

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, 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): 703 CHEYENNE AVE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: MELBOURNE, FL 32935

D Employer identification number: 59-1232120
E Telephone number:
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

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

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$145,084

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 109,932, 34,422, 85, 145,084, 52,839, 19,520, 4,740, 77,099, 67,985, 131,580, 199,565.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-------------------|
| 22 Cash, savings, and investments | 119,802 | 22 171,156 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 25,845 | 24 28,409 |
| 25 Total assets | 145,647 | 25 199,565 |
| 26 Total liabilities (describe in Schedule O) | 14,067 | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 131,580 | 27 199,565 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE ORGANIZATION PROVIDES HOUSING FOR PI KAPPA ALPHA FRATERNITY MEMBERS WHILE ATTENDING THE FLORIDA INSTITUTE OF TECHNOLOGY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | |
|---|------------|
| 28 PROVIDE HOUSING FOR COLLEGE FRATERNITY MEMBERS WHILE ATTENDING COLLEGE (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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|--|--|---|--|
| BROCK TUCKER PRESIDENT | 2 00 | 0 | | |
| KEITH POOLE TREASURER | 2 00 | 0 | | |
| JARED BOBZIEN VICE PRESIDE | 2 00 | 0 | | |
| DEVLIN MUNION SECRETARY | 2 00 | 0 | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of KEITH POOLE Telephone no (321) 536-0217
Located at 703 CHEYENNE AVE MELBOURNE, FL ZIP +4 32935

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) completed Schedule A

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 the taxpayer) is based on preparer's knowledge.

Sign Here ***** Signature of officer BROCK TUCKER PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name I WAYNE COOPER CPA Preparer's signature Firm's name WHITTAKER COOPER FINANCIAL GROUP Firm's address 1692 WEST HIBISCUS BOULEVARD MELBOURNE, FL 32901

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014

**Open to Public
Inspection**

Name of the organization
PI KAPPA ALPHA HOUSE FOUNDATION OF
MELBOURNE INC

Employer identification number

59-1232120

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990-EZ, PART I, LINE 8 | MISC INCOME 645 TOTAL 645 |
| FORM 990-EZ, PART I, LINE 16 | EXPENSES EQUIPMENT REPAIRS 1,048 MISC EXPENSES 700 REGISTRATION FEES 61 NON-INVESTMENT DEPRECIATION 2,931 TOTAL 4,740 |
| FORM 990-EZ, PART I, LINE 20 | PY UNRECORDED DEBT 0 CORRECTION OF PY CASH BALANCE 0 PY UNRECORDED DEPRECIATION 0 |
| FORM 990-EZ, PART II, LINE 24 | 119,468 119,468 LESS ACCUMULATED DEPRECIATION 93,623 96,554 CONSTRUCTION IN PROGRESS - NEW HOUSE 0 5,495 TOTAL 25,845 28,409 |
| FORM 990-EZ, PART II, LINE 26 | SBA LOAN PAYABLE 14,067 0 |
| FORM 990-EZ, PART III | THE ORGANIZATION PROVIDES HOUSING FOR PI KAPPA ALPHA FRATERNITY MEMBERS WHILE ATTENDING THE FLORIDA INSTITUTE OF TECHNOLOGY |