

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 black lung benefit trust or private foundation)

OMB No 1545-1150

2006**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990
 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

A For the 2006 calendar year, or tax year beginning Apr 01, 2006, **and ending** Mar 31, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization, number and street, city, town, state, and ZIP code Alpha Kappa Psi Frater Gamma Omega 900 Broadway Seattle WA 98122	D Employer identification number 91-6054196
			E Telephone number 360-659-0811
			F Group Exemption Number <input type="checkbox"/>
			G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ►
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 \$100,000 or more, file Form 990 instead of Form 990-EZ **\$** 27,271.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	16,995.
	4	Investment income	4	2,809.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	7,236.
	7b	Less cost of goods sold	7b	5,127.
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	2,109.
	8	Other revenue (describe ► Reimbursed expenses)	8	231.
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	22,144.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	141.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► Operating expenses)	16	14,415.
	17	Total expenses (add lines 10 through 16)	17	14,556.
	18	Excess or (deficit) for the year (line 9 less line 17)	18	7,588.
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	55,187.	
20	Other changes in net assets or fund balances (attach explanation)	20	3.	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	62,778.	

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 the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	12,612.	22 17,485.
23	Land and buildings		23
24	Other assets (describe ► Marketable Securities)	42,575.	24 45,293.
25	Total assets	55,187.	25 62,778.
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,187.	27 62,778.

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

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ENVELOPE POSTMARK DATE AUG 1 1 2007

SCANNED SEP 1 1 2007

Part III Statement of Program Service Accomplishments (See the instructions)What is the organization's primary exempt purpose? Social Club

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) & (4) organizations and 4947(a)(1) trusts, optional for others)	
28			
(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	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instr.)

(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
see attached list		0		

Part V Other Information (Note the statement requirement in General Instruction V)

		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	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	34	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?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	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?	38a	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	16,995.
b	Gross receipts, included on line 9, for public use of club facilities	39b	

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Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 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
- 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 ▶ _____
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .

	Yes	No
40b		
40e		X

- 41** List the states with which a copy of this return is filed ▶ _____
- 42a** The books are in care of ▶ Terah D Regan CPA Telephone no ▶ 360-659-0811
Located at ▶ 305 Columbia Ave, Marysville, WA ZIP + 4 ▶ 98270
- b At any time during the calendar year, did the organization have an interest in, or signature or other authority over a financial account in a foreign country (such as a bank account or securities account)?
If "Yes," enter the name of the foreign country ▶ _____
See the instructions for exceptions and filing requirements for Form 990-EZ
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?
If "Yes," enter the name of the foreign country ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in _____
and enter the amount of tax-exempt interest received or accrued during the year: \$ _____

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than owner) or owner.	
	Signature of officer <i>Ellie Oberstein</i>	Type or print name and title Ellie Oberstein
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Firm's name (or yours if self-employed), address, and ZIP + 4 Terah D Regan CPA 305 Columbia Ave Marysville WA 98270-
	EIN 91-1424881	Phone no 360-659-0811

Form **990-EZ** (2006)

Detail Sheet

2006

Name: Alpha Kappa Psi Frater Gamma Omega

ID: 91-6054196

Description: 990EZ - Line 16, Operating Expenses

[illegible]

Current Officers of Alpha Kappa Psi- Gamma Omega
March 2006-2007

President	Geoffrey Hills	(503)779 1446
VP of Performance	Josh Treybig	(206)319 6154
VP of Operations	Karla Dobson	(206)779 2423
VP of Membership	Eric Osborne	(206)277 7064
VP of Alumni Relations	Kendra Borja	(360)904 2369
Treasurer	Ariel Narasimhan	(206)617 2663
Secretary	Marie Draye	(206)790 6650
Master of Rituals	Andre Taegdar	(503)381 6273