

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

**2012**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning JUNE 01, <sup>2011</sup>~~2012~~, and ending MAY 31, 20 12

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>PI KAPPA ALPHA FRATERNITY ZETA SIGMA</u>	<b>D</b> Employer identification number <u>59-1178335</u>
	Number & street (or P.O. box, if mail is not delivered to street addr.) <u>PO BOX 520</u>	<b>E</b> Telephone number <u>(603) 305-3142</u>
	Room/suite	
	City or town, state or country, and ZIP + 4 <u>MELBOURNE FL 32902-0520</u>	<b>F</b> Group Exemption Number ▶ <u>0355</u>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) 8 (insert no.)  4947(a)(1) or  527

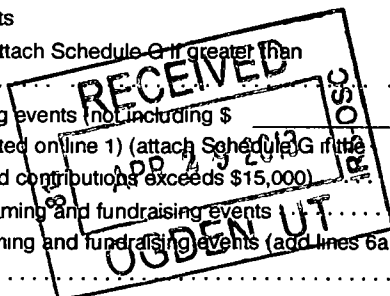
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 115,068

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

		<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
		<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
		<b>3</b>	Membership dues and assessments	<b>3</b>	27,757
		<b>4</b>	Investment income	<b>4</b>	
		<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
		<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
		<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
		<b>6</b>	Gaming and fundraising events		
		<b>6a</b>	Gross income from gaming (attach Schedule O if greater than \$15,000)	<b>6a</b>	
		<b>6b</b>	Gross income from fundraising events not including \$ of contributions from fundraising events reported on line 1 (attach Schedule O if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
		<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	
		<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
		<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
		<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
		<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
		<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	87,311
		<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	115,068
		<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
		<b>11</b>	Benefits paid to or for members	<b>11</b>	
		<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
		<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
		<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	72,379
		<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
		<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	56,037
		<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	128,416
		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-13,348
		<b>19</b>	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)	<b>19</b>	51,392
		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
		<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	38,044

SCANNED MAY 08 2013  
MCMZKMB



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table for program service expenses with rows 28-31 and 28a-31a. Includes fields for amount and foreign grants.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, & deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter.
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of See attachment #3 Telephone no. Located at ZIP + 4
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No  
46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations, other than nonexempt charitable trusts, must attach a completed Schedule A.

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 knowledge.

**Sign Here** Signature of officer  
JUSTIN LEE  
Type or print name and title

**Paid Preparer Use Only** Preparer's signature  
James McKay  
Print/Type preparer's name: James McKay  
Firm's name: HRB TAX GROUP INC  
Firm's address: 3140 SUNTREE BLVD

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

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

PI KAPPA ALPHA FRATERNITY ZETA SIGMA

Employer identification number

59-1178335

PAGE 1 FORM 990EZ, REVENUE LINE 8

RENT PAYMENTS RECEIVED 59419

OTHER FEES AND PAYMENTS 15586

DELINQUENT ACCNTS CLLCTD 11467

OTHER EXPENSES

MMBRSHF FEES 7600

IFC DUES 1239

RECRUITMENT 4832

SOCIAL 2081

FORMAL 2160

BROTHERHOOD 423

PUBLIC RELATIONS 270

CONTINUING ED 343

TRADITIONS 31

SPECIAL EVENTS 684

FOOD FOR MEETINGS 4785

COMMUNITY SERVICE 928

HOUSE 11522

ACCOUNTING FEES 3167

BANK CHARGES 1320

LPP ASSMNT 5000

CHAPTER ASSMNT 2860

EXECUTIVE COUNCIL 1983

OTHER EXPENSES 4811

ATTACHMENT #2 LIST OF CURRENT OFFICERS

RYAN BRUGAN PRESIDENT 30 HRS

FABIO MAIA INTERNAL VP 30 HRS

EVAN COSGROVE EXTERNAL VP 30 HRS

RICKY BARBARA SECRETARY 30 HRS

JUSTIN LEE TREASURER 30 HRS

**990 PRIMARY EXEMPT PURPOSE**

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

Open to Public Inspection	For calendar year 2012 or tax period beginning 06-01, and ending 05-31-2012.
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 EXPENRIENCE

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2012 or tax period beginning 06-01, and ending 05-31-2012.
Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer Identification Number 59-1178335

Part V - Line 42a

Individual Name ..... JUSTIN LEE  
 or  
 Business Name

Street Address ..... PO BOX 520

U.S. Address.

Zip code 32901 City MELBOURNE State FL

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (603) 305-3142

Fax Number .....