Form **990-EZ**

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 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*

OMB No 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 9/1/2004 **and ending** 8/31/2005

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
120 ORMOND AVE

City, town, or country | State | ZIP + 4
INDIALANTIC | FL | 32903

D Employer identification number
59-1232120

E Telephone number
(321) 956-3113

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: [X] Cash [ ] Accrual
Other (specify) ►

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

I Website: ►

J Organization type (check only one)— [X] 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. ► $ 87,698

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	0
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	1,633
	5 a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	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 ► [ ]				
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a	0		
	b	Less: direct expenses other than fundraising expenses	6b	0		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c	0
	7 a	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 (line 7a less line 7b)			7c	0
	8	Other revenue (describe ► See attached statement.)			8	86,065
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►			9	87,698
Expenses	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	671
	14	Occupancy, rent, utilities, and maintenance			14	2,993
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ► See attached statement.)			16	88,164
	17	**Total expenses** (add lines 10 through 16) ►			17	91,828
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18	-4,130
	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	108,734
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►			21	104,604

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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	82,324	22	94,008
23	Land and buildings	108,457	23	101,776
24	Other assets (describe ►)	0	24	0
25	**Total assets**	190,781	25	195,784
26	**Total liabilities** (describe ► See attached statement.)	82,047	26	91,180
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	108,734	27	104,604

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	ALL EXPENSES WERE TO PROVIDE HOUSING AND SOCIAL ACTIVITIES FOR THE STUDENTS (Grants $)	28a	
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	0

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 NE City ST ZIP	Title PRESIDENT Hr/WK 3 HOURS	0	0	0
Name JIM THOMAS Str 2401 RIVERSIDE DR NE City ST ZIP	Title VICE PRESIDENT Hr/WK 2 HOURS	0	0	0
Name LOREN STRAND Str 2401 RIVERSIDE DR NE 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		
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?	N/A	
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		X

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 ☐ 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* ▶ ☐
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

▶ X Loren Strand — Signature of officer — Date 2/6/06

▶ LOREN STRAND, TREASURER — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Barbara A Broderick	Date 2/3/2006	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W) P00056697
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 3		Phone no	▶ 321-449-1175

Form **4562** | Department of the Treasury Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172 | 2004 | Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
PI KAPPA ALPHA HOUSE FOUNDATION OF M		59-1232120

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	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
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 3 of the instructions	5	102,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

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 2003 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 2005. 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 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	5,139
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 ▶ ☐		

Section B - Assets Placed in Service During 2004 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						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 yrs.	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 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 instr.			22	6,881
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	0		

For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2004)

(HTA)

Part V Listed Property

(Include automobiles, certain other vehicles, cellular telephones, 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 - Depreciation and Other Information (Caution: *See page 9 of the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) . . .						25	0	
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles - See page 2 of the instructions)												
31 Total commuting miles driven during the year .												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see pg. 11 of the instructions):					
43 Amortization of costs that began before your 2004 tax year				43	0
44 **Total.** Add amounts in column (f). See page 12 of the instructions for where to report				44	0

Line 8 (990-EZ) - Other revenue

1	RENTAL INCOME	1	45,550
2	ALUMNI DONATIONS	2	6,801
3	ALUMNI DONATIONS HURRICANE FUNDS	3	3,825
4	REFUND	4	361
5	INSURANCE PROCEEDS	5	29,528
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	86,065

Line 16 (990-EZ) - Other expenses

1	Fund Raising	1	
2	BANK CHARGES	2	400
3	REPLACEMENT OF FURNITURE AND APPLIANCES	3	9,766
4	HURRICANE REPAIRS SHORELINE AND GROUNDS	4	24,770
5	INTEREST	5	6,597
6	HURRICANE REPAIRS ROOF AND EXTERIOR	6	13,666
7	UNDERGRADUATE AND ALUMNI FUNCTIONS	7	2,087
8	INSURANCE	8	6,678
9	DEPRECIATION	9	6,681
10	HURRICANE REPAIRS INTERIOR AND IMPROVEMENTS	10	17,519
11	Total other expenses	11	88,164

Line 26 (990-EZ) - Liabilities

			Beginning	End
1	MORTGAGE ON BUILDING	1	82,047	77,113
2	SB LOAN	2	0	10,000
3	ACCOUNTS PAYABLE	3	0	4,067
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11	Total liabilities	11	82,047	91,180

Form 4562 Statement - 990EZ

PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE 59-1232120

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2004 Deprec.	2004 Accum. Deprec.
Depreciation Detail														
ACRS and other depreciation (Line 16)														
2	BUILDING	8/1/1967	R-6	100.00%	43,000	0	0	43,000	40	SL/GDS	FM	37,625	1,075	38,700
3	IMPROVEMENTS	12/1/1971	R-6	100.00%	24,000	0	0	24,000	36	SL/GDS	MM	20,549	667	21,216
	Total ACRS and other depreciation (Line 16)				67,000	0	0	67,000				58,174	1,742	59,916
MACRS deductions for prior years (Line 17)														
4	IMPROVEMENTS	10/1/1987	R-6	100.00%	16,637	0	0	16,637	27.5	SL/GDS	MM	8,091	605	8,696
7	WINDOWS	4/1/1990	R-6	100.00%	3,691	0	0	3,691	27.5	SL/GDS	MM	1,636	134	1,770
5	REFINANCE	12/6/1991	R-6	100.00%	975	0	0	975	27.5	SL/GDS	MM	375	35	410
8	RENOVATION	2/18/1998	R-6	100.00%	69,629	0	0	69,629	27.5	SL/GDS	MM	16,458	2,532	18,990
9	AC	2/18/1998	F-10	100.00%	6,940	0	0	6,940	7	200DB	HY	6,631	309	6,940
15	AC	9/9/1999	F-6	100.00%	1,320	0	0	1,320	5	200DB	HY	1,243	76	1,319
10	SIDING	2/9/2000	R-6	100.00%	16,220	0	0	16,220	27.5	SL/GDS	MM	3,497	590	4,087
11	ROOF	2/9/2000	R-6	100.00%	9,229	0	0	9,229	27.5	SL/GDS	MM	1,991	336	2,327
12	WINDOWS	2/9/2000	R-6	100.00%	3,670	0	0	3,670	27.5	SL/GDS	MM	789	133	922
13	HOT WATER HEATER	5/15/2000	F-6	100.00%	756	0	0	756	5	200DB	HY	712	44	756
14	DINING FURNITURE	5/15/2000	F-6	100.00%	1,164	0	0	1,164	5	200DB	HY	1,096	67	1,163
16	FURNITURE	11/19/2000	F-6	100.00%	1,086	0	0	1,086	5	200DB	HY	899	125	1,024
17	DRIVEWAY	8/27/2001	R-4	100.00%	2,207	0	0	2,207	15	150DB	HY	716	153	869
	Total MACRS deductions for prior years (Line 17)				133,524	0	0	133,524				44,134	5,139	49,273
	Subtotal				200,524	0	0	200,524				102,308	6,881	109,189
					200,524	0	0	200,524				102,308	6,881	109,189

Form 4562 Reconciliation

Annual depreciation and amortization		6,881
Special allowance except listed property (Line 14)		0
Listed property special allowance (Line 25)		0
Section 179 deduction claimed (includes prior year disallowed)	0	
Section 179 deduction carried forward to future year	0	
Section 179 deduction (Line 12)		0
Less amortization included in total annual depreciation and amortization (Line 44)		0
Form 4562 , Line 22		6,881