

2004

Open to Public Inspection

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning June 1, 2004, and ending May 31, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PI Kappa Alpha Fraternity, Zeta Sigma. D Employer identification number: 59-1178335. E Telephone number: (321) 431-1219. F Group Exemption Number: 0355.

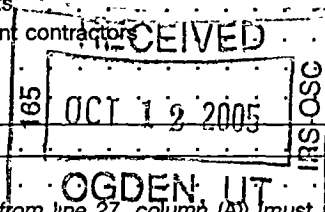
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash, Accrual.

I Website: J Organization type (check only one): 501(c) (7), 4947(a)(1), 527. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 98695

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 98695. Expenses total: 88454. Net Assets total: 18069.



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Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 7828 to 18069.

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

Cat. No. 106421

Form 990-EZ (2004)

27 P

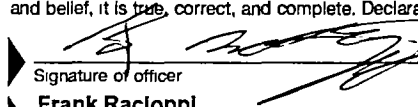
Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? _____			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 (Grants \$)	28a	-0-
29 (Grants \$)	29a	-0-
30 (Grants \$)	30a	-0-
31	Other program services (attach schedule) (Grants \$)	31a	-0-
32	Total program service expenses (add lines 28a through 31a)	32	-0-

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Steve Gould 2401 Riverview Dr. NE, Palm Bay, FL 32905	Pres, 15 hrs/week	-0-	1600	-0-
Frank Racloppi, same address	Treasurer, 15 hrs/week	-0-	1600	-0-
Scott Kohut, same address	House Mgr 15 hrs/week	-0-	1600	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b NA		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a -0-		
b	Gross receipts, included on line 9, for public use of club facilities 39b -0-		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ -0-		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ -0-		
41	List the states with which a copy of this return is filed. ▶ Florida		
42	The books are in care of ▶ Frank Racloppi Telephone no. ▶ (321) 431-1219 Located at ▶ 2401 Riverview Drive NE, Palm Bay, FL ZIP + 4 ▶ 32905		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

Please Sign Here

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

Signature of officer:  Date: 10/5/05

Frank Racloppi
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

Phone no: () _____

Attachment A

June 2004 through May 2005

National Fraternity	\$ 2,914
Insurance	\$ 4,800
Committees	\$ 15,412
IFC Dues	\$ 547
Photography	\$ 1,970
House Maintenance	\$ 1,364
House Improvements	\$ 6,448
Charitable Donations	\$ 896
<u>Bank Charges</u>	<u>\$ 110</u>
Total	\$ 34,461