

Fiscal Year

**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)

OMB No 1545-1150

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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

**A For the 2005 calendar year, or tax year beginning** 9/1/2005 **and ending** 8/31/2006

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

**C Name of organization**  
 PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE  
 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**  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:** ▶

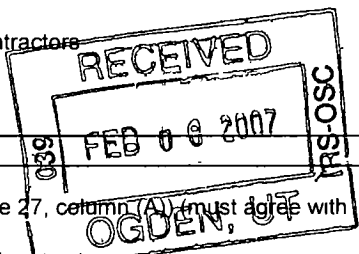
**J**  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. **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** ▶ \$ 35,286

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 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		3,635	
	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			31,651		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9			35,286		
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		286	
	14	Occupancy, rent, utilities, and maintenance		14		6,268	
	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe ▶ See attached statement )	16			55,986	
17	<b>Total expenses</b> (add lines 10 through 16)	17			62,540		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18		-27,254	
	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		104,604	
	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			77,350	



**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 41 of the instructions)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	94,008	22	104,874
23	Land and buildings	101,776	23	101,104
24	Other assets (describe ▶ )	0	24	0
25	<b>Total assets</b>	195,784	25	205,978
26	<b>Total liabilities</b> (describe ▶ See attached statement )	91,180	26	128,628
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	104,604	27	77,350

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

Form 990-EZ (2005)

(HTA)

SCANNED FEB 14 2007

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions)

Expenses

What is the organization's primary exempt purpose? PROVIDING COLLEGE STUDENT HOUSING

28	ALL EXPENSES WERE TO PROVIDE HOUSING AND SOCIAL ACTIVITIES FOR THE STUDENTS		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees**

(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 RIVERVIEW DR City MELBOURNE ST FL ZIP 32901H	Title PRESIDENT r/WK 3 HOURS	0	0	0
Name JIM THOMAS Str 2401 RIVWVIEW E City MELBOURNE ST FL ZIP 32901H	Title VICE PRESIDENT r/WK 2 HOURS	0	0	0
Name LOREN STRAND Str 120 ORMOND AVE City INDIALANTIC ST FL ZIP 32903H	Title TREASURER r/WK 2 HOURS	0	0	0
Name City	Title Hr/WK			

**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?	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 <input type="text" value="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		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		0
b Gross receipts, included on line 9, for public use of club facilities		0
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="38b"/> , section 4912 <input type="text" value="39a"/> , section 4955 <input type="text" value="39b"/>		
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 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14 ) (Continued)

**41** List the states with which a copy of this return is filed ▶ NONE

**42 a** The books are in care of ▶ Name LOREN STRAND Telephone no ▶ (321) 956-3114

Located at ▶ 120 ORMOND AVE City INDIALANTIC ST FL ZIP + 4 ▶ 32903-3428

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22 1

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country ▶

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990- and enter the amount of tax-exempt interest received or accrued

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable inquiry
	Signature of officer <i>Loren Strand</i>
<b>Paid Preparer's Use Only</b>	Type or print name and title Loren Strand, Treasurer
	Preparer's signature <i>Barbara G. Brodeur</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 H&R BLOCK PREMIUM 190 FORTENBERRY RD MERRIT

**Line 8 (990-EZ) - Other revenue**

1	RENTAL INCOME	1	30,000
2	ALUMNI DONATIONS	2	1,620
3	REFUND	3	31
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	31,651

**Line 16 (990-EZ) - Other expenses**

1	PENALTY	1	580
2	FURNITURE AND APPLIANCES	2	7,075
3	HURRICANE REPAIRS SHORELINE AND GROUNDS	3	18,174
4	INTEREST	4	6,146
5	REPAIRS	5	3,129
6	UNDERGRADUATE AND ALUMNI FUNCTIONS	6	1,047
7	INSURANCE	7	10,673
8	DEPRECIATION	8	6,244
9	FIRE SAFETY	9	1,266
10	SBA LOAN	10	1,652
11	Total other expenses	11	55,986

**Line 26 (990-EZ) - Liabilities**

91,180

128,628

		Beginning	End
1	MORTGAGE ON BUILDING	77,113	71,308
2	SB LOAN	10,000	47,448
3	ACCOUNTS PAYABLE	4,067	9,872
4			
5			
6			
7			
8			
9			
10			

**Form 4562 Statement - 990EZ**

PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE

59-123212

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	2005 Deprec	2005 Accum Deprec
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**Depreciation Detail**

**ACRS and other depreciation (Line 16)**

2	BUILDING	8/1/1967	R-4	100 00%	43,000	0	0	43,000	40	SL/GDS	FM	38,700	1,075	39,775
3	IMPROVEMENTS	12/1/1971	R-4	100 00%	24,000	0	0	24,000	36	SL/GDS	MM	21,216	667	21,883
Total ACRS and other depreciation (Line 16)					67,000	0	0	67,000				59,916	1,742	61,658

**MACRS deductions for prior years (Line 17)**

4	IMPROVEMENTS	10/1/1987	R-4	100 00%	16,637	0	0	16,637	27 5	SL/GDS	MM	8,696	605	9,301
7	WINDOWS	4/1/1990	R-4	100 00%	3,691	0	0	3,691	27 5	SL/GDS	MM	1,770	134	1,904
5	REFINANCE	12/6/1991	R-4	100 00%	975	0	0	975	27 5	SL/GDS	MM	410	35	445
8	RENOVATION	2/18/1998	R-4	100 00%	69,629	0	0	69,629	27 5	SL/GDS	MM	18,990	2,532	21,522
10	SIDING	2/9/2000	R-4	100 00%	16,220	0	0	16,220	27 5	SL/GDS	MM	4,087	590	4,677
11	ROOF	2/9/2000	R-4	100 00%	9,229	0	0	9,229	27 5	SL/GDS	MM	2,327	336	2,663
12	WINDOWS	2/9/2000	R-4	100 00%	3,670	0	0	3,670	27 5	SL/GDS	MM	922	133	1,055
17	DRIVEWAY	8/27/2001	R-2	100 00%	2,207	0	0	2,207	15	150DB	HY	869	137	1,006

Total MACRS deductions for prior years (Line 17)					122,258	0	0	122,258				38,071	4,502	42,573
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**Subtotal**

Subtotal					189,258	0	0	189,258				97,987	6,244	104,231
Subtotal					189,258	0	0	189,258				97,987	6,244	104,231

**Form 4562 Reconciliation**

Annual depreciation and amortization	6,244
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
<u>Less amortization included in total annual depreciation and amortization (Line 44)</u>	<u>0</u>
<b>Form 4562, Line 22</b>	<b>6,244</b>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1708

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

Form 990-T corporations requesting an automatic 3-month extension—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <u>Pi Kappa Alpha House Foundation of Melbourne Inc.</u>	Employer identification number <u>59-1232120</u>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <u>120 Ormond Ave.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Indialantic, FL 32903</u>	

Check type of return to be filed (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Loren Strand

Telephone No. ▶ (321) 956-3113 FAX No. ▶ (321) 956-3114

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until MARCH, 2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20... or  
 ▶  tax year beginning SEPT, 2006, and ending Aug, 2006

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ -0-

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ -0-

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ -0-

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.