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DLN: 93493050004055

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

			endar year, or tax year beginning C Name of organization	g 07-01-2013 , 2013, and endi	ng 06-30	-2014	D Employ	er ide	ntification number
	еск іт а dress ch	ipplicable hange	Pı Kappa Alpha Fraternity				_ 58-14		
— _{Na}	me cha	inge	Doing Business As				30-14	4072	J
– _{Inr}	tıal retu	ım	Number and street (or P O box if r	nail is not delivered to street address)	Room/suite		E Telepho	no num	hor
– _{Те}	rmınate	ed	P O Box 370	,	,				
– _{Am}	nended	return	City or town, state or province, cou	ntry, and ZIP or foreign postal code			(870)	513-6	0011
— _{Ар}	plication	n pending	STATE UNIVERSITY, AR 72467				G Gross re	ceipts	\$ 115,173
			F Name and address of prii	ncıpal officer		H(a) Is t	:hıs a group	return	for
			DAVID WOFFORD PO BOX 370			sub	ordinates?		┌ Yes ┌ No
			State University, AR 72467	7		H(b) A re	all subordir	nates	┌ Yes 🗸 No
. Ta	v-even	npt status		(insert no) 4947(a)(1) or 52	77		luded?	a liet	(see instructions)
		<u> </u>		(insert no) 4947(a)(1) or 52	27				
		e:► N/A				H(c) Gr	oup exempti	on nur	mber ► 0355
			Corporation Trust Association	on Other 🕨		L Year of	formation 194	8 M	State of legal domicile AR
Pa	rt I	Sum	mary						
ance		Рі Карра	escribe the organization's mission a Alpha is dedicated to developing experience	ng men of integrity intellect and	hıgh mor	al charact	er and to fos	tering	a truly lifelong
Governance	2	Check th	nis box 🕶 if the organization di	scontinued its operations or dis	posed of	more than	25% of its	net as	sets
			,					ı	1
ACTIVITIES &			-	ning body (Part VI, line 1a) .				3	75
Ě				of the governing body (Part VI, I calendar year 2013 (Part V, line				<u>4</u> 5	0
Į.				necessary)				6	5
-			·	art VIII, column (C), line 12 .				7a	0
	ь	Net unre	lated business taxable income f	from Form 990-T, line 34				7b	
						Pr	ior Year		Current Year
а.	8	Contri	butions and grants (Part VIII, li		81,6	39	115,173		
Revenue	9			ıne 2g)					0
36	10		tment income (Part VIII, column			0			
_	11 12		, , , , , , , , , , , , , , , , , , , ,	, lines 5, 6d, 8c, 9c, 10c, and 11 . (must equal Part VIII, column :					0
	12						81,6	39	115,173
	13			IX, column (A), lines 1-3) .					0
	14			IX, column (A), line 4)					0
88	15	Saları 5–10)		ee benefits (Part IX, column (A),	, lines				0
Expenses	16a	Profes	sional fundraising fees (Part IX,	, column (A), line 11e)					0
ੜੇ	ь	Total fu	ındraısıng expenses (Part IX, column (D)), line 25) ▶ -0					
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)			84,5	33	116,307
	18			st equal Part IX, column (A), line			84,5	_	116,307
, an	19	Reven	ue less expenses Subtract line	18 from line 12	<u> </u>	_	-2,8		-1,134
Net Assets or Fund Balances						Beginni	ng of Curren Year	ונ	End of Year
9889 888	20	Total	assets (Part X, line 16)				1,6	04	3,993
2 E	21	Total	liabilities (Part X, line 26)						0
	22			line 21 from line 20			1,6	04	3,993
Jnde ny k	nowled arer ha	alties of dge and as any ki	belief, it is true, correct, and cor nowledge ** ature of officer	amined this return, including acc		an officer) i			
	-		D WOFFORD TREASURER or print name and title						
			Print/Type preparer's name ENNIFER PRIMM	Preparer's signature	Da		heck I if	PTIN P00452	2628
Pai		F	Firm's name	<u> </u>	1 20.	30	elf-employed ım's EIN 🟲	1 00432	
	pare	er 📙						025 1	272
ler	n	1v	rım's address 🟲 500 W MONROE			I PI	hone no (870)	935-4.	0/2

JONESBORO, AR 72401

May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

age	2
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Pai	rt III			complishments note to any line in this Part III		·
1	Brief	ly describe the organization	n's mission			
	appa Al erience		pping men of integrit	y intellect and high moral chara	icter and to fostering a truly lif	elong fraternal
2				ram services during the year wl		┌ Yes ┌ No
		es," describe these new se				
3	servi	ces?		nificant changes in how it cond · · · · · · · · · ·	ucts, any program	┌ Yes ┌ No
	If "Y∈	es," describe these change	es on Schedule O			
4	exper		nd 501(c)(4) organiz	plishments for each of its three zations are required to report th ogram service reported		
4a	(Code	e) (Exp	enses \$ 2	20,313 including grants of \$) (Revenue \$	20,313)
	ORGA MEMI	ANIZATION PROVIDED MULTIPLE BERS, ALUMNI AND COMMUNITY	OPPORTUNITIES TO SEE	K OUT THEIR MISSION TO PROMOTE CIPATED IN MULTIPLE SOCIAL EVENTS FELLOW FRATERNITIES AND SORORI	THEIR FRATERNITY AS WELL AS TO E THAT PROVIDED A MEANS TO DONAT	NGAGE WITH OTHER
4b	(Code	e) (Exp	enses \$	including grants of \$) (Revenue \$)
4c	(Code	е) (Ехр	enses \$	including grants of \$) (Revenue \$)
4d		er program services (Desc	·			
	(Exp	penses \$	including gra	ants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20		No

аI	Check if Schedule O contains a response or note to any line in this Part V			г
	Check if Schedule O contains a response of note to any fine in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	4a		N.
	account)?			N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tay cholter transaction at any time during the tay year?	Ea		N
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Door the organization have applied gross rescents that are normally greater than \$100,000 and doubt	-		, ,
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	' '		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

36	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14		No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b		No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b		No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b		No No No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►DAVID WOFFORD 1106 N UNIVERSITY LOOP
 State University, AR 72467 (870) 926-8653

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Landon McCrary	10 00			Х				0	0	O
INTERNAL VP (FALL)								O .	0	C
(2) Nick Byrd	10 00			Х				0	0	C
President (FALL AND SPRING)				^				U	U	·
(3) Landon McCrary	10 00			Х				0		C
TREASURER (SPRING)		L		L^	L	L			0	
(4) Jordan Johnston	10 00			,,					0	
External VP (FALL)				Х				0	0	C
(5) Michael Strack	10 00			,,						
New Member Ed (FALL)				Х				0	0	C
(6) James Bond	10 00			х				0	0	C
Treasurer (Summer) (7) Jakob Eliason	10 00									
	10 00			х				0	0	C
Treasurer (FALL) (8) MICHAEL STRACK	10 00				_	-				
	10 00			х				0	0	C
INTERNAL VP (SPRING) (9) CHASE HALBROOK	10 00									
•	10 00			х				0	0	C
EXTERNAL VP (SPRING) (10) AUSTIN HALES	10.00			\vdash	\vdash					
	10 00			х				0	0	C
NEW MEMBER ED (SPRING) (11) JARED BURKS	10.00									
	10 00			х				0	0	C
SECRETARY (FALL AND SPRING)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion (han d on is	one I both	box, an c r/trus	officer stee)		(D) Report compen from organizat 2/1099-	table sation the tion (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	,_	(F) Estima mount of compens from t rganizati	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee						relate organiza	ed			
								Ļ						
1b	Sub-Total				•			•						
C	Total from continuation sheet	•			•	•	•							
d 	Total (add lines 1b and 1c). Total number of individuals (in							- N	ho received	d more th	lan.			
_	\$100,000 of reportable compe					113 (6)	u abov	C) W	ilo received	a more ti	1411			
													Yes	No No
3	Did the organization list any f e					key	emplo	yee	, or highest	compen	sated employee			
	on line 1a? If "Yes," complete S					•		•				3		No
4	For any individual listed on lin- organization and related organ													
	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
	antan produce to the										ı		•	
1	ection B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co (A)	ompens	atıon	for	the c	alend	arye	ear ending v T	with or wi	thin the organizat (B)	ion's '	tax year (C	
	N	lame and business	address							Des	scription of services	\perp	Comper	
												+		
												\dashv		
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part V	Ш	Statement of Revenue Check if Schedule O contains a response or note to any li	no in this Bart VIII			Г
		Check if Schedule O Contains a response of note to any if	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 20	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b 115,173				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c				
	d	Related organizations 1d				
īa iia						
ıns, Sim	е					
1110 er (f	All other contributions, gifts, grants, and similar amounts not included above				
tributic Other	g	Noncash contributions included in lines				
Cont and (h	1a-1f \$ Total. Add lines 1a-1f	115,173			
<u>೨೯</u>	-"		113,173			
e III	2-	Business Code				
Program Serwce Revenue	2a					
9E	b					
, M.C.	C					-
Se Se	d					-
'an	e f	All other program service revenue				
rogi	'					
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	Ь	Less cost or other basis and				
	С	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
		Gross income from fundraising				
ne		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
Be.		See Part IV, line 18				
er		a				
井	Ь	Net income or (loss) from fundraising events				
•		Gross income from gaming activities				
		See Part IV, line 19				
	_	a				
	Ь	Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances .				
	_	a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
	11a	Ensure Dustiless Code				
	b					
	C					
	d	All other revenue				
		Total. Add lines 11a-11d				
		Total revenue See Instructions				
	14	THE ALTERVATURE SERVICE TO THE SERVICE				

	990 (2013)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizat	ione must com	olete column (A.)	
36000	Check if Schedule O contains a response or note to any line in this				F
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		СХРСПЭСЭ	денега ехрепосо	Скрепосо
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				_
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	370		370	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				_
14	Information technology				
15	Royalties				
16	Occupancy	5,483		5,483	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUPPLIES	3,113		3,113	
ь	POSTAGE	148		148	
c	PRINTING	12		12	
d	SOCIAL EVENTS	13,570	13,570		
e	All other expenses	93,611	6,743	86,868	
25	Total functional expenses. Add lines 1 through 24e	116,307	20,313	95,994	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		_5,535	33,331	

art X	Balance Sheet	

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,604	1	3,993
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	у	5	
əts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	rs	6	
Assets	7	Notes and loans receivable, net		7	
₫	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,604	16	3,993
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(A)	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	36	D	0	25 26	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ъ Ф		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets		27	
<u>~</u>	28	Temporarily restricted net assets		28	
_	29	Permanently restricted net assets		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
o .a	30	Capital stock or trust principal, or current funds		30	
ė ė	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ă.	32	Retained earnings, endowment, accumulated income, or other funds	1,604	32	3,993
ž	33	Total net assets or fund balances	1,604	33	3,993
Z	34	Total liabilities and net assets/fund balances	1,604	34	3,993

Form	990	(2013)
Par	t XI	Rec

Page **12**

Par	t XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		:	115,173
2	Total	expenses (must equal Part IX, column (A), line 25)	2		:	116,307
3	Reven	ue less expenses Subtract line 2 from line 1	3			-1,134
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,604
5	Net ur	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			
10	Net as colum	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10			3,993
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. F
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were t	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed o	n		
	Γs	eparate basis				
b	Were t	the organization's financial statements audited by an independent accountant?		2b		No
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	Γs	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			
3a		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	е	За		
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

	Employer identification number
Pı Kappa Alpha Fraternity	
	58-1446726

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAGE 2, PART III	
PAGE 10, LINE 24	OTHER EXPENSES RENT \$59,980 COMPOSITE PICTURES \$406 MEMBERSHIP FEES AND DUES \$24,247 DONA TIONS \$6,743 BANK FEES \$33 CHARGE BACK TO MEMBERS \$2,202

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493050004055

2013

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

Employer identification number

58-1446726

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Pı Kappa Alpha Fraternity

Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" on	i Form 990, P	art IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	s	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		he organization ar	swered "Yes"	on Form 990,	Part IV,	, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection (e Public char (if section 5) ity status 601(c)(3))	(f) Direct controlling entity	Section (13) co	
							Yes	No
(1) The Pi Kappa Alpha Fraternity National Headquarters 8347 west range cove	Membership dues and assessments are paid for maintenance & upkeep	TN				N/A		No
Memphis, TN 38125								

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No]	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end- year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
					1	<u> </u>			_		Yes		No
					_	+			_				+

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related o	organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	O ther transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin (a)		(c)	(d)			
	Name of related organization	(b) Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved	
							

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

DLN: 93493050004055 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** DO NOT CARRY Name(s) shown on return Pi Kappa Alpha Fraternity 58-1446726 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,600,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 294 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property See Add'l Data d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 549 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	<u>nforma</u>	tion (C	aution	: See :	the ir	<u>ารtru</u>	ctions	for lir	nits i	for pa	isseng	<u>er au</u>	<u>tomot</u>	<u>iles.</u>
24a Do you have eviden	ce to support t	he business/inv	estment us	se claimed	∘ F _{Yes}	Гио			24b If "	Yes," ıs	the ev	idence	written?	Гүе	₅ Г _{ис}	,
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost of ba		Basis for (busines use			(f) Recove period	' I	(g) lethod/ nvention		(h Deprec dedu	iation/		(i) Electe section cost	179
25Special depreciation allo			rty placed	ın service d	during the	tax year	and us	sed m	ore than							
50% in a qualified busi	•									25						
26 Property used more	e than 50% I	ın a qualıfıed %	business	use	T											
		%									+			+		
		%														
27 Property used 50%	orless in a		iness us	e					la (i							
		%							S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on Iır	ne 21,	page :	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and o	n line 7,	page 1								29			
				—Infor												
Complete this section f you provided vehicles to														se vehir	lec	
					a))	T	(c)	Completi		1)		e)		f)
30 Total business/inv year (do not includ			ng the •	Vehi	•	Vehi	•	+	/ ehicle	3	Vehi	•	Vehi	•		icle 6
31 Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y	ear Add line	s 30													
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho														<u> </u>		
35 Was the vehicle us owner or related p	sed primarily	by a more th	nan 5%													
36 Is another vehicle	available fo	r personal us	e? .													
Section in swer these question with the sequestrong the sequential	ns to determ		et an exc												not mo	re th
37 Do you maintain a employees?	written police	y statement	that prof	nibits all i	personal 	use of	vehic	les,	ncludi	ng com	mutin	g, by • •	your	Y	es	No
38 Do you maintain a employees? See th	he instructio	ns for vehicle	es used b	y corpora	ate office							your •				
39 Do you treat all us	e of vehicles	s by employe	es as per	rsonal us	e?			•	• •			•		\vdash		
40 Do you provide mo vehicles, and reta				oyees, ol	otaın ınfo	rmatio • •	n from	n you •	r empl	oyees a	about • •	the us	e of	L		
41 Do you meet the r	equirements	concerning	jualified a	automobi	le demor	nstratio	n use	? (Se	e insti	ruction	s).					
Note: If your answ	<i>e</i> r to 37, 38	, 39, 40, or 4	1 is "Yes	s," do not	t comple	te Sect	ion B	for tl	ne cov	ered ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	osts	(b) Date amortization begins	n	(c A mort a mo	ızable		С	(d) ode ction		(e) mortiz period percent	atıon I or			(f) rtızatı hıs ye:		
42 A mortization of co	sts that beg	ııns durıng yo	ur 2013	tax year	(see inst	truction	ns)									
	T	<u> </u>		•	<u> </u>				Т							
43 Amortization of co	sts that bed	an before voi	ır 2013 t	ax year						T	43	1				
44 Total Add amount	_	•					- '	-		· · ·	44					

Additional Data

Software ID: Software Version:

EIN: 58-1446726

Name: Pi Kappa Alpha Fraternity

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
c 7-year property		589	7 0	HY	200 DB	84
c 7-year property]	1,200	7 0	HY	200 DB	171