 6 6 5 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 9,416. Net unrelated business taxable income from Form 990-T, line 39 7b 6,916. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 652,000. Revenue 9 Program service revenue (Part VIII, line 2g) 960,886. 667,125. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,416. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 16,394 15,254. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 977,280 1,343,795. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 97,736 105,671. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 942,775. 892,836. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,040,511. 998,507. 19 Revenue less expenses. Subtract line 18 from line 12 -63,231. 345,288. Assets or a Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 7,349,348. 7,233,268. 4,599,375 4,138,004. 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 2,749,973. 3,095,264. Signature Block Part II 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. Sign Signature of officer Date Here Lewis Averill, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** self-employed P01490764 Gregory F. Castle, Esq. **Preparer** Firm's name ► BRESEE-WARNER Firm's EIN ▶ 83-0976902 **Use Only**

Firm's address ▶ 10960 Wilshire Boulevard, Suite 1510, Los Angeles, CA 90024 Phone no. (310)208-5474

May the IRS discuss this return with the preparer shown above? (see instructions)

Part	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: Holding title to local	
	chapter of national college fraternity providing room and board for members only.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 660,900. including grants of \$) (Revenue \$)	
	Property Expenses	
4b	(Code:) (Expenses \$ 147,607. including grants of \$) (Revenue \$)	
	Non-Property Expenses	
4c	(Code:) (Expenses \$ 190,000. including grants of \$) (Revenue \$)	
-10	Depreciation Expense	
	Other management and December on Calcadide O	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 998,507.	

Part	V 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 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? <i>If</i>	5		×
	"Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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	11b		×
С	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	11c	×	
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	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		
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 12 If "Yes," complete Schedule I. Parts Land II.	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
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	22		×
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	23		×
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	040		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		
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	25a		
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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If "Yes," complete Schedule R, Part I </i>	33		×
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	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
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.	38	×	
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 b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		
	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)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	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?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		×
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).			
а	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	44		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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 5			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 0	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
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?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	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? <i>If "No," go to line 13 </i>	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		V
I.	with a taxable entity during the year?	16a		×
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on 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 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donn request Other (explain on Schedule O)	⊺ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Bresee-Warner, 10960 Wilshire Blvd., Ste 1510, Los Angeles, CA 90024 (310)			1

Form 990 (2019) Page **7**

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. See instructions for the order in which to list the persons above.

☐ Check this box if heither the organization no	r any relate	a orga	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				((C)					
(A)	(B)	, ,			ition			(D)	(E)	(F)
Name and title	Average hours per week	box, office	unles er and	ss pe	rson lirect	e than of is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)Lloyd Talbert	2.00									
President	0.00			×				0.	0.	0.
(2) Lewis Averill	2.00									
Treasurer	0.00			×				0.	0.	0.
(3) Louis Raymond Secretary	2.00	-		×				0.	0.	0.
(4)	0.00							0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continue	;d)
			(C)										
	(A)	(B)	(do n	ot ch		ition mor	e than o	one	ne (D) ((F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Reporta compens		Estimated amoun of other	t
		per week (list any		_	_	_	1	–	from the organization	from rela		compensation from the	
			Individual trustee or director	nstitutional trustee	Officer	Key employee	ghes	Former	(W-2/1099-MISC)	(W-2/1099-		organization and	ı
		related organizations	ual tr	onal		ploy	ee con					related organization	ЛS
		below dotted line)	uste	trus		ee e	pen						
		,	Φ	tee			Highest compensated employee						
(15)							_						_
(16)			_										
(17)													—
1111													
(18)													_
(19)			-										
(20)													—
(20)													
(21)													
(0.0)													
(22)			-										
(23)													—
3			Ī										
(24)													_
(0.5)													
(25)			-										
1b	Subtotal			٠.	٠.				0.		0.	(0.
С	Total from continuation sheets to Part							>					_
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$10	00,000	of	
	reportable compensation from the organi	ization –										Yes N	
3	Did the organization list any former of	officer. dire	ector.	tru	ıste	e. k	kev e	lam	lovee, or highes	st compe	nsated		
	employee on line 1a? If "Yes," complete											1 _ 1 1	<u>×</u>
4	For any individual listed on line 1a, is the												
	organization and related organizations individual												×
5	Did any person listed on line 1a receive of												Ì
	for services rendered to the organization												×
Secti	on B. Independent Contractors												_
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	isatior	1 10	rtne	e ca	ienda	r ye		within the	orgar		ır.
	(A) Name and business add	Iress							(B) Description of serv	vices		(C) Compensation	
													—
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limi	ted to	th	nose listed abov	e) who			
	received more than \$100,000 of compens	•	•										

Part VIII Statement of Revenue

		Check if Schedule	O co	ntains a re	spon	ise or note to ai	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	С	Fundraising events			1c					
ifts r A	d	Related organization	ns .		1d					
اة أ	е	Government grants	(cont	tributions)	1e	2,000.				
Sin	f	All other contribution	ns, gi	fts, grants,						
utio er		and similar amounts no	ot incl	uded above	1f	650,000.				
년 된	g	Noncash contribution	ons ir	cluded in						
ont od (lines 1a-1f			1g					
ō ē	h	Total. Add lines 1a-	-1f .			🕨	652,000.			
						Business Code				
<u>i</u>	2a									
le L	b									
n S	С									
gram Ser Revenue	d									
Program Service Revenue	e	A.IIII					665 105	665 105	•	
₫	f	All other program se				•	667,125.	667,125.	0.	0.
	<u>g</u>	Total. Add lines 2a-					667,125.			
	3	Investment income other similar amoun	•	-			9,416.	0.	9,416.	0.
	4	Income from investr	-				9,410.	0.	9,410.	0.
	5	Royalties			•	•	15,254.	15,254.	0.	0.
	3	rioyanies	. 	(i) Rea		(ii) Personal	15,254.	13,234.	0.	0.
	6a	Gross rents	6a	()		(,, , , , , , , , , , , , , , , , , , ,	-			
	b	Less: rental expenses	6b				-			
	C	Rental income or (loss)					-			
	d	Net rental income o		s)		•				
	7a	Gross amount from	(100	(i) Securit		(ii) Other				
	1 a	sales of assets					-			
		other than inventory	7a							
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c							
-	d	Net gain or (loss)				🕨				
Other	8a	Gross income fro	m fu	ındraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	nts ▶				
	9a	Gross income f			_					
		activities. See Part I	•		9a		-			
		Less: direct expens			9b					
		Net income or (loss)			CTIVITIE	es >				
	10a	Gross sales of in returns and allowan		•	10a					
	h				10a		-			
	b	Less: cost of goods Net income or (loss)				 orv ▶				
<u>"</u>		1301 11001110 01 (1035)	,	. JUIOJ OI II		Business Code				
Miscellaneous Revenue	11a					245.11000 0000				
scellaneo Revenue	b									
ella Ve	C									
SS &	d	All other revenue								
Σ		Total. Add lines 11a	a–11c	k		▶				
	12	Total revenue. See					1,343,795.	682,379.	9,416.	0.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	, and 10b of Part VIII.	Total expenses	Program service	Management and	(D) Fundraising
	۶		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
5					
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	91,471.	91,471.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,655.	6,655.		
10	Payroll taxes	7,545.	7,545.		
11	Fees for services (nonemployees):	7,343.	7,545.		
		6 250	6 250		
а	Management	6,250.	6,250.		
b	Legal	9,270.	9,270.		
С	Accounting	23,700.	23,700.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	9,411.	9,411.		
12	Advertising and promotion	,	,		
13	Office expenses	2,214.	2,214.		
14	Information technology	2,211.	2,211.		
15	= -				
	Royalties	200 004	200 004		
16	Occupancy	298,094.	298,094.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	102,500.	102,500.		
22	Depreciation, depletion, and amortization .	418,408.	418,408.		
23	Insurance	22,989.	22,989.		
24	Other expenses. Itemize expenses not covered		·		
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	(1) amount, not mic 24c expenses on concade 0.)				
a					
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	998,507.	998,507.		
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 ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	470,794.	1	288,424.
	2	Savings and temporary cash investments		2	128,079.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-7,891.	4	-14,425.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	80,762.	9	83,433.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,600,320.	00,702.		03,133.
	b	Less: accumulated depreciation 10b 1,330,000.	6,460,320.	10c	6,270,320.
	11	Investments—publicly traded securities	0,100,320.	11	175,000.
	12	Investments—other securities. See Part IV, line 11		12	1737000.
	13	Investments—program-related. See Part IV, line 11	300,000.	13	300,000.
	14	Intangible assets	,	14	·
	15	Other assets. See Part IV, line 11	45,363.	15	2,437.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,349,348.	16	7,233,268.
	17	Accounts payable and accrued expenses		17	5,619.
	18	Grants payable		18	
	19	Deferred revenue	54,981.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	4,465,414.	23	3,956,155.
	24	Unsecured notes and loans payable to unrelated third parties	, , , , ,	24	150,000.
	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	78,980.	25	26,230.
	26	Total liabilities. Add lines 17 through 25	4,599,375.	26	4,138,004.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
В В	28	Net assets with donor restrictions		28	
, Fun		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
šets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4ss	31	Retained earnings, endowment, accumulated income, or other funds	2,749,973.	31	3,095,264.
et '	32	Total net assets or fund balances	2,749,973.	32	3,095,264.
Ź	33	Total liabilities and net assets/fund balances	7,349,348.	33	7,233,268.

Form 990 (2019) Page **12**

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	1,3	43,7	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	98,5	07.
3		3	3	45,2	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,7	49,9	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В			3.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	, ())	0	3,0	95,2	64.
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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_			
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		<u>×</u>
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	lain on			
0-		! Al-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Single Audit Act and OMB Circular A-133?	ın tne	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	oo tha	Ja		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	_	3b		
	BEV 06/03/00 BBO			. 99 0	(2010)

REV 06/02/20 PRO Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
Cano	nsburg Corporation - California Epsilon o	f Phi Kappa Psi House Corp.	95-6059240
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, an	= =	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o		
•	Preservation of land for public use (for example, recreations)		of a historically important land area
	Protection of natural habitat	, —	of a certified historic structure
	Preservation of open space	Treservation c	of a certified flistofic structure
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
2	easement on the last day of the tax year.	d a quaimed conservation contribution	Held at the End of the Tax Year
_			
a			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified hi		
C		, ,	
d	Number of conservation easements included in (a historic structure listed in the National Register .	c) acquired after 7/25/06, and not 6	
•	_		
3	Number of conservation easements modified, trans	terred, released, extinguished, or terr	finated by the organization during the
4	tax year ► Number of states where property subject to conserve	vation assement is located	
5	Does the organization have a written policy regard		anding of
5	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		\square \square Yes \square No
9	In Part XIII, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of	9	ancial statements that describes the
	organization's accounting for conservation easemer		
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	ue 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 XIII the text of the footnote to	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
2	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 FA		
а			▶ \$
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2019 Page **2**

Part	Organizations Maintaining Co	llections of Ar	t, Hist	orical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and other	r recor	ds, checl	k any of the	follow	ing that make s	ignificant ι	ise of its
а	☐ Public exhibition		d [_ Loan o	or exchange	progr	am		
b	☐ Scholarly research		е [Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization' XIII.	s collections and	d expla	in how th	ney further t	he org	anization's exen	npt purpos	e in Part
5	During the year, did the organization soli assets to be sold to raise funds rather tha	n to be maintaine							☐ No
Part									
	Complete if the organization and 990, Part X, line 21.	swered "Yes" c	n Forr	n 990, F 	Part IV, line	9, or	reported an an	nount on F	orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							_	☐ No
b	If "Yes," explain the arrangement in Part X	(III and complete	the fol	lowing ta	able:				
							A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or						•		∐ No
	If "Yes," explain the arrangement in Part X	III. Check here if	f the ex	planatior	n has been p	orovide	ed on Part XIII .		
Par		1.07	_			4.0			
	Complete if the organization and								
		a) Current year	(b) Pric	r year	(c) Two years	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c	current year end I	balance	e (line 1g	, column (a)	held a	as:		
а	Board designated or quasi-endowment	9	6						
b	Permanent endowment ▶9	%							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c s	should equal 100	%.						
3a	Are there endowment funds not in the po	ssession of the	organiz	ation tha	at are held a	ınd ad	ministered for th	e	
	organization by:							Υ	es No
	(i) Unrelated organizations							3a(i)	
	`,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ		•					3b	
4	Describe in Part XIII the intended uses of		s endo	wment fu	ınds.				
Part									
	Complete if the organization and	swered "Yes" o	n Forr	n 990, F	Part IV, line	11a.	See Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or other (investment)			r other basis ther)		Accumulated epreciation	(d) Book	/alue
1a	Land								
b	Buildings	7,600,	320.			1	,330,000.	6,270	,320.
С	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990,	, Part X	, column	(B), line 10d	c.)	•	6,270	320.

Part VII	m 990) 2019 Investments – Other Securities.				Page
I die vii	Complete if the organization answered "Yes" on Form	n 990. Part IV. lir	ne 11b.	See Form	990. Part X. line 12.
	(a) Description of security or category	(b) Book value			od of valuation:
	(including name of security)			Cost or end-	of-year market value
(1) Financial	derivatives				
(2) Closely h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colur Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments – Program Related.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, Iir	<u>e 11c.</u>	See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value			od of valuation: of-year market value
(1) Noble	Royalties Investment	300,000.	Cost		
(2)	_				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	300,000.			
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, lir	<u>ie 11d.</u>	See Form	990, Part X, line 15.
	(a) Description				(b) Book value
	om Chapter				270
	om Commerce Escrow				0
	sited Funds				1,525
(4) W/Comp	o. Ins. Deposit				642
(5)					
(6)					
(7)					
(8)					
(9) T + + (0 /	(I) I I I OOO D IV I (D) (' 45)				
	, , , , , , , , , , , , , , , , , , , ,			>	2,437
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form	m 990, Part IV, lir	ne 11e d	or 11f. See	Form 990, Part X,
_	line 25.				
1.	(a) Description of liability				(b) Book value
(1) Federal in					
	apter - Dues				7,765
	apter - Formal				0
	apter - Assessments				0
	Vending LLC				0
	b Deposits				1,400
	l Liabilities				2,815
	ty Deposits				14,250
(9)	(1)				
	nn ini muet paulai Form UUIT Part X COL (R) ling 75 1			>	26,230
<u>`</u>	nn (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the footnot				

Schedule D (Form 990) 2019 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	İ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
Part				_	urn.
	Complete if the organization answered "Yes" on Form 990, F				4
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:	i .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
_	Other (Describe in Part XIII.)	4b			
b					
b c				4c	
С	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	 e 18.)		5	V. line 4: Part X. line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b.	d 4; Pa	art IV, lines 1b and 2b	5 o; Part	

BAA

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number					
Canonsburg Corporation - California Epsilon of Phi Kappa Psi House Corp.	95-6059240					
Pt VI, Line 6: Organization has members. Organization does not ha	ve stockholders.					
Pt VI, Line 7a: Members of the governing body are elected by all members of						
the organization according to its bylaws.						
Pt VI, Line 7b: All decisions of the governing body are subject t	o approval					
of the organization's members according to its bylaws.						
Pt VI, Line 8a: Yes, according to its bylaws.						
Pt VI, Line 8b: Yes, according to its bylaws.						
Pt VI, Line 11b: A copy of Form 990 is provided to the members of	the governing					
body.						
Pt VI, Line 19: The organization makes its governing documents, o	onflict of					
interest policy, and financial statements available to the public	in accordance					
with corporation laws in the State of California and in accordance	e with its bylaws.					

SCHEDULE R (Form 990)

Part II

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Open to Public Inspection

95-6059240

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Canonsburg Corporation - California Epsilon of Phi Kappa Psi House Corp.

Part I	Identification of Disregarded Entities. Complete if the or	ganization answered "Yes	s" on Form 990, Pa	art IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity **Exempt Code section** controlled (if section 501(c)(3)) or foreign country) entity entity? Yes No (1) Phi Kappa Psi - California Epsilon Chapter 95-1105047 X 10960 Wilshire Blvd., Ste 1510 Los Angeles CA 90024 Local chapter of a college fraternity CA 501(c)(7) No

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

Page 2

Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. Name, address, and EIN of Primary activity Direct controlling Predominant Share of total Legal Share of end-of- Disproportionate Code V-UBI General or Percentage related organization income (related, amount in box 20 domicile entity income year assets allocations? managing ownership unrelated, (state or of Schedule K-1 excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	i) 512(b)(13) rolled city?
							Yes	No
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

1a

1b

×

×

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

С	Gift, grant, or capital contribution from related organization(s)				c ×
d	Loans or loan guarantees to or for related organization(s)			<u>1</u>	d ×
е	Loans or loan guarantees by related organization(s)			1	e ×
f	Dividends from related organization(s)			1	lf ×
' '	Sale of assets to related organization(s)				+
y h	Purchase of assets from related organization(s)				h ×
:	Exchange of assets with related organization(s)				li ×
:	Lease of facilities, equipment, or other assets to related organization(s)				lj ×
J	Lease of facilities, equipment, of other assets to related organization(s)				', ^
k	Lease of facilities, equipment, or other assets from related organization(s)			1	k ×
ı	Performance of services or membership or fundraising solicitations for related organization(s)		1	II ×
m	Performance of services or membership or fundraising solicitations by related organization(s)			11	m ×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n ×
0	Sharing of paid employees with related organization(s)			1	o X
р	Reimbursement paid to related organization(s) for expenses			<u>1</u>	p X
q	Reimbursement paid by related organization(s) for expenses			<u>1</u>	q X
r	Other transfer of cash or property to related organization(s)			<u>1</u>	r ×
s	Other transfer of cash or property from related organization(s)				-
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incl	uding covered relation	ships and transaction	thresholds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount involved
(1) Pł	ni Kappa Psi - California Epsilon Chapter	Lease	24,000.	 Prevailing rate	9
(2)				among local	
(3)				chapters of nat	ional
(4)				 college fratern	nities
(4)				COLICGE LIGUELL	110100
(5)					
(6)					
BAA	REV 06/02/20 PRO	1	1	Schedule R (F	orm 990) 2019

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all p	e) partners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
<u>(7)</u>													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (F	hedule R (Form 990) 2019 Page						
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	, ,					

Additional information from your 2019 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax Line 1, column (A)

Itemization Statement

Description	Amount
Checking B of A	469,794.
Petty Cash	1,000.
Total	470,794.

Form 990: Return of Organization Exempt from Income Tax Line 2, column (B)

Itemization Statement

Description	Amount
Saving B of A - Security Dep.	55,462.
Savings B of A - Reserve Maint.	72,617.
Total	128,079.

Form 990: Return of Organization Exempt from Income Tax Line 9, column (A)

Itemization Statement

Description	Amount
Loan Fees	69,066.
Prepaid Health Permit	498.
Prepaid Property Insurance	11,198.
Total	80,762.

Form 990: Return of Organization Exempt from Income Tax Line 9, column (B)

Itemization Statement

Description	Amount
Loan Fees	66,684.
Prepaid Health Permit	498.
Prepaid Property Insurance	16,251.
Total	83,433.

Form 990: Return of Organization Exempt from Income Tax Line 23, column (A)

Itemization Statement

Description	Amount
Amortization-Endowment Fund	-1,165,000.
Amortization-Mutual of Omaha	-3,575,000.
Amortization-Universal Bank	-34,586.
Loan - Due Endowment Fund	1,165,000.
Loan - Mutual of Omaha Bank	3,575,000.
Loan - Universal Bank	4,500,000.
Total	4,465,414.

Form 990: Return of Organization Exempt from Income Tax Line 23, column (B)

Itemization Statement

Description	Amount
Amortization-Endowment Fund	-1,165,000.
Amortization-Mutual of Omaha	-3,575,000.
Amortization-Universal Bank	-543,845.
Loan - Due Endowment Fund	1,165,000.
Loan - Mutual of Omaha Bank	3,575,000.
Loan - Universal Bank	4,500,000.
Total	3,956,155.

990-T

Exempt Organization Business Income Tax Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $Jullide{1}$, 2019, and ending $Junlide{3}$ 0, 20 20 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Check box if address changed D Employer identification number (Employees' trust, see instructions.) Canonsburg Corporation - California Epsilon of Phi Kappa Psi House Corp. **B** Exempt under section Print **X** 501(c)(7) Number, street, and room or suite no. If a P.O. box, see instructions. 95-6059240 or E Unrelated business activity code 408(e) 220(e) 10960 Wilshire Blvd., 1510 Type (See instructions.) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) Los Angeles, CA 90024 900001 C Book value of all assets at end of year F Group exemption number (See instructions.) ▶ 7,233,268. G Check organization type

X 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶ Interest Income If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . > \square Yes \boxtimes No If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ Bresee-Warner Telephone number \blacktriangleright ($\overline{310}$)208-5474 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net **1a** Gross receipts or sales . . **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profit. Subtract line 2 from line 1c. . . Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 7 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 9,416 1,500 7,916 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 9,416 1,500 13 **Total.** Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 18 18 Interest (attach schedule) (see instructions) 19 19 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return. 21b 22 22 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) . . . 27 28 **Total deductions.** Add lines 14 through 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 7,916 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

7,916

30 31

Unrelated business taxable income. Subtract line 30 from line 29

Part I	I To	otal Unrelated Business Taxable Income			
32		f unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	tions)	32	7	,916
33	Amount	ts paid for disallowed fringes	33		
34	Charita	ble contributions (see instructions for limitation rules)	34		
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
		n the sum of lines 32 and 33	35	7	,916
		tion for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instruct	tions)	36		
37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35 .	37	7	<u>,916</u>
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	,000
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter th	ne smaller of zero or line 37	39	6	<u>,916</u>
Part I		ax Computation			
		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	1	<u>,452</u>
		Taxable at Trust Rates. See instructions for tax computation. Income tax on			
		ount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41		
		tax. See instructions	42		
		tive minimum tax (trusts only)	43		
		Noncompliant Facility Income. See instructions	44		
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	1	,452
Part		ax and Payments			
		n tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a			
		credits (see instructions)			
_		Il business credit. Attach Form 3800 (see instructions)			
d		for prior year minimum tax (attach Form 8801 or 8827)	460		
			46e		450
47 48	Subtrac	ct line 46e from line 45	47 48		<u>,452</u>
		ax. Add lines 47 and 48 (see instructions)	49		450
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		<u>,452</u>
		nts: A 2018 overpayment credited to 2019	30		
	-	stimated tax payments			
		posited with Form 8868			
		n organizations: Tax paid or withheld at source (see instructions)			
e		withholding (see instructions)			
		for small employer health insurance premiums (attach Form 8941) 51f			
		credits, adjustments, and payments: Form 2439			
3	☐ Forn				
52	Total p	payments. Add lines 51a through 51g	52		
53		ted tax penalty (see instructions). Check if Form 2220 is attached ▶ □	53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	1	,452
55	Overpa	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the	e amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56		
Part \	/I St	tatements Regarding Certain Activities and Other Information (see instructions)			
57	At any t	time during the 2019 calendar year, did the organization have an interest in or a signature or other	r authori	ty Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may h			
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreig	ın count	ry	
	here >				×
58	•	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ı trust? .		×
		" see instructions for other forms the organization may have to file.			
59		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$			
Sian		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	my knowle	dge and bel	iet, it is
Sign	 	Ma Ma	,	discuss this arer shown	
Here				ns)? XYes	
	Jigriall	ure of officer Date Title		DTIN	
Paid			X if	PTIN	1764
Prepa	arer	3 1	nployed	P01490 -09769	
Use (Only	Firm's name ► BRESEE-WARNER Firm's loss and los			

Form 990-T (2019) Page 3 Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶ Inventory at end of year Inventory at beginning of year 6 2 2 Cost of goods sold. Subtract line Purchases Cost of labor 6 from line 5. Enter here and in Part 3 3 Additional section 263A costs I, line 2 7 (attach schedule) 4a Do the rules of section 263A (with respect to Yes No 8 4b property produced or acquired for resale) apply Other costs (attach schedule) to the organization? 5 Total. Add lines 1 through 4b 5 Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3)(4) 2. Rent received or accrued 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent (b) From real and personal property (if the in columns 2(a) and 2(b) (attach schedule) for personal property is more than 10% but not percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) ▶ Schedule E—Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions 7. Gross income reportable acquisition debt on or of or allocable to 4 divided (column 6 × total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % (2) % (3) %

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B).

%

Enter here and on page 1,

Part I, line 7, column (A).

(4)

Totals

Total dividends-received deductions included in column 8

Schedule F—Interest, Ann	uities, Royalties,			Controlled Org I Organizations	janizations (se	e instru	ctions)		
Name of controlled organization	2. Employer identification number	3. Net unrela (loss) (see in		4. Total of specified payments made	5. Part of colum included in the organization's gro	controlling	conn	eductions directly ected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations				•				
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified payments made		included in the	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)									
(2)									
(3)									
(4)									
T					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. nere and on page 1, line 8, column (B).	
Schedule G-Investment I				or (17) Organi	zation (see inst	tructions	3)		
1. Description of income	2. Amount o	· · · · · · · · · · · · · · · · · · ·	3.	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)	
(1) Interest Income		9,416.		1,500.				1,500.	
(2)				·					
(3)									
(4)									
	Enter here and Part I, line 9, o							re and on page 1, ne 9, column (B).	
Totals	>	9,416.						1,500.	
Schedule I—Exploited Exe	empt Activity Inc	ome, Oth	er Than	Advertising In	come (see inst	ructions	s)		
Description of exploited activities	2. Gross unrelated business inco from trade of business	me conne prod un	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4) Totals	Enter here and page 1, Part line 10, col. (I, page	nere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 25.	
Schedule J-Advertising I	ncome (see instru	ctions)							
	eriodicals Repor		Consoli	dated Basis					
income i femi		100 011 0	00110011	4. Advertising				7. Excess readership	
1. Name of periodical	2. Gross advertising income		Direct ising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	1	adership osts	costs (column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) .	>								

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1–5) ▶						
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instru	uctions)		
1 Nama		,	7 Title	3. Percent of	4. Compensa	tion attributable to

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		🕨	

Form **990-T** (2019)

Additional information from your 2019 Federal Exempt Tax Return

Form 990-T: Exempt Organization Business Income Tax Return

Schedule G (1)

Schedule G, Column 3

Itemization Statement

Description	Amount
Professional Fees	1,500.
Total	1,500.

California Exempt Organization 2019 Business Income Tax Return

109

0-111	Variable of the second of the	(vvvv) 07/01/2019		1/> 06/30	/2020		
	Year 2019 or fiscal year beginning (mm/dd/	<u>yyyy) 07/01/2019</u>	, and ending (mm/dd				
•	n/Organization name			I .	California corporation number		
	BURG CORPORATION - CALIFORNIA	EPSILON OF PHI K	KAPPA PSI HOUSE C		0157990 FEIN		
Additional II	information. See instructions.						
					5-605924	10	
	ress (suite/room no.)			PN	IB no.		
	WILSHIRE BLVD., 1510						
	corporation has a foreign address, see instruction	ns.)			code		
	NGELES				0024		
Foreign cou	untry name	Foreign province/s	state/county	Fo	reign postal co	ode	
A First Re	eturn Filed?	□Yes ⊠No	H Is the organization a n	•			
B Is this a	an education IRA within the meaning of		in IRC Section 4947(a)(1)?		● ∐ Yes	⊻ No
R&TC S	Section 23712?	□Yes ⊠No	I Is this organization cla	aiming any forme	er; Enterprise	Zone (EZ), Los Ang	eles
C Is the o	organization under audit by the IRS or has the	IRS audited	Revitalization Zone (L	ARZ), Local Ager	ncy Military B	ase Recovery Area	
	or year?		(LAMBRA), Targeted 1	Tax Area (TTA), o	r Manufacturi	ing Enhancement	
D Final Re			Area (MEA) tax benefi	ts?		● □ Yes □	⊠No
	issolved Surrendered (Withdrawn) [Merged/Reorganized	J Is this organization a	qualified pensior	ı, profit-shariı	ng, or stock	
	ate(mm/dd/yyyy)		bonus plan as describ	ed in IRC Sectio	n 401(a)?	● □ Yes □	⊠No
			K Unrelated Business Ad	ctivity (UBA) Cod	e● <u>900</u>	0001	
	ed Return		L Is this a Hospital?				⊠No
	nting Method Used: (1)□ Cash (2)⊠ Acc		If "Yes," attach federa				
G Nature	of trade or business $\underbrace{\texttt{FRATERNITY}}_{\texttt{HOUS}}$	SE CORPORATION	,	(, ,			
	1 Unrelated business taxable income from	n Side 2. Part II. line 30			1	6,916	00
Taxable	2 Multiply line 1 by the average apportion						100
Corpora- tion		Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions					00
uon	3 Enter the lesser amount from line 1 or li	ine 2. If the unrelated busing	ness activity is wholly in C	alifornia			
Tarrable	and Schedule R was not completed, en	ter the amount from line 1.		<u></u>	3	6,916	00
Taxable Trust	4 Unrelated business taxable income from	n Side 2, Part II, line 30			4		00
	5 Unrelated business taxable income from	n line 3 or line 4			5	6,916	00
	6 EZ, LARZ, LAMBRA, or TTA NOL carryo	ver deduction			6		00
Tax	7 Net Operating Loss deduction. See Gen						00
Computa- tion	8 Add line 6 and line 7					6 016	00
	9 Net unrelated business taxable income.					6,916 611	
	10 Tax 8.84 % x line 9. See General Ir					011	
	11 Tax credits from Schedule B. See instru12 Balance. Subtract line 11 from line 10. I				12	611	00
Total Tax	13 Alternative minimum tax. See General II						00
Iax	14 Total tax. Add line 12 and line 13					611	
	15 Overpayment from a prior year allowed			00			
	16 2019 estimated tax payments. See instr			00			
Payments	17 Withholding (Form 592-B and/or 593.)	See instructions	• 17	00			
		Amount paid with extension (form FTB 3539)					
	19 Total payments and credits. Add line 15	through line 18		<u> </u>			00
					20		00
Use Tax/	21 Payments balance. If line 19 is more that						00
Tax Due/ Overpay-	22 Use tax balance. If line 20 is more than					611	00
ment	23 Tax due. Subtract line 21 from line 14. F24 Overpayment. Subtract line 14 from line				23	011	00
	25 Enter amount of line 24 to be applied to				25		00

051 Form 109 2019 **Side 1** 3641194 REV 04/01/20 PRO

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24.	26	00
Refund or	a Fill in the account information to have the refund directly deposited. Routing number		
Amount	b Type. Checking C Cavings C Account Number	27	00
Due	27 Penalties and interest. See General Information M	21	00
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	611 00
Unrolat	ted Business Taxable Income	29	311 00
	Unrelated Trade or Business Income		
		4.	00
	b Less returns and allowances c Balance	10	00
	f goods sold and/or operations (Schedule A, line 7)	2	0 00
	profit. Subtract line 2 from line 1c	3	0 00
	oital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a	00
	gain (loss) from Part II, Schedule D-1	4b	00
	oital loss deduction for trusts	4c	00
	e (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.		
	Schedule K-1 (565, 568, or 100S) or similar schedule	5	00
	income (Schedule C)	6	00
7 Unrela	ited debt-financed income (Schedule D)	7	00
8 Invest	ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8 7,	916 00
9 Interes	st, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	00
10 Exploi	ted exempt activity income (Schedule G)	10	00
11 Advert	ising income (Schedule H, Part III, Column A)	11	00
12 Other	income. Attach schedule	12	00
13 Total ι	ınrelated trade or business income. Add line 3 through line 12	7,	916 00
Part II	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrela	ated business income.)	
	ensation of officers, directors, and trustees from Schedule I	14	00
15 Salarie	es and wages	15	00
	· · · · · · · · · · · · · · · · · · ·	16	00
	ebts•	17	00
	st. Attach schedule	18	00
	Attach schedule	19	00
	butions. See instructions and attach schedule	20	00
	oreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) • 21a 00		100
	(**************************************	21	00
	tion. Attach schedule	22	00
	ntributions to deferred compensation plans		00
	ployee benefit programs. See instructions	23b	00
	deductions. Attach schedule	24	00
	deductions. Add line 14 through line 24	25	00
	ated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		916 00
	is advertising costs (Schedule H, Part III, Column B)	27	00
	ated business taxable income before specific deduction. Subtract line 27 from line 26		
	fic deduction. See instructions		916 00
			000 00
30 United	ated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		916 00
Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the request and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which provides the statements of the statements of the statements. I Title	and to the best of my knowledge.	edge and
	Signature	Telephone	
	of officer ► TREASURER	(310)208-5474 ● PTIN	
	Preparer's Check if self-		
Paid	signature ▶ employed ▶ ⊠	P01490764 ● Firm's FEIN	
Preparer	Firms name (or yours,		
Use Only	ii seii-employed)	83-0976902	
	and address 10960 WILSHIRE BOULEVARD, SUITE 1510 LOS ANGELES CA 90024	● Telephone (310)208-5474	
-	May the FTB discuss this return with the preparer shown above? See instructions	● X Yes □ No	

Side 2 Form 109 2019

051

3642194

	chedule A Cost of Goods Sold and/or Operations. ethod of inventory valuation (specify)		
1	Inventory at beginning of year	1	
	Purchases		
3	Cost of labor	3	
4	a Additional IRC Section 263A costs. Attach schedule	4a	

1	Inventory at beginning of ye	ear					1	00
2	Purchases						2	00
3	Cost of labor					•	3	00
4	a Additional IRC Section 2	63A costs. Attach schedule					4a	00
	b Other costs. Attach sche	dule				•	4b	00
5	Total. Add line 1 through lin	e 4b					5	00
6	•						6	00
7		perations. Subtract line 6 from					7	0 00
		263A (with respect to property					Yes [□No
Sc	chedule B Tax Credits.		, , ,					-
1	Enter credit name	code ●)	1		00		
2				2		00		
3	Enter credit name			3		00		
4		e 3. If claiming more than 3 cr			te	100		
7		Side 1, line 11					4	00
_		s or Recapture of Tax. See ins					4	00
_		•		Attach form	ETD 2024		1	00
1	•	the look-back method for com	•					
2	interest on tax attributable t	o installment: a Sales of cer					2a	00
_	IDO O II 107/0/0/(D)/"		non-dealer installment oblig				2b	00
3		election to recognize gain on t					3	00
4	Credit recapture. Credit nam		··				4	00
<u>5</u>		on line 1 through line 4. See i					5	00
Sc		nt Formula Worksheet . Use or	-					
Pa	rt A. Standard Method – Si	ingle-Sales Factor Formula. C	Complete this part only if the			-sales fa		
				To	(a) otal within and	Tota	(b) al within	(c) Percent within
				To ou	(a) otal within and tside California		(b) al within lifornia	
1	Total Sales			ou [.]	(a) otal within and tside California		al within	Percent within
1 2		Divide total sales column (h)			(a) otal within and tside California		al within	Percent within
1 2	Apportionment percentage	. Divide total sales column (b)	by total sales column (a) and	•	(a) otal within and tside California		al within	Percent within
2	Apportionment percentage multiply the result by 100. E	. Divide total sales column (b) Enter the result here and on Fo	by total sales column (a) and rm 109, Side 1, line 2	ou	tside California		al within	Percent within
2	Apportionment percentage multiply the result by 100. E	. Divide total sales column (b)	by total sales column (a) and rm 109, Side 1, line 2	ou d cactor formu	ıside California	Ca	al within lifornia	Percent within California [(b) ÷ (a)] x 100
2	Apportionment percentage multiply the result by 100. E	. Divide total sales column (b) Enter the result here and on Fo	by total sales column (a) and rm 109, Side 1, line 2	ou d 	Jla. (a) otal within and	Ca	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100
2 Pa	Apportionment percentage multiply the result by 100. Et B. Three Factor Formula	. Divide total sales column (b) Enter the result here and on Fo . Complete this part only if the	by total sales column (a) and rm 109, Side 1, line 2 corporation uses the three-f	ou d cactor formu	ıside California	Ca To C	al within lifornia	Percent within California [(b) ÷ (a)] x 100 Percent within California [(b) ÷ (a)] x 100
Pa	Apportionment percentage multiply the result by 100. Et B. Three Factor Formula Property factor: See instruc	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the stions	by total sales column (a) and rm 109, Side 1, line 2 e corporation uses the three-1	ou d actor formu Tc ou	Jla. (a) otal within and	Ca To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100
2 Pa 1 2	Apportionment percentage multiply the result by 100. Et B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the etions Other compensation of employe	by total sales column (a) and rm 109, Side 1, line 2 e corporation uses the three-three	actor formu	Jla. (a) otal within and	To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
2 Pa 1 2	Apportionment percentage multiply the result by 100. Et B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the etions other compensation of employed.	by total sales column (a) and rm 109, Side 1, line 2 e corporation uses the three-to-bees	actor formu	Jla. (a) otal within and	Ca To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100
2 Pa 1 2	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the p	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the etions Other compensation of employed or receipts less returns and percentages in column (c)	by total sales column (a) and rm 109, Side 1, line 2 e corporation uses the three-fees	actor formu	Jla. (a) otal within and	To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
2 Pa 1 2	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroage apportionment pe	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the etions Other compensation of employed or receipts less returns and percentages in column (c) Control of the factor on t	by total sales column (a) and rm 109, Side 1, line 2	actor formu	Jla. (a) otal within and	To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll factor apportionment peresult here and on Form 109	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the stions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction	by total sales column (a) and rm 109, Side 1, line 2	actor formu	Jla. (a) otal within and tside California	To C	al within lifornia (b) tal within	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll factor apportionment peresult here and on Form 109 chedule C Rental Incom	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction of the form Real Property and Percentages and P	by total sales column (a) and rm 109, Side 1, line 2	actor formu	ula. (a) otal within and tside California	To C	al within lifornia (b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100 • • •
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll factor apportionment peresult here and on Form 109 chedule C Rental Incom	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the stions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction	by total sales column (a) and rm 109, Side 1, line 2	actor formu	ula. (a) otal within and tside California	To C	al within lifornia (b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales and Total percentage: Add the payroll factor apportionment peresult here and on Form 100 chedule C Rental Incomerental income from debt-finance	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction of the form Real Property and Percentages and P	by total sales column (a) and rm 109, Side 1, line 2	actor formu	ula. (a) otal within and tside California	To C	(b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100 tions for exceptions. Itage of rent attributable sonal property
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales and Total percentage: Add the payroll factor apportionment peresult here and on Form 100 chedule C Rental Incomerental income from debt-finance	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction of the form Real Property and Percentages and P	by total sales column (a) and rm 109, Side 1, line 2	actor formu	Jla. (a) otal within and tside California	To C	(b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales and Total percentage: Add the payroll factor apportionment peresult here and on Form 100 chedule C Rental Incomerental income from debt-finance	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction of the form Real Property and Percentages and P	by total sales column (a) and rm 109, Side 1, line 2	actor formu	Jla. (a) otal within and tside California	To C	(b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100 tions for exceptions. Itage of rent attributable sonal property
Pa 1 2 3 4 5	Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales and Total percentage: Add the payroll factor apportionment peresult here and on Form 100 chedule C Rental Incomerental income from debt-finance	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on 9, Side 1, line 2. See instruction of the form Real Property and Percentages and P	by total sales column (a) and rm 109, Side 1, line 2	actor formu	Jla. (a) otal within and tside California	To C	(b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 (c) Percent within California [(b) ÷ (a)] x 100
Pa 1 2 3 4 5 5 For 1 [Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll percentage apportionment peresult here and on Form 100 Chedule C Rental Incomerental income from debt-finance Description of property Complete if any item in column 3 is more and the payroll property	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on Poper Side 1, line 2. See instruction of property, use Schedule D, R&TC Ore than 50%, or for any item	by total sales column (a) and rm 109, Side 1, line 2	actor formu To ou Real Prope , and Section	Jla. (a) otal within and tside California	To C	(b) tal within alifornia	Percent within California [(b) ÷ (a)] x 100 Percent within California [(b) ÷ (a)] x 100 Output tions for exceptions. tage of rent attributable sonal property % %
Pa 1 2 3 4 5 5 For 1 [Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll percentage apportionment peresult here and on Form 100 Chedule C Rental Incomerental income from debt-finance description of property Complete if any item in column 3 is most the rent is determined on the basis of	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employed or receipts less returns and percentages in column (c) Corcentage: Divide the factor on Poper Side 1, line 2. See instruction or many series of property, use Schedule D, R&TC Ore than 50%, or for any item or profit or income	by total sales column (a) and rm 109, Side 1, line 2	ractor formu	Jla. (a) stal within and tside California erty 1 23701n organiza Rent received or accrued	To C	(b) tal within alifornia (b) tal within alifornia e instruct 3 Percer to pers	Percent within California [(b) ÷ (a)] x 100 Percent within California [(b) ÷ (a)] x 100 Percent within California [(b) ÷ (a)] x 100 tions for exceptions. stage of rent attributable sonal property % % % % %
Pa 1 2 3 4 5 5 For 1 [Apportionment percentage multiply the result by 100. E rt B. Three Factor Formula Property factor: See instruct Payroll factor: Wages and of Sales factor: Gross sales at Total percentage: Add the payroll percentage apportionment peresult here and on Form 100 Chedule C Rental Incomerental income from debt-finance Description of property Complete if any item in column 3 is more and the payroll property	Divide total sales column (b) Enter the result here and on Fo Complete this part only if the entions Other compensation of employend/or receipts less returns and percentages in column (c) Creentage: Divide the factor on Poper Side 1, line 2. See instruction of property, use Schedule D, R&TC Ore than 50%, or for any item	by total sales column (a) and rm 109, Side 1, line 2	Real Prope, and Section 2	Jla. (a) otal within and tside California	To C	(b) tal within alifornia (b) tal within alifornia e instruct 3 Percer to pers	Percent within California [(b) ÷ (a)] x 100 Percent within California [(b) ÷ (a)] x 100 Output tions for exceptions. tage of rent attributable sonal property % %

051 3643194 Form 109 2019 **Side 3** REV 04/01/20 PRO

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrela	ted Debt-Finance	d Income										
1 Description of debt-financed	property				Gross income fron		3 Deductions of	lirectly connected wi	ith or allocab	le to debt	-financed property	
					allocable to debt-fi property	nanced	(a) Straight-line depreciation (tattach schedule)			(b) Other deductions (attach schedule)		
							(** ***					
Amount of average acquisition indebtedness on or allocable to debt-financed property		bt-financed	6 Debt bas percenta column 4	ge, c	Gross income repo column 2 x colum		8 Allocable de total of colu 3(b) x colun	mns 3(a) and			r loss) includible, column 8	
(attach schedule)			column 5									
				%								
				%								
Total Enter here and on	Cido 2 Dort I lina	. 7										
Total. Enter here and on Schedule E Investr												
1 Description	2 Amount	1	directly conne		4 Net investmer column 2 less	it income,	5 Set-aside (attach s	!S			nvestment income, ss column 5	
INTEREST INCOME	9,416.		1	<u>,500.</u>		7,916					7,916.	
	Oids O Dant I lins	0									7.016	
Total. Enter here and on Enter gross income fron											7,916.	
Schedule F Interes	•				•							
	.,				ontrolled Orga							
1 Name of controlled organizat	ions	2 Emp Iden Num	loyer 3	Net unrela (loss)		4 Total of sp payments		5 Part of column included in the organization's	e controlling	coni	uctions directly nected with income in mn (5)	
								income				
1								-				
2												
3 Nonexempt Controlled C)rannizations											
7 Taxable Income	n yanızanınıs		l s	Not unrals	ated income (loss)	0 Total of en	acified navment	s 10 Part of column	n (Q) that is	11 Ded	uctions directly	
/ laxable income) Net umera	ateu ilicollie (1055)	made	естей раутет	included in the organization's income	e controlling	coni	nected with income in mn (10)	
1												
2												
3												
4 Add columns 5 and 10	· · · · · · · · · · · · · · · · · · ·											
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. Er												
Schedule G Exploit	<u> </u>	-			<u> </u>	1		1				
Description of exploited active more than one unrelated active same exempt activity)	vity (attach schedule if vity is exploiting the	2 Gross unrelat business inco from trade of business	ome connect product of unre	cted with ction	4 Net income fro unrelated trade business, colu less column 3	or act	oss income from divity that is not related business dome	6 Expenses attributable to column 5	7 Excess ex expense, 6 less col but not m column 4	column umn 5	8 Net income includible, column 4 less column 7 but not less than zero	
 Total. Enter here and on	Side 2. line 10											
	,											

Side 4 Form 109 2019

051

3644194

Schedule H Advertising Income and Excess Advertising Costs Part I Income from Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising 4 Advertising income or excess advertising 5 Circulation 6 Readership 7 If column 5 is greater than column 6, enter the income 3 Direct advertising costs income costs costs. If column 2 is shown in column 4, in Part III, column A(b). If greater than column 3 complete columns 5, column 6 is greater than 6, and 7. If column 3 column 5, subtract the sum is greater than of column 6 and column 3 column 2, enter the from the sum of column 5 excess in Part III, and column 2. Enter amount column B(b). Do not in Part III. column A(b). If the complete columns 5, amount is less than zero, Totals Part II Income from Periodicals Reported on a Separate Basis Part III Column A – Net Advertising Income Part III Column B - Excess Advertising Costs (a) Enter "consolidated periodical" and/or (b) Enter total amount from Part I, column 4, (a) Enter "consolidated periodical" and/or (b) Enter total amount from Part I, columns 4 or names of non-consolidated periodicals 7, and amount listed in Part II, columns 4 or 7 names of non-consolidated periodicals and amounts listed in Part II, column 4 Enter total here and on Side 2, Part I, line 11 Enter total here and on Side 2, Part II, line 27 Schedule I Compensation of Officers, Directors, and Trustees 2 SSN or ITIN 3 Title 5 Compensation attributable 1 Name of Officer 4 Percent of time devoted 6 Expense account allowances to unrelated business to business % % % % % Total. Enter here and on Side 2, Part II, line 14. Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) Depreciation for 1 Group and guideline class or description 2 Date acquired (dd/mm/yyyy) 3 Cost or other basis 4 Depreciation allowed 5 Method of computing 6 Life or rate of property or allowable in prior depreciation this year vears Other depreciation: Buildings Transportation equipment Machinery and other equipment. . . Other (specify) 3 4

REV 04/01/20 PRO 051 3645194 Form 109 2019 **Side 5**

Amount of depreciation claimed elsewhere on return

Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.....

5

Additional information from your 2019 California Exempt Organization Business

Form 109: CA Exempt Organization Business Return

Schedule E, Lines 1-6 (1)

Schedule E, Line 3

Itemization Statement

Description	Amount
Professional Fees	1,500.
Total	1,500.

TAXABLE YEAR

California Exempt Organization Annual Information Return

2019	9 Annual Information	Return					199
	ear 2019 or fiscal year beginning (mm/dd/yyyy) 07-0		, and endi				
Corporation	$^{\prime}$ Organization name $_{ ext{CANONSBURG}}$ CORPORATION - CALIF	ORNIA EPSILON OF P	PHI KAPPA PSI HOUSE C	ORP. Californi	a corpora	ation nu	ımber
Additional in	nformation. See instructions.			0157 FEIN	990		
, taa					05924	40	
Street addre	ess (suite or room)			'		PMB r	10.
	WILSHIRE BLVD., 1510				_		
City						Zip cod	
LOS AN		Foreign province/state	re/county		CA	9002 Foreign	24 n postal code
	,	r orongri provinco, otac					- poota. oo o
A First Ret	urn	Yes XNoJ	If exempt under R&TC	Section 2370	O1d, has	the or	ganization
	d Return		engaged in political ac				
	ion 4947(a)(1) trust	∐Yes ⊠No	If "Yes." enter the gro	empt under Ko ss receipts fro	a i C Sed	nembe	3701g? ● 🄀 Yes 🔲 N r sources \$9,416
	ormation Return? ssolved	/Decreasized	If organization is a pul	blic charity ex	empt un	ider R	&TC
Enter dat	te: (mm/dd/yyyy) •//		Section 23701d and m check box. No filing fe	neets the filing e is required.	g fee exc	eption	,
	counting method: (1) 🗆 Cash (2) 🗷 Accrual (●□Yes ☒N
	eturn filed? (1) $lacktriangle$ 990T (2) $lacktriangle$ 990PF (3) her 990 series	● □Sch H (990) N	Did the organization fi taxable income?	le Form 100 c	or Form	109 to	report X Yes N
` '	group filing? See instructions	● Tyes XNo	Is the organization und	der audit by th	ne IRS o	r has t	he IRS
	rganization in a group exemption	X Ves No	audited in a prior year	?			● ∐ Yes 😕 N
If "Yes,"	what is the parent's name? ISBURG CORPORATION	P	Is federal Form 1023/				∏Yes ⊠N
	organization have any changes to its guidelines	_	Date filed with IRS				
not repo	rted to the FTB? See instructions	● ☐ Yes ☒ No					
Part I Co	omplete Part I unless not required to file this form						
	1 Gross sales or receipts from other sources. From						691,795 00
	2 Gross dues and assessments from members an3 Gross contributions, gifts, grants, and similar at						652,000 00
Receipts	4 Total gross receipts for filing requirement test. A						
and Revenues	This line must be completed. If the result is les					4	1,343,795 0
Hevenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of asset		5) <u>0</u>)0	
	7 Total costs. Add line 5 and line 6						00
	8 Total gross income. Subtract line 7 from line 4.					8	1,343,795 00
Expenses	9 Total expenses and disbursements. From Side 2					9	998,507 00
	10 Excess of receipts over expenses and disbursen					10	345,288 00
	11 Total payments						0 00
	13 Payments balance. If line 11 is more than line 1:	2, subtract line 12 fr	om line 11			13	00
	14 Use tax balance. If line 12 is more than line 11,						1.0
	15 Filing fee \$10 or \$25. See General Information F Penalties and Interest. See General Information						10 00
	17 Balance due. Add line 12, line 15, and line 16.	Then subtract line 11	from the result				10 00
	Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other	this return, including acc	companying schedules and	d statements, an	nd to the b	est of n	ny knowledge and belief, it is
Sign Here		Title		Date		Telepl	none
	Signature of officer	TREASUR	RER			(31	0)208-5474
	Preparer's		Date	Check if self-	•	PTIN	
Paid	signature			employed 🕨 🔀		P01 Firm's	490764
Preparer's	Firm's name (or yours, if self-employed) BRESEE-WARNER						0976902
Use Only	if self-employed) and address BRESEE-WARNER 10960 WILSHIRE	BOIII.EWARD	SIITTE 1510			83- Teleph	
	LOS ANGELES CA		20115 1310				0)208-5474
	May the FTB discuss this return with the prepar		See instructions		•		

051 Form 199 2019 **Side 1** 3651194 REV 04/01/20 PRO

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	.09	aruicas or amount or gross receipts — com	proto i dit ii oi idiiiion odi	Jointato IIII o III ationi		
	1	Gross sales or receipts from all business ac	tivities. See instructions			00
	2	Interest				00
Receipts		Dividends				00
from		Gross rents				15 254 22
Other Sources		Gross royalties				15,254 00
Ounces	6	Gross amount received from sale of assets	(See Instructions)		<u>6</u>	686 541 22
		Other income. Attach schedule				676,541 00
		Total gross sales or receipts from other source	_			691,795 00
		Contributions, gifts, grants, and similar amo				00
		Disbursements to or for members				0 00
		Compensation of officers, directors, and true				91,471 00
Evnonoco	- 1	Other salaries and wages				71, 471 00
Expenses and		Taxes				7,545 00
Disburse-		Rents				298,094 00
ments		Depreciation and depletion (See instruction				190,000 00
	17	Other Expenses and Disbursements. Attach	o) schadula	Se	ee Stmt 17	411,397 00
	18	Total expenses and disbursements. Add line	e 9 through line 17. Enter I	nere and on Side 1. Part I.	line 9 18	998,507 00
Schedu			Beginning of	taxable year	End of ta	axable year
Assets			(a)	(b)	(c)	(d)
1 Cash				470,794	` ,	416,503
		nts receivable		-7,891		-14,425
		receivable		.,		
		S				
		d state government obligations				
		ts in stock				
		loans		300,000		475,000
		stments. Attach schedule . Ş.E.E Ş.T.M.T	7 (00 320	300,000	7 600 220	
		able assets	7,600,320	6 460 220	7,600,320	
		cumulated depreciation	1,140,000	6,460,320	1,330,000	6,270,320
				106 105		05.050
		ets. Attach schedule SEE . STMT		126,125		85,870
		ts		7,349,348		7,233,268
		net worth				
		payable				5,619
		ons, gifts, or grants payable				•
		I notes payable				•
		s payable				•
		lities. Attach schedule SEE . STMT		4,599,375		4,132,385
		ck or principal fund				•
		capital surplus. Attach reconciliation				•
		arnings or income fund		2,749,973		3,095,264
		lities and net worth		7,349,348		7,233,268
Schedul	le M-	Reconciliation of income per books to Do not complete this schedule if the a		12 column (d) is loss th	an \$50 000	
			• 345,288	7 Income recorded on b	•	
		come tax	•		turn. Attach schedule.	
		capital losses over capital gains	•	8 Deductions in this ret	urn not charged	
4 Incon	ne no	t recorded on books this year.		against book income	this year.	
Attac	h sch	edule	•	Attach schedule		. •
5 Exper	nses	recorded on books this year not		9 Total. Add line 7 and I	ine 8	
		n this return. Attach schedule	•	10 Net income per return		
		line 1 through line 5	345,288		 ne 6	. 345,288
J TOTAL.	. ,		313,200	Subtract IIIIO O ITOIII II		313,200

2019

Name as Shown on Return CANONSBURG CORPORATION - CALIFORNIA		lifornia Corporation No. 57990
Other Investments:	Beginning of Tax Year	End of Tax Year
PUBLICLY-TRADED SECURITIES PROGRAM-RELATED	300,00	175,000.
Totals to Form 199, Schedule L, line 9 ▶	300,00 Beginning	0. 475,000. End of
Other Assets:	of Tax Year	Tax Year
PREPAID EXPENSES AND DEFERRED CHARGES DUE FROM CHAPTER DUE FROM COMMERCE ESCROW UNDEPOSITED FUNDS W/COMP. INS. DEPOSIT	80,76 12,00 31,34 1,00 1,01	0. 270. 9. 0. 0. 1,525.
Totals to Form 199, Schedule L, line 12 · · · · · · · ▶	126,12	5. 85,870.

cacw2901.SCR 01/02/20

Other Liabilities and Equity

2019

Name as Shown on Return CANONSBURG CORPORATION - CALIFORNIA		Californ	nia Corporation No.
Other Liabilities:	Beginni of Tax Y		End of Tax Year
DEFERRED REVENUE SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATE UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED DUE CHAPTER - DUES DUE CHAPTER - FORMAL DUE CHAPTER - ASSESSMENTS DUE LB VENDING LLC KEY/FOB DEPOSITS PAYROLL LIABILITIES SECURITY DEPOSITS Totals to Form 199, Schedule L, line 18	1,465, 8,	,839. 500. 405. ,474. ,905. ,052.	3,956,155. 150,000. 7,765. 0. 0. 1,400. 2,815. 14,250. 4,132,385.
Paid-in or Capital Surplus:	Beginnin tax ye	•	End of tax year
Totals to Form 199, Schedule L, line 20 ▶			

Additional information from your 2019 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information Part II, Other Income

Continuation Statement

Description	Amount
BAD DEBT EXPENSE	-1,194
NON-PROPERTY INCOME: FALL CHAPTER DUES	44,100
NON-PROPERTY INCOME:MISC. INCOME	3,402
NON-PROPERTY INCOME:SPRING CHAPTER DUES (\$100 X 50)	7,300
NON-PROPERTY INCOME: WINTER CHAPTER DUES (\$700X85)	51,100
PROPERTY INCOME: CHAPTER ROOM RENT (\$4,000 X 6)	24,000
PROPERTY INCOME: FALL MEAL PLAN	52,650
PROPERTY INCOME: FALL RENT	123,440
PROPERTY INCOME:OFFICER DISCOUNT	-5,588
PROPERTY INCOME: PARKING INC.	18,277
PROPERTY INCOME:SPRING MEAL PLAN	19,889
PROPERTY INCOME:SPRING RENT	49,045
PROPERTY INCOME: SUMMER RENT	109,134
PROPERTY INCOME: WINTER MEAL PLAN	53,790
PROPERTY INCOME: WINTER RENT	117,780
INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS	
INCOME FROM FUNDRAISING EVENTS	
INCOME FROM GAMING ACTIVITIES	
INVESTMENT INCOME	9,416
Total	676,541

Form 199: CA Exempt Organization Annual Information Part II, Compensation

Continuation Statement

Description	Amount
LLOYD TALBERT	0
LEWIS AVERILL	0
LOUIS RAYMOND	0
Total	0

Form 199: CA Exempt Organization Annual Information Part II, Expenses

Continuation Statement

Description	Amount
OTHER EMPLOYEE BENEFITS	6,655
MANAGEMENT	6,250
LEGAL	9,270
ACCOUNTING	23,700
OTHER	9,411
OFFICE EXPENSES	2,214

Form 199: CA Exempt Organization Annual Information

Part II, Expenses

Continuation Statement

Description	Amount
PAYMENTS TO AFFILIATES	102,500
INSURANCE	22,989
AMORTIZATION	228,408
Tota	411,397

Schedule L, Other Assets Statement

Line 12 Stmt (1)

Other assets, beg.

Itemization Statement

Description	Amount
Loan Fees	69,066.
Prepaid Health Permit	498.
Prepaid Property Insurance	11,198.
Total	80,762.

Schedule L, Other Assets Statement

Line 12 Stmt (1)

Other assets, end.

Itemization Statement

Description	Amount
Loan Fees	66,684.
Prepaid Health Permit	498.
Prepaid Property Insurance	16,251.
Total	83,433.

Schedule L, Other Liabilities Statement

Line 18 Stmt (2)

Other liabilities, beg.

Itemization Statement

Description	Amount
Amortization-Endowment Fund	-1,165,000.
Amortization-Mutual of Omaha	-3,575,000.
Amortization-Universal Bank	-34,586.
Loan - Due Endowment Fund	1,165,000.
Loan - Mutual of Omaha Bank	3,575,000.
Loan - Universal Bank	4,500,000.
Total	4,465,414.

Schedule L, Other Liabilities Statement

Line 18 Stmt (2)

Other liabilities, end.

Itemization Statement

Description	Amount
Amortization-Endowment Fund	-1,165,000.
Amortization-Mutual of Omaha	-3,575,000.

Schedule L, Other Liabilities Statement

Line 18 Stmt (2)

Other liabilities, end.

Itemization Statement

Description	Amount
Amortization-Universal Bank	-543,845.
Loan - Due Endowment Fund	1,165,000.
Loan - Mutual of Omaha Bank	3,575,000.
Loan - Universal Bank	4,500,000.
Total	3,956,155.