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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>ORGANIZED TO MEET MEMBERS RECREATION AND SOCIAL NEEDS</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> PROVIDED FOR THE SOCIAL, RECREATIONAL, BOARD AND COMMON FACILITIES FOR MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	144,323	
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>		
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>		
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	144,323	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(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
See Additional Data Table				

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 . . . . .

33

No

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 . . . . .

34

No

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 6033(e) notice, reporting, and proxy tax requirements? . . . . .

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction 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

0

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 unpaid at the start of the period covered by this return? . . . . .

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9 . . . . .

39a

0

b

Gross receipts, included on line 9, for public use of club facilities . . . . .

39b

0

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

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ BEN BINKLEY Telephone no ▶ (662) 418-7885

PO BOX GT

Located at ▶ MISSISSIPPI STATE, MS ZIP + 4 ▶ 39762

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)?

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**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

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

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

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

No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating 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?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
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 are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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 any knowledge.			
	***** Signature of officer		2010-05-17 Date	
Paid Preparer's Use Only	BEN BINKLEY, TREASURER Type or print name and title			
	Preparer's signature	Kristy A Tunnell CPA	Date	2010-05-11
	Check if self-employed		<input type="checkbox"/>	
	Preparer's PTIN (See Gen. Inst. X)			
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	T E LOTT & COMPANY CPAs PO BOX 80282			
	STARKVILLE, MS 397590282		Phone no. (662) 323-1234	
May the IRS discuss this return with the preparer shown above? See instructions.				

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

☒ Yes

☐ No

Additional Data

Software ID:

Software Version:

EIN: 64-0350034

Name: PI KAPPA ALPHA FRATERNITY GAMMA THETA

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
TORREY MCKEOWN PO BOX GT MISSISSIPPI STATE, MS 39762	PRESIDENT 0 00	0	0	0
CARSON WILKINS PO BOX GT MISSISSIPPI STATE, MS 39762	TREASURER 0 00	0	0	0
JONATHON DICKERSON PO BOX GT MISSISSIPPI STATE, MS 39762	EXTERNAL VICE PRESIDENT 0 00	0	0	0
MATT ARMSTRONG PO BOX GT MISSISSIPPI STATE, MS 39762	INTERNAL VICE PRESIDENT 0 00	0	0	0
JORDAN PERRY PO BOX GT MISSISSIPPI STATE, MS 39762	SECRETARY 0 00	0	0	0

**TY 2008 Other Expenses Schedule****Name:** PI KAPPA ALPHA FRATERNITY GAMMA THETA**EIN:** 64-0350034

Description	Amount
Bank Charges	213
Donations	50
Dues	16,497
Food	33,652
Office Supplies	5,218
Payroll taxes	3,026
Pest Control	165
Pictures/Composites	3,251
Postage & Shipping	87
Repairs & Maintenance	3,200
Rush & Social	27,569
Supplies	2,656
Shirts	5,676
Travel	492
Utilities	31,011

TY 2008 Other Liabilities Schedule

**Name:** PI KAPPA ALPHA FRATERNITY GAMMA THETA

**EIN:** 64-0350034

Description	Beginning of Year Amount	End of Year Amount
Other liabilities-EZ	445	591