

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2017**

**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** JUNE 01 , 2017, and ending MAY 31 , 20 18

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **ht**  
**ZETA SIGMA CHAPTER OF THE PI KAPPA ALPHA FRATERNITY**  
 Number and street (or P O box, if mail is not delivered to street address) **ht** Room/suite  
**2401 RIVERVIEW DR NE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**PALM BAY FL 32905** **07**

**D** Employer identification number **ht**  
 59-1178335

**E** Telephone number  
 (720) 201-2660

**F** Group Exemption Number ▶ **ht** 0355

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

**I Website:** ▶ N/A

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

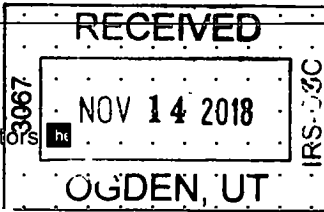
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 144,915

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

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

|            |  | 1  |            |
|------------|--|--|------------|
| 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  | 3 144,915  |
|            | 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)  | 5c         |
|            | 6  | Gaming and fundraising events  |            |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a         |
| b          | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b   |            |
| c          | Less: direct expenses from gaming and fundraising events   | 6c   |            |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d   |            |
| 7a         | Gross sales of inventory, less returns and allowances  | 7a   |            |
| b          | Less: cost of goods sold   | 7b   |            |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c   |            |
| 8          | Other revenue (describe in Schedule O)   | 8  |            |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9 144,915  |            |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10         |
|            | 11   | Benefits paid to or for members  | 11         |
|            | 12   | Salaries, other compensation, and employee benefits <b>ht</b>  | 12         |
|            | 13   | Professional fees and other payments to independent contractors <b>ht</b>  | 13         |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14 95,380  |
|            | 15   | Printing, publications, postage, and shipping  | 15         |
|            | 16   | Other expenses (describe in Schedule O) <b>ht</b>  | 16 64,098  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   | 17 159,478   |            |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18 -14,563 |
|            | 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 29,522  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20         |
|            | 21   | <b>Total net assets or fund balances at end of year.</b> Combine lines 18 through 20   | 21 14,959  |



SCANNED DEC 13 2018

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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 [X]

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. Otherwise, explain the change on Schedule O (see instructions)
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)?
35b. If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c. 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
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
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
39a. Section 501(c)(7) organizations. Enter: 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), 501(c)(4), and 501(c)(29) 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
40c. Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Form 8886-T
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.: ZIP + 4: Located at:
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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c. At any time during the calendar year, did the organization maintain an office outside the United States? 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: 43
44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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? If "No," provide an explanation in Schedule O: N/A
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

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

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

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 | (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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each received more than \$100,000 of compensation from the organization

52 Did the organization complete Schedule A? Note: All 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: *Nicholas Assante*

NICHOLAS ASSANTE, Treasurer

Paid Preparer Use Only

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_

Firm's name: \_\_\_\_\_

Firm's address: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above?  Yes  No

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

ZETA SIGMA CHAPTER OF THE PI KAPPA ALPHA FRATERNITY

Employer identification number

59-1178335

PART I LINE 16 - BROTHERHOOD 3,386

PART I LINE 16 - OMEGAFI COLLECTION FEES 7,237

PART I LINE 16 - COMPOSITE 3,255

PART I LINE 16 - CONFERENCE 3,555

PART I LINE 16 - EXECUTIVE EXPENSES 134

PART I LINE 16 - FORMAL 4,442

PART I LINE 16 - FRATERNITY FEES 17,739

PART I LINE 16 - IFC DUES 1,366

PART I LINE 16 - MISCELLANEOUS 2,788

PART I LINE 16 - PHILANTHROPY 2,180

PART I LINE 16 - PUBLIC RELATIONS 203

PART I LINE 16 - RECRUITMENT 9,016

PART I LINE 16 - SCHOLARSHIP 50

PART I LINE 16 - SOCIAL 1,301

PART I LINE 16 - STEWARD 7,321

PART I LINE 16 - TAX PREP 125

ATTACHMENT #1: 990-EZ PAGE 2, PART III

PRIMARY EXEMPT PURPOSE:

DEVELOPING MEN OF INTEGRITY INTELLECT AND HIGH MORAL CHARACTER AND FOSTERING TRULY

LIFELONG FRATERNAL EXPERIENCE

|   |  |
|---|--|
| Name of the organization<br>ZETA SIGMA CHAPTER OF THE PI KAPPA ALPHA FRATERNITY | Employer identification number<br>59-1178335 |
|---|--|

ATTACHMENT #2: 990-EZ PAGE 2, PART III

PROGRAM SERVICE ACCOMPLISHMENTS:

CONDUCTED SUCCESSFUL RUSH ACTIVITY TO GAIN NEW MEMBERS. ATTENDED ALL HIGHER LEVEL  
FRATERNITY MEETINGS AND ACTIVITIES. CONDUCTED SUCCESSFUL SOCIAL ACTIVITIES INCLUDING  
INCLUDING FIFTY YEAR REUNION FOR ALL ALUMNI AT NEW CHAPTER HOUSE.

ATTACHMENT #3: 990-EZ PAGE 3, PART V, LINE 42A

BOOKS ARE IN CARE OF:

INDIVIDUAL NAME: NICHOLAS ASSANTE

STREET ADDRESS: 2401 RIVERVIEW DR NE

U.S. ADDRESS (CITY, STATE, ZIP): PALM BAY FL 32905

PHONE NUMBER: (720) 201-2660