

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)

- ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2003
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 9/1/2003 **and ending** 8/31/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE		D Employer identification number 59-1232120
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 120 ORMOND AVE		E Telephone number (321) 956-3113
		City, town, or country State ZIP + 4 INDIALANTIC FL 32903	F Group Exemption Number . . . ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

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

J Organization type (check only one)— 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 72,198

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	344
5a	Gross amount from sale of assets other than inventory	5a	0
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe ▶ See attached statement)	8	71,854
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	72,198
10	Grants and similar amounts paid (attach schedule)	10	0
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	210
14	Occupancy, rent, utilities, and maintenance	14	12,197
15	Printing, publications, postage, and shipping	15	507
16	Other expenses (describe ▶ See attached statement)	16	21,597
17	Total expenses (add lines 10 through 16) ▶	17	34,511
18	Excess or (deficit) for the year (line 9 less line 17)	18	37,687
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	69,457
20	Other changes in net assets or fund balances (attach explanation)	20	1,590
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	108,734

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,503	22 82,324
23	Land and buildings	115,338	23 108,457
24	Other assets (describe ▶)	0	24 0
25	Total assets	156,841	25 190,781
26	Total liabilities (describe ▶ See attached statement)	87,384	26 82,047
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,457	27 108,734

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? PROVIDING COLLEGE STUDENT HOUSING			
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.			
28	ALL EXPENSES WERE TO PROVIDE HOUSING AND SOCIAL ACTIVITIES FOR THE STUDENTS		
	(Grants \$)	28a	34,511
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32	34,511

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(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
Name BRENT DOYLE Str 2401 RIVERSIDE DR City ST ZIP	Title PRESIDENT Hr/WK 3 HOURS	0	0	0
Name DAVE MURPHY Str 2401 RIVERSIDE DR City ST ZIP	Title VICE PRESIDENT Hr/WK 2 HOURS	0	0	0
Name LOREN STRAND Str 2401 RIVERSIDE DR City ST ZIP	Title TREASURER Hr/WK 2 HOURS	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	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," attach an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶ NONE		
42	The books are in care of ▶ Name LOREN STRAND Business check here <input type="checkbox"/> Telephone no. ▶ (321) 956-3114 Located at ▶ 120 ORMOND AVE City INDIALANTIC ST FL ZIP + 4 ▶ 32903-3428		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		

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.

Loren Strand
Signature of officer
Date AUG 17, 2005

LOREN STRAND
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature *Jinda Jones* Date 8/11/2005 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) P00116467

Firm's name (or yours if self-employed), address, and ZIP + 4 H&R BLOCK PREMIUM EIN ▶ 43-1632899
800 E Merritt Island Causeway Suite 200, Merritt Island, FL Phone no. ▶ 321-449-1175

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return PI KAPPA ALPHA HOUSE FOUNDATION OF ME	Business or activity to which this form relates	Identifying number 59-1232120
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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 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions).	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	400,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	100,000
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
0		
0		
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562.	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	1,742

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2003	17	5,653
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						0
b 5-year property						0
c 7-year property						0
d 10-year property						0
e 15-year property						0
f 20-year property						0
g 25-year property			25 yrs.		S/L	0
h Residential rental property			27.5 yrs.	MM	S/L	0
			27.5 yrs.	MM	S/L	0
i Nonresidential real property			39 yrs.	MM	S/L	0
				MM	S/L	0

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	0
b 12-year			12 yrs.		S/L	0
c 40-year			40 yrs.	MM	S/L	0

Part IV Summary (see page 6 of the instructions)

21 Listed property. Enter amount from line 28	21	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	7,395
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Line 8 (990-EZ) - Other revenue

1	RENTAL INCOME	1	34,550
2	ALUMNI DONATIONS	2	37,179
3	MEMBERSHIP	3	125
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	71,854

Line 16 (990-EZ) - Other expenses

1	Fund Raising	1	
2	CORPORATE REPORT	2	61
3	FIRE MONITORING	3	731
4	FIRE SAFETY	4	
5	INTEREST	5	7,460
6	BANKING CHARGES	6	125
7	UNDERGRADUATE FUNCTIONS	7	55
8	INSURANCE	8	5,398
9	DEPRECIATION	9	6,881
10	ALUMNI FUNCTIONS	10	886
11	Total other expenses	11	21,597

Line 26 (990-EZ) - Liabilities

		Beginning	End
1	MORTGAGE ON BUILDING	87,384	82,047
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total liabilities	87,384	82,047

Line 13 for 990EZ

		Total:	210
1	TAX PREPARATION	1	210
2	FEE	2	
3		3	
4		4	
5		5	

Line 14 for 990EZ

		Total:	12,197
1	PHONE	1	543
2	WASTE DISPOSAL	2	201
3	MAINTENANCE GROUNDS	3	458
4	LAWN MOWING	4	510
5	WHOLE HOUSE MAINTENANCE	5	10,485

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2003 Current Deprec.	2003 Accum. Deprec.
MACRS deductions for prior years (Line 17)																
4	IMPROVEMENTS	10/1/1987	G	100.00%	YES	B	16,637		0	16,637	27.5	S/L-GDS	MM	7,486	605	8,091
7	WINDOWS	4/1/1990	G	100.00%	YES	B	3,691		0	3,691	27.5	S/L-GDS	MM	1,502	134	1,636
5	REFINANCE	12/6/1991	G	100.00%	YES	B	975		0	975	27.5	S/L-GDS	MM	340	35	375
9	AC	2/18/1998	D	100.00%	YES	B	6,940		0	6,940	7	200DB	HY	6,011	620	6,631
8	RENOVATION	2/18/1998	G	100.00%	YES	B	69,629		0	69,629	27.5	S/L-GDS	MM	13,926	2,532	16,458
15	AC	9/9/1999	C	100.00%	YES	B	1,320		0	1,320	5	200DB	HY	1,091	152	1,243
11	ROOF	2/9/2000	G	100.00%	YES	B	9,229		0	9,229	27.5	S/L-GDS	MM	1,655	336	1,991
10	SIDING	2/9/2000	G	100.00%	YES	B	16,220		0	16,220	27.5	S/L-GDS	MM	2,907	590	3,497
12	WINDOWS	2/9/2000	G	100.00%	YES	B	3,670		0	3,670	27.5	S/L-GDS	MM	656	133	789
14	DINING FURNITURE	5/15/2000	C	100.00%	YES	B	1,164		0	1,164	5	200DB	HY	962	134	1,096
13	HOT WATER HEATER	5/15/2000	C	100.00%	YES	B	756		0	756	5	200DB	HY	625	87	712
16	FURNITURE	11/19/2000	C	100.00%	YES	B	1,086		0	1,086	5	200DB	HY	774	125	899
17	DRIVEWAY	8/27/2001	F	100.00%	YES	B	2,207		0	2,207	15	150DB	HY	546	170	716
							133,524	0	0	133,524				38,481	5,653	44,134
ACRS and other depreciation (Line 16)																
2	BUILDING	8/1/1967	G	100.00%	YES	B	43,000		0	43,000	40	S/L-GDS	FM	36,550	1,075	37,625
3	IMPROVEMENTS	12/1/1971	G	100.00%	YES	B	24,000		0	24,000	36	S/L-GDS	MM	19,882	667	20,549
							67,000	0	0	67,000				56,432	1,742	58,174
Totals:							200,524		0	200,524				94,913	7,395	102,308