

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

Open to Public Inspection

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.

A For the 2012 calendar year, or tax year beginning JUNE 01, 2012, and ending MAY 31, 20 13

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: PI KAPPA ALPHA FRATERNITY ZETA SIGMA. D Employer identification number: 59-1178335. E Telephone number: (603) 305-3142. F Group Exemption Number: 0355.

G Accounting Method: [X] Cash [] Accrual [] Other (specify) H Check [X] if the organization is not required to attach Schedule B

I Website: N/A. J Tax-exempt status (check only one) -- 501(c)(3) [] 501(c)(8) [X] (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

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 \$ 131,545

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 [X]

Table with 3 main sections: REVENUE (lines 1-9), EXPENSES (lines 10-17), and ASSETS (lines 18-21). Includes a 'RECEIVED' stamp from Ogden, UT dated Aug 8, 2014.

SCANNED SEP 16 2014

P 16

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? 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... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets... 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved... 39a Initiation fees and capital contributions... 39b Gross receipts... 40a Section 501(c)(3) organizations Enter amount of tax imposed... 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction... 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers... 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed... 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 NONE 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... 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		X

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

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

49b		
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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

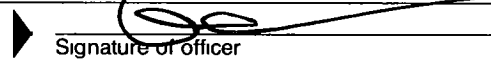
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

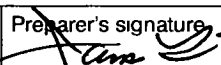
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c) 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 provided to the preparer.

Sign Here
 Signature of officer: 
 Type or print name and title: CHRISTOPHER GUELZOW

Paid Preparer Use Only
 Print/Type preparer's name: JAMES MCKAY
 Preparer's signature: 
 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 OTHER DEPOSITS 47,544

OTHER EXPENSES LINE16

FRATERNITY FEES 13758

IFC DUES 2160

RECRUITMENT 4164

SOCIAL 2377

FORMAL 980

BROTHERHOOD 894

PUBLIC RELATIONS 127

FOOD FOR MEETINGS 4439

HOUSE 9935

HOMEcoming 124

PHOTOGRAPHY 1562

SUPPLIES 526

TRAVEL 2690

NEW MEMBER 626

CHARITABLE DONATION 3795

MISCELLANEOUS EXPENSES 2796

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	05-31-2013
Name of Organization				Employer Identification Number
PI KAPPA ALPHA FRATERNITY ZETA SIGMA				59-1178335

Primary Purpose

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

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2012 or tax period beginning 06-01-2012, and ending 05-31-2013

Name of Organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA Employer Identification Number 59-1178335

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
FABIO MAIA INTERNAL VP	30.00	0	0	0
EVAN COSGROVE EXTERNAL VP	30.00	0	0	0
RICKY BARBERA SECRETARY	30.00	0	0	0
JUSTIN LEE TREASURER	30.00	0	0	0
RYAN BRAGAN PRESIDENT	30.00	0	0	0
NATHAN ARLEDGE SERGEANT AT ARMS	30.00	0	0	0

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	05-31-2013
Name of Organization				Employer Identification Number
PI KAPPA ALPHA FRATERNITY ZETA SIGMA				59-1178335

Part V - Line 42a

Individual Name CHRISTOPHER GUELZOW
or
Business Name

Street Address 2401 RIVERVIEW DR NE

U.S. Address

Zip code 32905 City PALM BAY State FL
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (585) 919-9727

Fax Number