

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)
Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
7955 Babcock St SE
City or town, state or country, and ZIP + 4
Palm Bay, FL 32909

D Employer identification number
59-1232120
E Telephone number
(321) 536-0217
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 is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 63,502

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 14,597
2 Program service revenue including government fees and contracts	2 48,712
3 Membership dues and assessments	3 0
4 Investment income	4 193
5a 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 (Subtract line 5b from line 5a) (attach schedule)	5c 0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
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 (Subtract line 6b from line 6a)	6c 0
7a Gross sales of inventory, less returns and allowances	7a 0
b Less cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8 Other revenue (describe)	8 0
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 63,502

Expenses	
10 Grants and similar amounts paid (attach schedule)	10 0
11 Benefits paid to or for members	11 0
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 0
14 Occupancy, rent, utilities, and maintenance	14 13,765
15 Printing, publications, postage, and shipping	15 0
16 Other expenses (describe)	16 25,661
17 Total expenses (add lines 10 through 16)	17 39,426

Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 24,076
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 90,663
20 Other changes in net assets or fund balances (attach explanation)	20 230
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21 114,969

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		100,370	22 118,954
23 Land and buildings		95,593	23 89,579
24 Other assets (describe)		0	24 0
25 Total assets		195,963	25 208,533
26 Total liabilities (describe)		105,300	26 93,564
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		90,663	27 114,969

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	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? Oversee the maintenance and financing of the Pi Kappa Alpha Fraternity house at Florida Tech in Melbourne, Florida		
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 OVERSEE THE MAINTENANCE AND FINANCING OF THE PI KAPPA ALPHA FRATERNITY HOUSE AT FLORIDA TECH IN MELBOURNE FLORIDA (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0
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 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 the instructions for Part IV)				
(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
JIM THOMAS 2401 RIVERVIEW DRIVE MELBOURNE, FL 32901	Vice President 6 00	0	0	0
BRENT DOYLE 2401 RIVERVIEW DRIVE MELBOURNE, FL 32901	President & Secretary 10	0	0	0
KEITH POOLE 7955 Babcock St SE Palm Bay, FL 32909	Treasurer 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

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	33		No
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	34		No
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____ 0			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b	<i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0			
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 0			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a	The books are in care of <input type="checkbox"/> KEITH POOLE _____ Telephone no <input type="checkbox"/> (321) 536-0217 7955 Babcock St SE Located at <input type="checkbox"/> Palm Bay, FL _____ ZIP + 4 <input type="checkbox"/> 32909			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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 <input type="checkbox"/> _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44	Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than officer)

Please Sign Here

Signature of officer

Keith Poole Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

TY 2008 Other Changes in Net Assets Schedule

Name: PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE INC

EIN: 59-1232120

Software ID: 08000095

Software Version: v1.00

Description	Amount
Building improvments	230

TY 2008 Other Expenses Schedule**Name:** PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE INC**EIN:** 59-1232120**Software ID:** 08000095**Software Version:** v1.00

Description	Amount
Insurance	7,396
Solid Waste Disposal	161
Interest Paid	5,696
Depreciation	6,244
Fire Monitoring	731
Fire Safety	344
Pest Control	1,211
Lawn Service	1,828
Phone	684
Misc Expense	751
Prepare taxes	62
Conference Contributions	500
Dining	53

TY 2008 Other Liabilities Schedule

Name: PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE INC

EIN: 59-1232120

Software ID: 08000095

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
SBA LOAN	41,980	35,564
ACCOUNTS PAYABLE	0	340
MORTGAGE ON BUILDING	63,320	57,660