

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.

A For the 2010 calendar year, or tax year beginning **06/01/10**, and ending **05/31/11**

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.		D Employer identification number 13-1496630
	Doing Business As		E Telephone number 845-735-1847
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 649	Room/suite	
	City or town, state or country, and ZIP + 4 NANUET NY 10954		G Gross receipts \$ 597,060
F Name and address of principal officer:		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)	
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			
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 2010 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	40,873
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	158,213	26,128
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	519,095	526,306
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,575	39,316
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,517	1,627
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	699,400	593,377
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,559	89,356
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	437,502	479,834
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	536,061	569,190	
19 Revenue less expenses. Subtract line 18 from line 12	163,339	24,187	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	605,498	619,628
	22 Net assets or fund balances. Subtract line 21 from line 20	16,093	6,036
		589,405	613,592

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	Date 10-3-11			
	Type or print name and title EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J SIEGLER CPA	Preparer's signature	Date 09/28/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00691679
	Firm's name ▶ RICHARD J. SIEGLER CPA 11 SUNFISH LANE	Firm's EIN ▶	Phone no. 845-782-3840		
Firm's address ▶ MONROE, NY 10950					

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

For Paperwork Reduction Act Notice, see the separate instructions.