

**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)

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning** , 2007, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type See specific instructions ALPHA KAPPA ALPHA SORORITY, INCORPORATED 5656 SOUTH STONY ISLAND AVENUE CHICAGO, IL 60637	<b>D</b> Employer identification number 36-2152330
		<b>E</b> Telephone number (773) 684-1282
		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

**G** Web site: N/A

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

**K** Check here  if the organization is not a 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** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **13,002,455.**

**H** and I are not applicable to section 527 organizations

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If 'Yes,' enter number of affiliates **7**

**H (c)** Are all affiliates included?  Yes  No (If 'No,' attach a list See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

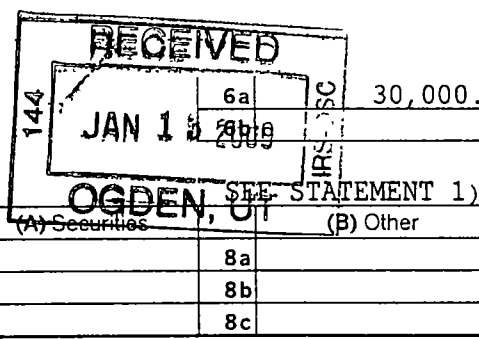
**I** Group Exemption Number

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

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

1	Contributions, gifts, grants, and similar amounts received.			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,706,899.
3	Membership dues and assessments	3		6,734,001.
4	Interest on savings and temporary cash investments	4		47,287.
5	Dividends and interest from securities	5		392,306.
6a	Gross rents	6a		30,000.
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		30,000.
7	Other investment income (describe <b>OGDEN, UT SEE STATEMENT 1</b> )	7		144,814.
8a	Gross amount from sales of assets other than inventory	8a		
b	Less cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		947,148.
b	Less cost of goods sold	10b		941,649.
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		5,499.
11	Other revenue (from Part VII, line 103)	11		
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		12,060,806.
13	Program services (from line 44, column (B))	13		3,842,512.
14	Management and general (from line 44, column (C))	14		5,545,906.
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		9,388,418.
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		2,672,388.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		15,162,606.
20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20		164,509.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		17,999,503.

SCANNED JAN 29 2009



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	893,826.	0.	893,826.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	435,989.	52,135.	383,854.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	454,685.		454,685.	
29 Payroll taxes	29	94,100.		94,100.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	117,298.	19,334.	97,964.	
34 Telephone	34	50,650.		50,650.	
35 Postage and shipping	35	161,346.	5,573.	155,773.	
36 Occupancy	36				
37 Equipment rental and maintenance	37	179,421.	25,211.	154,210.	
38 Printing and publications	38	181,901.	115,551.	66,350.	
39 Travel	39	220,681.	211,743.	8,938.	
40 Conferences, conventions, and meetings	40	360,328.	184,590.	175,738.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	325,020.	195,495.	129,525.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	5,913,173.	3,032,880.	2,880,293.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,388,418.	3,842,512.	5,545,906.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<p>a <u>CORPORATE IMPROVEMENT PROJECT FUND - ESTABLISHED TO FUND THE ACQUISITION, CONSTRUCTION AND MAINTENANCE OF THE NATIONAL HEADQUARTERS.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	561,528.
<p>b <u>CENTENNIAL FUND - ESTABLISHED TO FUND ACTIVITIES RELATING TO THE SORORITY'S CENTENNIAL CELEBRATION IN 2008.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	448,823.
<p>c <u>LEADERSHIP SEMINAR FUND - ESTABLISHED TO FUND ACTIVITIES RELATING TO THE SORORITY'S BI-ANNUAL LEADERSHIP SEMINAR.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	406,652.
<p>d <u>BOULE FUND - ESTABLISHED TO SUPPORT THE SORORITY'S BI-ANNUAL INTERNATIONAL CONVENTION.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	83,098.
<p>e Other program services <u>SEE STATEMENT 6</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	2,342,411.
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	3,842,512.

BAA

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	2,469,959.	45	4,099,362.
	46 Savings and temporary cash investments	5,830,486.	46	
	47a Accounts receivable	47 a 86,066.		
	b Less. allowance for doubtful accounts	47 b 5,000.	62,362.	47 c 81,066.
	48a Pledges receivable	48 a		
	b Less. allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		507,463.	52 550,017.
	53 Prepaid expenses and deferred charges		200,570.	53 265,743.
	54a Investments — publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,181,198.	54 a 12,165,139.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54 b
55a Investments — land, buildings, & equipment. basis	55 a			
b Less. accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment basis	57 a 9,149,939.			
b Less. accumulated depreciation (attach schedule) STATEMENT 8	57 b 5,940,495.	3,465,964.	57 c 3,209,444.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		2.	58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		16,718,004.	59 20,370,771.	
LIABILITIES	60 Accounts payable and accrued expenses	861,044.	60	1,401,250.
	61 Grants payable		61	
	62 Deferred revenue.	499,852.	62	745,989.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)		194,502.	65 224,029.
	66 <b>Total liabilities.</b> Add lines 60 through 65		1,555,398.	66 2,371,268.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	15,162,606.	67	17,999,503.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		15,162,606.	73 17,999,503.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		16,718,004.	74 20,370,771.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	12,225,315.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1	164,509.	
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	164,509.
c	Subtract line b from line a		c	12,060,806.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	12,060,806.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements		a	9,388,418.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	9,388,418.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	9,388,418.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		893,826.	70,237.	43,206.



Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(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 a statement explaining each transaction		N/A
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		21
91a	The books are in care of <u>DR. BETTY N. JAMES ED.D.</u> Telephone number <u>(773) 684-1282</u> Located at <u>5656 S. STONY ISLAND AVE., CHGO, IL.</u> ZIP + 4 <u>60637</u>		
91b	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 <u></u>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? .	91 c	Yes	No
If 'Yes,' enter the name of the foreign country ▶			X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 11		312,489.			4,394,410.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					6,734,001.
95 Interest on savings & temporary cash invmnts	900001	47,287.			
96 Dividends & interest from securities	900001	392,306.			
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	30,000.	
98 Net rental income or (loss) from pers prop					
99 Other investment income	900001	144,814.			
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	5,499.	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		896,896.		35,499.	11,128,411.
105 Total (add line 104, columns (B), (D), and (E))					12,060,806.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	PROGRAM SERVICE REVENUE DERIVED FROM ACTIVITIES THAT PROVIDE OPPORTUNITIES FOR DEVELOPMENT OF LEADERSHIP SKILLS FOR COLLEGE AGE SORORS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			X

**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.

Signature of officer: *[Signature]* Date: *January 6, 2009*

Type or print name and title: *Betty N. James*

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: **DEC 2 2008** Check if self employed:  Preparer's SSN or PTIN (See General Instruction X): **P00213174**

Firm's name (or yours if self employed), address, and ZIP + 4: **BROOKS, FAUCETT & ROBERTSON, LLP**  
**214 FOREST BLVD**  
**PARK FOREST, IL 60466-2032**

EIN: **36-4345345** Phone no: **(708) 748-8950**

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Name of Exempt Organization: ALPHA KAPPA ALPHA SORORITY, INCORPORATED
Employer identification number: 36-2152330
Address: 5656 SOUTH STONY ISLAND AVENUE, CHICAGO, IL 60637

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

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T, Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

The books are in care of DR. BETTY N. JAMES ED. D. Telephone No (773) 684-1282 FAX No (773) 288-8251

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)...

I request an additional 3-month extension of time until 11/15, 2008. For calendar year 2007, or other tax year beginning 2007, and ending 2008. State in detail why you need the extension: TO ANALYZE AND INTERPRET RECENT RULINGS AND REGULATIONS REGARDING THE TAX ACTS OF 2007, 2005, 2004 AND 2003 TO DETERMINE THEIR EFFECT ON THE COMPUTATION OF THE ORGANIZATION'S 2007 NET INCOME.

Table with 3 rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a.

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature: Robert S Brooks, Jr Title: CPA Date: AUG 14 2008

Notice to Applicant. (To be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return... We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Director By Date

Alternate Mailing Address Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: BROOKS, FAUCETT & ROBERTSON, LLP
Address: 214 FOREST BLVD, PARK FOREST, IL 60466-2032

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

Department of the Treasury  
Internal Revenue Service

▶ 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)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization <b>ALPHA KAPPA ALPHA SORORITY, INCORPORATED</b>	Employer identification number <b>36-2152330</b>
File by the due date for filing your return. See instructions	Number, street and room or suite number. If a P.O. box, see instructions <b>5656 SOUTH STONY ISLAND AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CHICAGO, IL 60637</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶ DR BETTY N. JAMES ED.D.

Telephone No ▶ (773) 684-1282 FAX No ▶ (773) 288-8251

- 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 section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2007 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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.	3a	\$	0
3b 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.	3b	\$	0
3c 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.	3c	\$	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.

## ALPHA KAPPA ALPHA SORORITY, INCORPORATED

36-2152330

STATEMENT 1  
FORM 990, PART I, LINE 7  
OTHER INVESTMENT INCOME

NET REALIZED GAIN ON SEC		
	TOTAL	\$ 144,814.
		<u>\$ 144,814.</u>

STATEMENT 2  
FORM 990, PART I, LINE 10  
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

CUTS & PUBLICATIONS	\$	66,305.
PINS, JEWELRY, HISTORY BOOKS, ETC.		880,843.
GROSS SALES	\$	<u>947,148.</u>
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	<u>947,148.</u>
LESS COST OF GOODS SOLD		941,649.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u><u>5,499.</u></u>

STATEMENT 3  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENT SECURITIES		\$ 164,509.
	TOTAL	<u>\$ 164,509.</u>

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	43,335.	7,321.	36,014.	
BUILDING MAINTENANCE	113,987.	113,987.		
CENTENNIAL EXPENSES	459,424.	459,424.		
DIRECTORATE OFFICER'S EXP	210,000.		210,000.	
DUES	160,375.	27,945.	132,430.	
HOUSING EXPENSE	53,644.		53,644.	
INSURANCE	486,987.	21,303.	465,684.	
INVESTMENT FEES	76,209.	25,500.	50,709.	
LEADERSHIP FELLOWS	2,456.	2,456.		
MISCELLANEOUS	154,575.	106,288.	48,287.	
OFFICER & COMMITTEE EXPENSE	332,792.	21,383.	311,409.	
OTHER PROFESSIONAL FEES	1,154,391.	108,076.	1,046,315.	
PRGRM PRJCTS/NATL PUBLIC PLCY	298,505.	40,963.	257,542.	
REAL ESTATE TAXES	100,275.	100,275.		
REGION EXPENSES	1,881,625.	1,881,625.		
TECHNOLOGY UPGRADE	312,143.	43,884.	268,259.	
UTILITIES	72,450.	72,450.		
TOTAL	<u>\$ 5,913,173.</u>	<u>\$ 3,032,880.</u>	<u>\$ 2,880,293.</u>	<u>\$ 0.</u>

## ALPHA KAPPA ALPHA SORORITY, INCORPORATED

36-2152330

STATEMENT 5  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CULTIVATING HIGH SCHOLASTIC & ETHICAL STANDARDS AND CONDUCTING COMMUNITY SERVICE PROGRAMS.

STATEMENT 6  
FORM 990, PART III, LINE E  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
ALL REGION - ACTIVITIES OF VARIOUS REGIONS TO CO-ORDINATE CHAPTERS ACTIONS DURING YEAR. INCLUDES FOREIGN GRANTS: NO		2,338,738.
SPECIAL FUND - ESTABLISHED BY THE BOARD OF DIRECTORS IN NOVEMBER 2002 TO HELP DEFER UNFORESEEN COSTS ARISING FROM MEMBERSHIP ISSUES. INCLUDES FOREIGN GRANTS: NO		3,673.
TOTAL	\$ 0.	\$ 2,342,411.

STATEMENT 7  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

PUBLICLY TRADED SECURITIES \$ 12,165,139.

STATEMENT 8  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 460,303.	\$ 0.	\$ 460,303.
MACHINERY AND EQUIPMENT	1,814,305.	0.	1,814,305.
BUILDINGS	6,029,634.	0.	6,029,634.
IMPROVEMENTS	845,697.	0.	845,697.
MISCELLANEOUS	0.	5,940,495.	-5,940,495.
TOTAL	\$ 9,149,939.	\$ 5,940,495.	\$ 3,209,444.

## ALPHA KAPPA ALPHA SORORITY, INCORPORATED

96-2152330

STATEMENT 9  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

DONATIONS PAYABLE

TOTAL	\$	224,029.
	\$	<u>224,029.</u>

STATEMENT 10  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LINDA NORMA WHITE 5300 SOUTH SHORE DRIVE, #25 CHICAGO, IL 60615	PAST SPRM BASLS 30.00	\$ 0.	\$ 0.	0.
MS. BARBARA A. MCKINZIE 301 WYSTERIA DRIVE OLYMPIA FIELDS, IL 60461	SPRM BASILEUS 40.00	375,000.	0.	0.
DR. BETTY N. JAMES 1642 EAST 56TH STREET CHICAGO, IL 60637	EXECUTIVE DIREC 40.00	107,364.	13,652.	639.
CAROLYN HOUSE STEWART P.O. BOX 1531 TAMPA, FL 33601	1ST SPRM ANTI-B 16.00	0.	0.	0.
LAVONNE LEWIS 2020 SPRING ROSE COURT LAS VEGAS, NV 89134	FAR WESTERN 8.00	0.	0.	0.
DOROTHY BUCKHANAN 5432 WEST BURNING BUSH LANE MEQUON, WI 53092	SPRM GRAMMATEUS 8.00	0.	0.	0.
NICOLE HASSON-BARRETT 5656 SOUTH STONY ISLAND AVE. CHICAGO, IL 60637	DEPUTY DIRECTOR 40.00	76,331.	16,644.	6,663.
TARI T. BRADFORD 3634 CRESTVIEW DRIVE SHREVEPORT, LA 71119	SOUTH CENTRAL 8.00	0.	0.	0.
DEWEY MORRIS 5656 SOUTH STONY ISLAND AVE. CHICAGO, IL 60637	INFO TECH DIR 40.00	58,433.	6,433.	6,655.
PATRICIA WATKINS 5656 SOUTH STONY ISLAND AVE. CHICAGO, IL 60637	MEMBERSHP DIR 40.00	64,756.	10,020.	5,747.

STATEMENT 10 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAMELA WILLIAMS 5656 SOUTH STONY ISLAND AVE. CHICAGO, IL 60637	EXECUTIVE ASST 40.00	\$ 53,620.	\$ 14,775.	\$ 5,747.
PATRICIA OWENS 5656 SOUTH STONY ISLAND AVE. CHICAGO, IL 60637	ASST DIR MMBRSP 40.00	50,597.	8,663.	5,652.
RANIKA SANCHEZ P.O. BOX 533 ST. ROSE, LA 70087	2ND SPRM ANTI-B 8.00	0.	0.	0.
ADRIA ROBINSON 14292 EAST 28TH AVENUE AURORA, CO 80011	UNDG MEM AT LRG 8.00	0.	0.	0.
SHAYLYN COCHRAN 641 ARLINGTON AVENUE MANSFIELD, OH 44903	UNDG MEM AT LRG 8.00	0.	0.	0.
GLENDA GLOVER 1031 WHITSETT WALK JACKSON, MS 392006	SPRM TAMIOUCHOS 8.00	0.	0.	0.
FREDDIE GROOMES-MCLENDON 3306 WHEATLEY ROAD TALLAHASSEE, FL 32305	SPRM PARLIAMENT 8.00	0.	0.	0.
EVELYN SAMPLE-OATES 501 MONTICELLO LANE PLYMOUTH MEETING, PA 19462	NORTH ATLANTIC 8.00	0.	0.	0.
RUBY BATTS ARCHIE 145 WESTWOOD DRIVE DANVILLE, VA 24541-5222	MID-ATLANTIC 8.00	0.	0.	0.
ELLA SPRINGS JONES 2370 COURTNEY CIRCLE AUGUSTA, GA 30906	SOUTH ATLANTIC 8.00	0.	0.	0.
SCHYLBEA J. HOPKINS 5640 OAKMAN BOULEVARD DETROIT, MI 48204	GREAT LAKES 8.00	0.	0.	0.
JUANITA SIMS DOTY 1532 LAKESIDE DRIVE JACKSON, MS 39216-4807	SOUTH EASTERN 8.00	0.	0.	0.

## ALPHA KAPPA ALPHA SORORITY, INCORPORATED

36-2152330

STATEMENT 10 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
PAMELA BATES PORCH 1407 WEST 73RD STREET CHICAGO, IL 60636	CENTRAL 8.00	\$ 0.	\$ 0.	0.	
VICKI MILES-LAGRANGE P.O. BOX 742 OKLAHOMA CITY, OK 73101	MID-WESTERN 8.00	0.	0.	0.	
KELVIN MCALISTER 5656 SOUTH STONY ISLAND AVENUE CHICAGO, IL 60637	PREV FNANCE DIR 40.00	10,465.	0.	2,134.	
GLORIA HARPER DICKINSON 147 CLUB HOUSE DRIVE WILLINGBORO, NJ 08046	INTERNATIONAL 8.00	0.	0.	0.	
ERIC SALSTRAND 5437 SOUTH BLACKSTONE AVENUE CHICAGO, IL 60615	DIR OF FINANCE 40.00	48,500.	50.	4,310.	
MARIE MCGEE 10621 SOUTH HALE AVENUE #3E CHICAGO, IL 60643	DIR OF H/R 40.00	48,760.	0.	5,659.	
		TOTAL	\$ 893,826.	\$ 70,237.	\$ 43,206.

STATEMENT 11  
FORM 990, PART VII, LINE 93  
PROGRAM SERVICE REVENUE

PROGRAM SERVICE REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ALL REGION INCOME					\$ 2,616,636.
ALL REGIONS-VENDOR FEES	900001	\$ 151,484.			
BOULE INCOME					73,459.
CENTENNIAL INCOME					660,230.
HERITAGE INCOME					
HOUSING REVENUE					53,644.
LEADERSHIP SEMINAR					398,265.
OTHER REVENUE					245,376.
PUBLIC POLICY					78,580.
TECHNOLOGY PROGRAMS					268,220.
VENDOR FEES	900001	161,005.			
TOTAL		\$ 312,489.		\$ 0.	\$ 4,394,410.