

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 black lung
benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2012
Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 06/01/12, and ending 05/31/13

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ZETA PSI FRATERNITY OF NORTH AMERICA INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 649 City, town or post office, state, and ZIP code NANUET NY 10954	D Employer identification number 13-1496630 E Telephone number 845-735-1847 G Gross receipts\$ 655,151
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: N/A		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOCIAL MEMBERSHIP ORGANIZATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	36,161
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 29,040	Current Year 29,087
	9 Program service revenue (Part VIII, line 2g)	574,102	588,632
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,439	35,265
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	606	1,593
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	605,187	654,577
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		100,850	150,810
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		491,257	475,650
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	592,107	626,460	
19 Revenue less expenses. Subtract line 18 from line 12	13,080	28,117	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 660,512	End of Year 704,281
	21 Total liabilities (Part X, line 26)	33,840	49,492
	22 Net assets or fund balances. Subtract line 21 from line 20	626,672	654,789

Part II Signature Block

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.

Sign Here	Signature of officer M DAVID HUNTER Type or print name and title	Date EXECUTIVE DIRECTOR
	Print/Type preparer's name RICHARD J SIEGLER CPA	Preparer's signature 10/08/13
Paid Preparer Use Only	Firm's name RICHARD J. SIEGLER CPA 3645 Foxchase Dr Clermont, FL 34711	Firm's EIN 845-519-9220

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No