

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form 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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
PI KAPPA ALPHA FRATERNITY
ETA UPSILON CHAPTER
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1108 GREEK ROW DRIVE
City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, TX 76013

D Employer identification number
06-1738189
E Telephone number
(682) 401-2217
F Group Exemption Number ▶ 0355

G Accounting Method: Cash Accrual Other (specify) ▶ _____
I Website: ▶ UTAPIKES.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ 57,836

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	57,836
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,836	

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	12	
	13 Professional fees and other payments to independent contractors	13	2,936
	14 Occupancy, rent, utilities, and maintenance	14	40,000
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	20,465
17 Total expenses. Add lines 10 through 16	17	63,401	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,565	
Net Assets	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	12,978
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,413

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of RITCHIE JOSEPH Telephone no. (682) 401-2217
Located at 815 W ABRAM STREET ARLINGTON, TX ZIP + 4 76013

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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.	46	No

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	2020-11-13 Date
RITCHIE JOSEPH TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ELIZABETH BREWER	Preparer's signature	Date 2020-11-15	Check <input type="checkbox"/> if self-employed	PTIN P02313153
	Firm's name ▶ GREEK RESOURCE SERVICES LLC			Firm's EIN ▶	
	Firm's address ▶ PO BOX 1880 TUSCALOOSA, AL 354031880			Phone no. (205) 758-7754	

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

Additional Data

Software ID:

Software Version:

EIN: 06-1738189

Name: PI KAPPA ALPHA FRATERNITY
ETA UPSILON CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROVIDED MEALS, HOUSING, AND SOCIAL PROGRAMS TO THE LOCAL MEMBERS OF THE NATIONAL COLLEGIATE SOCIAL FRATERNITY.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TYLER COOK ALUMNI REL C	000.00	0		
JASON ANDERSON ATHLETICS CH	000.00	0		
BAILEY ALBERT BROTHERHOOD	000.00	0		
BRYCE MOREHEAD CAMPUS INVOL	000.00	0		
ALAN CALVAILLO EXTERNAL VP	000.00	0		
ANDREW KING FUNDRAISING	000.00	0		
OSCAR TAVARES HEALTH & SAF	000.00	0		
BRYCE MOREHEAD HISTORIAN	000.00	0		
ADRIAN ZAMORA HOUSE MANAGE	000.00	0		
CRISTIAN MARCELENO MEMBER AT-LA	000.00	0		
NICHOLAS CHIN PHILANTHROPY	000.00	0		
ZACHARY STORY PRESIDENT	000.00	0		
JESSE BUNN PR CHAIRMAN	000.00	0		
ENRIQUE FLORES RECRUITMENT	000.00	0		
ANDRES PIMENTEL SCHOLARSHIP	000.00	0		

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

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RYAN LARRISON SECRETARY	000.00	0		
FABIAN VARGAS SERGEANT AT	000.00	0		
JACKSON GRIMES CHAPTER EVEN	000.00	0		
ANGEL ESPINOZA NM EDUCATOR	000.00	0		
BRADY FLETCHER VP MEMBERSHI	000.00	0		
RITCHIE JOSEPH TREASURER	000.00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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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 for the latest information.

Department of the Treasury

Name of the organization
PI KAPPA ALPHA FRATERNITY
ETA UPSILON CHAPTER

Employer identification number

06-1738189

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES 2,000 OPERATING EXPENSES 13,116 OTHER 2,000 FOOD & KITCHEN EXP 2,000 MERCHANT FEES 1,349 TOTAL 20,465

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PI KAPPA ALPHA IS DEDICATED TO DEVELOPING MEN OF INTEGRITY, INTELLECT, AND HIGH MORAL CHARACTER AND TO FOSTERING A TRULY LIFELONG FRATERNAL EXPERIENCE.