

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)

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

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

A For 2008 calendar year, or tax year beginning JUNE 01, **2008, and ending** MAY 31, **20** 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>PI KAPPA ALPHA FRATERNITY ZETA SIGMA</u>	D Employer identification number <u>59-1178335</u>
		No & street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number <u>(863) 944-6417</u>
		<u>PO BOX 520</u>	F Group Exemption Number ▶ <u>0355</u>
		City or town, state or country, and ZIP + 4 <u>Melbourne FL 32902-0520</u>	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ N/A

J Organization type (check only one) -- 501(c)(8) ◀ (insert no) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 137,826

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	<u>63,447</u>
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ reported on line 1)	6a	
6b Less direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>See attachment #1</u>)	8	<u>74,379</u>	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>137,826</u>	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	<u>88,337</u>
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>See attachment #2</u>)	16	<u>36,554</u>
17 Total expenses. Add lines 10 through 16	17	<u>124,891</u>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>12,935</u>	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>30,969</u>
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>43,904</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

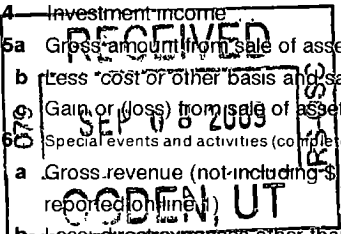
(See instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>30,969</u>	<u>43,904</u>
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	<u>30,969</u>	<u>43,904</u>
26 Total liabilities (describe ▶)	<u>0</u>	<u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>30,969</u>	<u>43,904</u>

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form **990-EZ** (2008)

SCANNED SEP 29 2009



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Part V Other Information (Note the statement requirements in the instructions for Part VI)

		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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
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?	37b	X
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?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The books are in care of ▶ See attachment #6 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>


50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"


(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and information of which preparer has any knowledge

Sign Here
 Signature of officer: 
 ANDREW CAPIK
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature: 
 Firm's name (or yours if self-employed), address, and ZIP + 4: ~~HRB TAX GRP~~
 3140 Suntree Blvd
 Rockledge, FL 32955

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer Identification Number 59-1178335

Description of Other Revenue	Amount
RENT PAYMENTS RECEIVED	74,379
Total	74,379

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	06-01-2008, and ending	05-31-2009.
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA			Employer Identification Number 59-1178335

Description of Other Expenses	Amount
COMMITTEE EXPENSES	7,940
FOOD FOR MEETINGS	3,465
PHOTOGRAPHY	1,844
CHAPTER ASSESSMENT	2,600
CHAPTER DUES	4,796
INTRAFRATERNITY EXPENSE	1,855
POSTAGE & SHIPPING	482
PRINTING & PUBLISHING	61
CONFERENCE EXPENSES	4,543
DONATION TO EDUCATION FOUNDATION	1,100
GIFT TO SCHOOL	375
TAXES	200
UPKEEP	3,641
DREAM GIRL BALL	2,081
HOMECOMING	904
TSHIRTS	631
BANK FEES	36
Total	36,554

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer Identification Number 59-1178335

Primary Purpose

DEVELOPING MEN OF INTEGRITY INTELLECT AND HIGH MORAL CHARACTER AND FOSTERING A TRULY LIFELONG FRATERNAL EXPERIENCE

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.
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Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer Identification Number 59-1178335
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
ANDREW CAPIK PO BOX 520 Melbourne, FL 32901 See Comp. Expl. #1	TREASURER 25.00	0	0	0

COMPENSATION EXPLANATION

Attachment 5: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2008, or tax year period beginning 06-01-2008	and ending 05-31-2009
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA		Employer Identification Number 59-1178335

Name	Explanation
Officer Comp. Expln. #1 ANDREW CAPIK	POSITIONS ARE VOLUNTEER POSITIONS

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer Identification Number 59-1178335
Part V - Line 42a	

Individual Name ANDREW CAPIK
or
Business Name

Street Address PO BOX 520

U.S. Address
Zip code 32901 City Melbourne State FL
or

Foreign Address
City
Province or State
Country
Postal code
Phone Number (863) 944-6417
Fax Number