efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492284004034

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Short Form

Return of Organization Exempt From Income Tax

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Interna	al Reven	ue Service							_
			year, or tax year beginning 06-01-2013	, and ending 05-31	L-2014				
_					D Emplo	yer ide	entification number		
Address change		-	Number and street (or P O box, if mail is not delivered	f mail is not delivered to street address \\ \Peam/sute			59-1178335		
	nıtıal re		2401 RIVERVIEW DR NE	to street address) Room/	suite		E Telepho	one nur	nber
	emına							(585)	919-9727
\square	mende	d return	City or town, state or province, country, and ZIP or fore PALM BAY, FL 32905	ıgn postal code			F Group E Numbe		ion ▶ 0355
Δ	pplicati	on pending	TABLEM, TE 32303				Numbe		F 0355
I W J Tax	ebsite x-exem	npt status(check o	Cash Accrual Other (specify) •			required	vifth to attach 0,990-E	Sche	
			Corporation Trust TAssociation TO						
			b, to line 9 to determine gross receipts If gross or more, file Form 990 instead of Form 990-EZ		000 or i	more, or		sets (41,46	
_	art I		Expenses, and Changes in Net Asse		ces (s	ee the in			
		Check if the	organization used Schedule O to respond to an	y question in this Pai	t I				
	1		gifts, grants, and similar amounts received					11	
	2		ce revenue including government fees and cont					2	
	3	_						3	137,141
	4	Investment inc						4	· · · · · · · · · · · · · · · · · · ·
	5a	Gross amount	from sale of assets other than inventory					H	
۵	b				. 5b			1 1	
Revenue	ء ا		from sale of assets other than inventory (Subtra					5c	
Š	6		ning and fundraising events						
	ر ا	_	from gaming (attach Schedule G if greater than	\$15,000)	1.1				
	"				. 6a			∤ 	
	Ь		from fundraising events (not including \$ ng events reported on line 1) (attach Schedule 0		ons	•			
		sum of such gr	ross income and contributions exceeds \$15,00	0)	6b			↓	
	c				- 6с]	
	d	Net income or	(loss) from gaming and fundraising events (add	lines 6a and 6b and	subtrac	t line 6 c)	6d	
	7a	Gross sales of	inventory, less returns and allowances		. 7a]	
	ь	Less cost of g	goods sold		. 7b]	
	c	Gross profit or	(loss) from sales of inventory (Subtract line 7b	from line 7a) .				7c	
	8	O ther revenue	(describe in Schedule O)					8	4,321
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				•	9	141,462
	10	Grants and sin	nılar amounts paıd (lıst ın Schedule O)					10	
15.65	11	Benefits paid t	o or for members					11	
	12	Salaries, other	compensation, and employee benefits .					12	
	13	Professional fe	es and other payments to independent contrac	tors				13	
	14	Occupancy, re	ent, utilities, and maintenance					14	94,420
Ë	15	Printing, public	cations, postage, and shipping					15	
	16	Otherexpense	es (describe in Schedule O)					16	70,342
	17	Total expenses	s. Add lines 10 through 16				►	17	164,762
	18	Excess or (def	icit) for the year (Subtract line 17 from line 9)					18	-23,300
Net Assets	19	Net assets or	fund balances at beginning of year (from line 27	, column (A)) (must a	agree w	ıth			
Ą		end-of-year fig	gure reported on prior year's return)					19	45,490
ž	20	O ther changes	s in net assets or fund balances (explain in Scho	edule O)				20	
	21	Net assets or	fund balances at end of year Combine lines 18	through 20			🕨	21	22,190
	<u> </u>		· · · · · · · · · · · · · · · · · · ·					1 1	<u> </u>

Check if the organization used		any question in this P	art II	<u></u>	<u> </u>
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			45,490	22	22,190
23 Land and buildings				23	
24 Other assets (describe in Schedule O				24	
25 Total assets			45,490	25	22,190
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 c	of column (B) must agree w	th line 21)	45,490	27	22,190
Part III Statement of Program Check if the organization use	d Schedule O to respond to				Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt DEVELOPING MEN OF INTEGRITY INTE	LLECT AND HIGH MORAL NCE			org 49	anizations and section 47(a)(1) trusts, tional for others)
Describe the organization's program servior measured by expenses In a clear and conbenefited, and other relevant information for	cise manner, describe the				,
28 None (Grants \$) If th	ıs amount ıncludes foreıgn	grants, check here .	▶┌	28a	
29					
(Grants \$) If th	ıs amount ıncludes foreıgn	grants, check here .	▶┌	29a	
30					
(Grants \$) If th	ıs amount ıncludes foreıgn	grants, check here .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If th	hedule O) is amount includes foreign	grants, check here	. .	31a	
32 Total program service expenses (add lin	nes 28a through 31a) .		<u></u>	32	
Part IV List of Officers, Directors, True Check if the organization used					
					·
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amoun of other compensation
See Additional Data Table					
	+				

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			Yes	No
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	33		No
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. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a				
	section 4911 •, section 4912 •, section 4955 •			
b	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? If "Yes," complete Schedule L, Part I	40b		
c	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			
d	Section 501(c)(3) and 501(c)(4) organizations 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		
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Facility CHRISTOPHER GUELZOW Telephone no	<u>(58</u>	5)919	-9727
	Located at ▶ 2401 RIVERVIEW DR NE PALM BAY, FL ZIP + 4	► _ 32	2905	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		
	If "Yes," enter the name of the foreign country 🛌			
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			▶┌
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 4

No

No

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

Firm's address > 3140 SUNTREE BLVD

► HRB TAX GROUP INC

ROCKLEDGE, FL 32955

Firm's name

Preparer

Use Only

Additional Data

Software ID: Software Version:

EIN: 59-1178335

Name: PI KAPPA ALPHA FRATERNITY ZETA SIGMA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ORON BADER INTERNAL VP	30 00	0		
JONAS FUGLAS EXTERNAL VP	30 00	0		
RICKY BARBERA SECRETARY	30 00	0		
CHRISTOPHER GUELZOW TREASURER	30 00	0		
KELVIN HANSON SEARGEANT AT ARMS	30 00	0		
EVAN COSGROVE PRESIDENT	30 00	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
COLLEDIN E O		

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93492284004034

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization PI KAPPA ALPHA FRATERNITY ZETA SIGMA	Employer identification number
PI KAPPA ALPHA FRATEKNITT ZETA SIGMA	
	59-1178335

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PAGE 1,LINE 8	