						DISCLOS							
	Ω	00		rn of Org			-					OMB No. 154	,5-0047
For	n J	90	Under section									202	<u>'1</u>
Department of the Treasury							y be mad	e public.		Open to P			
Interr	nal Reve	enue Service		Go to www.ir								Inspect	ion
<u>A</u> F	or th	e 2021 calend	ar year, or tax y	ear beginning	JUL	1, 2021	and	dending	JUN	<u>30, 2</u>	2022		
	heck if pplicab	ole: C Name of	f organization						D Er	nployer i	identificat	ion number	
	Addre chang Name	ge KAPP	A ALPHA '	THETA FO	DUNDATI	ON							
	chang	ge Doing b	usiness as						_	36-60	066531	-	
	Final	Number	and street (or P. FOUNDER		not delivered t	to street addres	ss)	Room/su		elephone 317-8	number 376-18	370	
	termi	n	own, state or pro		and ZIP or	foreign posta	l code			oss receipts		9,771,	379.
	Amer returr	nded TITT	ANAPOLIS		5268						group retu		
	Applition		nd address of pr			ONDON					dinates?	r	XNo
	pendi		AS C ABO								rdinates inclue		No
1 1	ax-ex	empt status:		501(c) (	)◀ (in	sert no.)	4947(a)(1)	or {	``			. See instruction	
			KAPPAALP								emption n		
			X Corporation	Trust	Associatio		er 🕨	LY				tate of legal dom	nicile: IN
	art I	Summary											
	1	Briefly describ	e the organizatio	n's mission or	most signifi	cant activities	TO S	TREN	THEN	AND	EMPOW	ER	
e	.		THROUGH										
Governance	2	Check this bo		e organization					ore than 2	5% of ite	not assot		
/err	3		ting members of									5.	8
ğ	3						// line 1 h)						8
ళ			lependent voting										0
ies	5		of individuals em										281
Activities &	6		of volunteers (es										0.
Act			d business reven										0.
	d d	Net unrelated	business taxable	income from I	Form 990-1,	Part I, line 11		<u></u>			7b		
								-		ior Year	0.4	Current Ye	
e	8		and grants (Part					····· -	±,	603,6		1,730,	
eni	9	•	ce revenue (Part						2	704 0	0.	2 0 0 0	
Revenue			come (Part VIII, c						3,	724,0		3,069,	-
_	1		e (Part VIII, colum							207 0	0.	4 700	0.
	12		- add lines 8 thro				), line 12)			<u>327,6</u>		4,799,	
	13		nilar amounts pa			,			<b>⊥</b> ,	168,0		1,275,	
			to or for member								0.		0.
ŝ	15		r compensation,							688,3		734,	485.
Expenses	16a	Professional f	undraising fees (I	Part IX, column	n (A), line 11e	e)				1,0	)40.		0.
x pe	b	Total fundrais	ing expenses (Pa	rt IX, column (I	D), line 25)	▶	423,8	78.					
Ш	17	Other expense	es (Part IX, colun	ın (A), lines 11a	a-11d, 11f-24	1e)				354,7			350.
	18	Total expense	s. Add lines 13-1	7 (must equal	Part IX, colu	mn (A), line 2	5)			212,1		2,350,	
	19	Revenue less	expenses. Subtr	act line 18 from	n line 12		<u></u>		3,	<u>115,5</u>	540.	2,448,	968.
OL									Beginning			End of Ye	
sets	20	Total assets (F	Part X, line 16)							994,5		37,562,	458.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)							200,6	541.	218,	677.
Net-	22	Net assets or	fund balances. S							793,9		37,343,	781.
	art II	Signature								-	•		
Und	er pen	alties of perjury.	I declare that I hav	e examined this r	return, includi	ng accompanyi	ng schedule	es and stat	ements, and	d to the be	est of my kn	owledge and bel	ief, it is
			Declaration of pre				-				-	0	
		,			,						,		

Sign	Signature of officer		Date							
Here	KELLEY HURST, EXECU	TIVE DIRECTOR								
	Type or print name and title	~								
	Print/Type preparer's name	Preparer's signature (), (DA	Date	Check P1	ΓIN					
Paid	REBEKAH PAYNE, CPA	Kingkil & aupre MA	11/04/2022	if self-employed <b>POC</b>	841956					
Preparer	Firm's name 🕒 MCM CPAS & AD	VISORSCHIP	Firm	's EIN ▶ 27-12	235638					
Use Only	Firm's address 🖕 9229 DELEGATE	S ROW, STE 250								
	INDIANAPOLIS,	IN 46240	Phor	ne no. 317 - 347	7-5200					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

Form	990 (2021) KAPPA ALPHA THETA FOUNDATION	36-6066531	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: KAPPA ALPHA THETA FOUNDATION SECURES AND MANAGES RESOURC:	ES FOR THE	
	EDUCATIONAL, LEADERSHIP, AND PHILANTHROPIC PROGRAMS OF T		Y
	AND FOR THE SCHOLASTIC, PROFESSIONAL, AND SERVICE PURSUI		
	MEMBERS TO HELP THEM REACH THEIR FULLEST POTENTIAL AND M	AKE A	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>v</b> .
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$299,207. including grants of \$266,172.) (Reven GRANTS TO INDIVIDUALS OR ORGANIZATIONS FOR EDUCATIONAL A		)
	TRAINING PROGRAMS.	ND DEADERSHI	F
4b	(Code: ) (Expenses \$ 975,135. including grants of \$ 867,470. ) (Reven		)
	SCHOLARSHIPS TO KAPPA ALPHA THETA FRATERNITY ALUMNAE AND	COLLEGIANS.	
4c	(Code:) (Expenses \$159,587. including grants of \$141,967. (Reven		)
	PHILANTHROPIC GRANTS TO ORGANIZATIONS SUPPORTING THOSE W	ITH SPECIAL	
	NEEDS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 1,433,929.		
		Form <b>9</b>	<b>90</b> (2021)
132002	<sup>2</sup> 12-09-21 <b>2</b>		
	4		

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Form 990 (					FOUNDATION
Part IV	Ch	ecklist of Required S	Schedules	5	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	3 12-09-21	Form	<b>330</b> (	(2021)

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Form	990	(2021)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h		24b		
		270		
U	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, '' complete</i>	- 51		
32		20		x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>-</b> -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
	Λ			

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	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	NL
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Г		res	N
Zu	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	····· ⊢			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	····· ⊢	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	F	00		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
<b>L</b>		····· ⊢	4a		- 23
b	If "Yes," enter the name of the foreign country				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR		Ee		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	····· ⊢	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		•		v
	any contributions that were not tax deductible as charitable contributions?	·····	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	·····  -	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).			77	
		o the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·····  -	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	·····	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	quired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	n 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	L	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
	amounts due or received from them.)				
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
			14a	_	Х
					- 23
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	····· ⊢	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		Х
	excess parachute payment(s) during the year?		15		Δ
	If "Yes," see the instructions and file Form 4720, Schedule N.		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	·····  -	16		X
_	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990	(2021)
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 Form 990 (2021)
 KAPPA ALPHA THETA FOUNDATION
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 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		5		X
6	Did the survey institute have an end of head head head	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 a		70		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		<u></u>
D	a mean of the set the set of the			х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>LIL</b> , <b>IN</b> , <b>AK</b> , <b>AR</b> , <b>CA</b> , <b>CT</b> , <b>FL</b> , <b>GA</b> , <b>HI</b>	,KS,	KY,	LA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.		- 1041	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DONNA HEINEKAMP - 317-876-1870			
	8740 FOUNDERS DOAD INDIANADOLIS IN $46268$			

OTTO TOONDERD ROAD, INDIANATOLID, IN TO200	
SEE SCHEDULE O FOR FULL LIST OF STATES	Form <b>990</b> (2021)
6	
11231104 758005 1000006805.TAX68 2021.05000 KAPPA ALPHA T	THETA FOUNDAT 10000061

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KELLEY HURST	35.00			x				146 200	0.	20 402
EXECUTIVE DIRECTOR (2) ELIZABETH SIERK CORRIDAN	1.50			<u> </u>				146,208.	0.	29,402.
SECRETARY	1.50	x		x				6,446.	0.	1,727.
(3) KAREN LEDBETTER	2.00									
TRUSTEE		Х						0.	0.	0.
(4) KIM LOONEY	5.00									
TRUSTEE		Х						0.	0.	0.
(5) KIMBERLY MARTIN	3.00									0
TRUSTEE		Х						0.	0.	0.
(6) MANDY WUSHINSKE	5.00								0	0
FRATERNITY PRESIDENT (7) CATHERINE BIBB	2.00	Х						0.	0.	0.
TRUSTEE/FRATERNITY VICE PR	2.00	x						0.	0.	0.
(8) TARA CONDON	12.00								0.	0.
PRESIDENT	12.00	x		x				0.	0.	0.
(9) NANCY FRICK	6.00									
VICE PRESIDENT		х		x				0.	0.	0.
(10) LISA YOUNGERS	3.00									
TREASURER		х		х				0.	0.	0.
		ŀ								
132007 12-09-21	I									Form <b>990</b> (2021)

132007 12-09-21

7

	990 (2021) KAPPA ALE									36-60	665	531	Ρ	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		· ,			<u>(</u> ,	
	(A) Name and title	<b>(B)</b> Average hours per week	Average         Position           hours per         (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	tion Esti		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
	Subtotal								152,654.		0.	. 31,129.		
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.		1,1	0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable	•			1
3	Did the organization list any <b>former</b> officer,			•	•	•		Ŭ	• •		ſ		Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	satio	on fr	rom	any	unre	late	ed organization or individ	dual for services		5		x
	tion B. Independent Contractors	-			-									
1	Complete this table for your five highest con the organization. Report compensation for t	•							the organization's tax y	<i>,</i> ,	ensat			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C ompei	;) nsatio	'n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	niteo	d to t	thos C		ted	above) who received mo	ore than			000	

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Form **990** (2021)

Form						Т	HETA FOUL	NDATION		36-6066	531 Page
Pa	rt VI		Statement of Re	ven	le						
			Check if Schedule O	conta	ins a respo	nse	or note to any lin		(D)	(0)	
								<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue exclude
								Total Tovolido	function revenue		from tax under
											sections 512 - 5
tts	1 :	а	Federated campaigns		1a						
irar	I	b	Membership dues		1b						
۵ å		С	Fundraising events		1c						
ar /	(		Related organizations								
s, G			Government grants (contr								
ŝ			All other contributions, gifts,								
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included				1,730,147.				
ĢĘ			Noncash contributions included in				26,264.				
Sor	Ì	-	Total. Add lines 1a-1f					1,730,147.			
0.0							Business Code	, , -			
	2 8	~									
/ice		a b									
ier) ue											
ven S		0									
Program Service Revenue		d									
lo	(	e									
"			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (includ					1 504 074			150407
	-		other similar amounts)					1,504,974.			150497
	4		Income from investment of			•					
	5		Royalties								
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
	I	b	Less: rental expenses $\dots$	6b							
	(	С	Rental income or (loss)	6c							
	(	d	Net rental income or (loss	;) <u></u>			►				
	7 ;	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a	6,536,2	58.					
	I	b	Less: cost or other basis								
e			and sales expenses	7b	4,971,9	67.					
evenue	(		Gain or (loss)	7c	1,564,2	91.					
Rev			Net gain or (loss)					1,564,291.			156429
er			Gross income from fundraisi								
Other	-		including \$	-	-						
•			contributions reported on								
			Part IV, line 18		-	8a					
			Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin								
	90	a				1					
		h	Part IV, line 19			9a 9b					
			Less: direct expenses								
			Net income or (loss) from			°					
	10 8	a	Gross sales of inventory,								
	-		and allowances								
			Less: cost of goods sold			10b					
	(	С	Net income or (loss) from	sales	of inventor	у					
s							Business Code				
∋ou	11 ;	а									
an€	I	b									
scellaneo Revenue		С									
Miscellaneous Revenue	(	d	All other revenue								
<			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					4,799,412.	0.	0.	306926
132009	9 12-0										Form <b>990</b> (20)

132009 12-09-21

9

KAPPA ALPHA THETA FOUNDATION Part IX Statement of Functional Expenses

## Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	Check if Schedule O contains a respons				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	experises
•	and domestic governments. See Part IV, line 21	361,014.	361,014.		
2	Grants and other assistance to domestic	501,0140	501,011.		
2		873,184.	873,184.		
•	individuals. See Part IV, line 22	075,104.	075,104.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	11 111	41 411		
	individuals. See Part IV, lines 15 and 16	41,411.	41,411.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 800	1	100 000	00 800
	trustees, and key employees	183,783.	17,702.	137,372.	28,709.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	413,795.	85,159.	113,076.	215,560.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,842.	3,423.	14,203.	<u>16,216.</u> 33,658.
9	Other employee benefits	60,097.	14,934.	11,505.	33,658.
10	Payroll taxes	42,968.	7,636.	16,695.	18,637.
11	Fees for services (nonemployees):				
а	Management				
	Legal	11,947.	4,556.	7,247.	144.
	Accounting	22,500.		22,500.	
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	64,304.		64,304.	
	Other. (If line 11g amount exceeds 10% of line 25,	01,5010		01,5010	
y	column (A), amount, list line 11g expenses on Sch 0.)	27,668.			27,668.
40		788.	775.	13.	27,000.
12	Advertising and promotion	1,940.	115.	1,940.	
13	Office expenses		8,037.	1,399.	11 110
14	Information technology	23,854.	0,03/.	1,399.	14,418.
15	Royalties	CO 405		CO 405	
16	Occupancy	69,495.		69,495.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,467.	1,399.	8,548.	520.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,268.		13,268.	
23	Insurance	1,100.		1,100.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAIL	13,163.			13,163.
h	POSTAGE	11,690.	2,598.	511.	8,581.
2 7	AWARDS AND RECOGNITION	10,853.			10,853.
d	CASA EXPENSE	9,724.	9,724.		
	All other expenses	47,589.	2,377.	9,461.	35,751.
	· · · · · · · · · · · · · · · · · · ·	2,350,444.	1,433,929.	492,637.	423,878.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,550,444.	±, ±, 5, 343•		-43,070.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				_ 000
13201	0 12-09-21				Form <b>990</b> (2021)

132010 12-09-21

### 11231104 758005 1000006805.TAX68

Form **990** (2021)

2021.05000 KAPPA ALPHA THETA FOUNDAT 10000061

11231104 758005 1000006805.TAX68

.021)		ALPHA	THETA	FOUNDATIO	N	
Balance Sheet						
Check if Schedule	O contains a	a response o	r note to any	y line in this Part X		

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		Check in Schedule O contains a response of hote			<b>(A)</b> Beginning of year		(B) End of year
	4				261,001.		274,417.
	1	Cash - non-interest-bearing			201,001.	1	<u> </u>
	2	Savings and temporary cash investments			9,500.	2	1 000
	3	Pledges and grants receivable, net			9,500.	3	1,000.
	4	Accounts receivable, net			53,927.	4	43,375.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	•			5	
	6	Loans and other receivables from other disqualif		,			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	10.000
•	9	Prepaid expenses and deferred charges			26,262.	9	18,930.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		62,776.			
	b	Less: accumulated depreciation	10b	29,559.	37,097.		33,217.
	11	Investments - publicly traded securities			33,856,098.	11	28,205,593.
	12	Investments - other securities. See Part IV, line 1	1		8,411,028.	12	8,677,295.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			339,650.	15	308,631.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	42,994,563.	16	37,562,458.
	17	Accounts payable and accrued expenses			145,828.	17	165,098.
	18	Grants payable	48,674.	18	51,911.		
	19	Deferred revenue	5,500.	19	0.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of these	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrelate	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			639.	25	1,668.
	26	Total liabilities. Add lines 17 through 25			200,641.	26	218,677.
		Organizations that follow FASB ASC 958, check	ck here				
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			17,453,877.	27	15,115,217.
Ba	28	Net assets with donor restrictions		25,340,045.	28	22,228,564.	
pu		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🗌			
μ		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				42,793,922.	32	37,343,781.
-	33	Total liabilities and net assets/fund balances			42,994,563.	33	37,562,458.

Form 990 (2021)

	990 (2021) KAPPA ALPHA THETA FOUNDATION	36-6	066531	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,799		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,350		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,448	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,793		
5	Net unrealized gains (losses) on investments	5	-7,843	,02	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-56	,08	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	37,343	,78	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	
--------------------------	--

Name o	f the organization							identification number	
Part I			ETA FOUNDATI			!		6-6066531	
						ee instruction:	6.		
, <u> </u>	nization is not a private found		•		,				
	A church, convention of ch				on 170(b)(1	l)(A)(i).			
2									
3	A hospital or a cooperative					•	() <b>F</b> actor	Ale a la constantina de la constantina	
4	A medical research organiz	ation operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,	
	city, and state:	ar the henefit of a col		l ar anarat		verenentel	it describe	ad in	
5	An organization operated for		lege of university owned	or operation	eu by a go	ivernmental ur	III describe		
c 🗆	section 170(b)(1)(A)(iv).		a sector i successi a sector a si se		70(1-)(4)(4)	(- A)			
6 7 X	A federal, state, or local go	-						while described in	
	•		ntial part of its support if	om a gove	ernmental	unit of from th	e general p	Sublic described in	
•	section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(ui) (Complete Der	• 11 \					
8	An agricultural research or				nd in coniu	unction with a	and grant	collogo	
9 <u> </u>	or university or a non-land-								
	university:	grant college of agrici			name, ony	, and state of	the college		
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	n fees and	d aross receipts from	
	activities related to its exen	• • • •					-		
	income and unrelated busi								
	See section 509(a)(2). (Co		(1000 00011011 0111 1009 110		eee aequi				
11	An organization organized		velv to test for public sa	fetv. See	section 50	)9(a)(4).			
12	An organization organized						ry out the	purposes of one or	
	more publicly supported or								
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	ipporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatior	n(s), by hav	ring	
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported	
_	organization(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III functionally interest	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,	
_	its supported organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.			
d	Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
	that is not functionally inf	•	<b>c</b>	•		•	an attentiv	/eness	
Г	requirement (see instruct	,	• •						
e∟	Check this box if the orga					Type I, Type I	I, Type III		
	functionally integrated, o		, , , , , , , , , , , , , , , , , , , ,	0 0					
	ter the number of supported of	•	d arganization(a)						
g Pr	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
			above (see instructions))						
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1979655.	1691078.	1699898.	1603604.	1730147.	8704382.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1979655.	1691078.	1699898.	1603604.	1730147.	8704382.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						287,441.		
6	Public support. Subtract line 5 from line 4.						8416941.		
Sec	ction B. Total Support			•	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	1979655.	1691078.	1699898.	1603604.	1730147.	8704382.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1199428.	1237847.	965,105.	766,237.	1504974.	5673591.		
9	Net income from unrelated business			-	-				
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10						14377973.		
	Gross receipts from related activities,	etc. (see instructio	uns)			12			
	First 5 years. If the Form 990 is for th			fourth, or fifth tax v	/ear as a section 5				
	organization, check this box and <b>stor</b>	0							
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (I		-	column (f))		14	58.54 %		
	Public support percentage from 2020					15	59.97 %		
	<b>33 1/3% support test - 2021.</b> If the o								
	stop here. The organization qualifies					,			
b	<b>33 1/3% support test - 2020.</b> If the o		-						
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test		•••						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-					
h	10% -facts-and-circumstances test	•	•		•				
~	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organization		-						
			,	, , <u> </u>	,		(Form 990) 2021		

132022 01-04-22

Schedule A		 	 <u>FOUNDATION</u> n Section 509(a)(	2

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
check this box and <b>stop here</b>	-					
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from a					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-04-22		, • •				ule A (Form 990) 2021
		15	5			. , –-

2021.05000 KAPPA ALPHA THETA FOUNDAT 10000061

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Yes No

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

16 21 0500

### KAPPA ALPHA THETA FOUNDATION Schedule A (Form 990) 2021

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(a)	1		

Section D	. All Type	III Sup	porting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	lly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

KAPPA ALPHA THETA FOUNDATION

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021

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Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			1	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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Schedule A	Form 990) 2021				FOUNDAT		3	6-6066531	Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, 0	lines 1, 2, 3b, 3c, 4 ion D, lines 2 and	4b, 4c, 5a, 6, 9 3; Part IV, Sec	9a, 9b, 9c, 1 ction E, lines	1a, 11b, and 11 1c, 2a, 2b, 3a,	c; Part IV, Sectio and 3b; Part V, li	n B, lines 1 and ne 1; Part V, Se	I 2; Part IV, Sectio ction B, line 1e; P	on C, Part V,
	(See instructions.)								
2028 01-04-2	2				20		S	chedule A (Form	990) 20

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

\*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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Name of the organization	on			
	KAPPA	ALPHA	THETA	FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Page 2

36-6066531

### KAPPA ALPHA THETA FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 52,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 86,522. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 X Person Payroll 48,750. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 107,668. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 155,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-21		\$	Schedule B (Form 990) (2021)

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### KAPPA ALPHA THETA FOUNDATION Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Page 3 Employer identification number

36-6066531

Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)			Page 4	
Name of o	rganization			Employer identification number	
карра	ALPHA THETA FOUNDATION			36-6066531	
Part III	Exclusively religious, charitable, etc., contribut				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. onc	e.) ► \$	
	Use duplicate copies of Part III if additional	space is needed.		·	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Part I					
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd <b>7IP</b> $\pm 4$	Relationship of tra	nsferor to transferee	
ŀ					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
·		e) Transfer of gif	+		
			L .		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doso	ription of how gift is held	
Part I	(b) Fulpose of gift			ription of now gift is field	
		(e) Transfer of gif	t		
	Turneferre la nome address a		Deletionship of two	- four to be a four four o	
-	Transferee's name, address, a		Relationship of trai	nsferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
<u> </u>					
-		e) Transfer of gif	+		
		(e) transfer of gi	L		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee	
123454 11-11	1-21	1		Schedule B (Form 990) (2021)	

5 2021.05000 KAPPA ALPHA THETA FOUNDAT 10000061

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No. 1545-0047 121 L **Open to Public** Inspection

Employer identification number 36-6066531

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the	organization
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### KAPPA ALPHA THETA FOUNDATION

Pa			nds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	advised fund	ds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	, , , , ,		°
Pa		anization answered "Yes" on Form §	990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		, ,	, 
	Preservation of land for public use (for example, recreation		on of a histo	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in the f	orm of a co	pservation easement on the last
~	day of the tax year.			Held at the End of the Tax Year
~				2a
a L	Total number of conservation easements			2a 2b
b	<b>c</b> ,	atura included in (a)		20 2c
C J	Number of conservation easements on a certified historic struct			20
d	Number of conservation easements included in (c) acquired aff			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated b	y the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cons	ervation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	ense statem	nent and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial sta	tements th	at describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pa	<b>t III</b> Organizations Maintaining Collections of A		r Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statem	ent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research	in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement a	and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				<b>.</b> .
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS		<b>C</b> 7	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	1 10-28-21			

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2021.05000 KAPPA ALPHA THETA FOUNDAT 10000061

Sche		LPHA THETA				36-60			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	plections and explain	how they further th	e organization's exe	empt purpos	e in Part ?	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes	Χ	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
		·	C C				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XII	I				]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years l	back
1a	Beginning of year balance	40,714,589.	32,472,479.	33,358,132.	32,61	13,369.	31,	086,2	242.
b	Contributions	987,693.	887,140.	605,203.	87	74,277.	1,	053,8	875.
с	Net investment earnings, gains, and losses	-5,533,402.	8,283,710.	-503,448.		51,169.		721,9	
d	Grants or scholarships	1,062,589.	910,234.	1,000,787.	1,07	72,989.	1,	144,7	724.
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses		18,506.	-13,379.	10	07,694.		104,0	009.
g	End of year balance	35,106,291.	40,714,589.			58,132.		613,3	
2	Provide the estimated percentage of the curr				,		,		
_ a	Board designated or quasi-endowment	37.8900	%						
b	Permanent endowment ► 51.1300	%	_/*						
	10 0000	% %							
-	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for t	the organiza	tion			
	by:						Г	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ŭ							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part λ	(, line 10.				
	Description of property	(a) Cost or of			Accumulate	d	(d) Book	value	 }
		basis (investm	• •		epreciation	-	(,		
<b>1</b> a	Land								
	Buildings								
	Leasehold improvements					-+			
	Equipment		6	2,776.	29,55		33	,21	17.
	Other				- , 3 -	-+		, = -	
	. Add lines 1a through 1e. (Column (d) must e		( column (R) line 1	0c)			33	,21	17.
		quari oni oou, i all/		~~./		Schedule		-	
								-/	. – .

132052 10-28-21

	THETA FOUNDAT	FION 3	6-6066531 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	1 177 669	END OF YEAD MADKE	
(A) HEDGE FUNDS (B) MORTGAGE-BACKED	4,477,668.	END-OF-YEAR MARKE	I VALUE
	934,939.	END-OF-YEAR MARKE	
(C) SECURITIES (D) CORPORATE BONDS	3,264,688.	END-OF-YEAR MARKE	
(E)	5,204,000.		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,677,295.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITY OBLIGATIONS			1,668.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			1 660
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		▶ <u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		-	
organization o hability for undertail tax publicits under		TO THE LOAD OF THE TOULIDLE HAS DEEN	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 KAPPA ALPHA THETA FOUNDATION	36-	6066531 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	-3,164,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-7,843,027.
3	Subtract line 2e from line 1	3	4,679,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 64, 304.		
b	Other (Describe in Part XIII.) 4b 56,082.		
с	Add lines 4a and 4b	4c	120,386.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,799,412.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,286,140.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,286,140.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 64, 304.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	64,304.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,350,444.
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

### ENDOWMENT FUNDS ARE USED TO FUND GRANTS, SCHOLARSHIPS AND OPERATING

EXPENSES.

PART X, LINE 2:

### THE FOUNDATION HAS EVALUATED TAX POSITIONS TAKEN IN THE TAX RETURNS FILED

### AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS DEFINED BY

29

### GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

### CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

### CHANGE IN VALUE OF ANNUITIES

132054 10-28-21

Schedule D (Form 990) 2021

56,019.

63.

Schedule D (Form 990) 2021         KAPPA ALPHA THETA FOUNDATION           Part XIII         Supplemental Information (continued)	36-6066531 Page
Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	56,082.
32055 10-28-21	Schedule D (Form 990) 20

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Department of the	e Treasury			Attach to Form 990.			Open to Public
Internal Revenue	<b>_</b>	Go to v	www.irs.gov/Fc	rm990 for instructions and the latest	information.		Inspection
Name of the	organization					Employer id	entification number
KAPPA A	ALPHA THE	TA FOUND	ATION			36-606	6531
			ctivities Out	side the United States. Comple	te if the organ	ization answer	red "Yes" on
	Form 990, Part IN		maintain rocor	ds to substantiate the amount of its grar	ate and other	accistanco	
				the selection criteria used to award the g			X Yes No
	<b>antmakers.</b> Desc States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
				an be duplicated if additional space is ne			
(a)	Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	expenditures for and
3 a Subtot	al	0	0				0.
<b>b</b> Total fr	rom continuation	0	0				0.
	(add lines 3a	0	0				0

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

SCHEDULE F (Form 990)

### Schedule F (Form 990) 2021

### KAPPA ALPHA THETA FOUNDATION

36-6066531

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the f					1
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			
3 Enter total number of	other organizations of	or entities				<b>&gt;</b>	Sched	ule F (Form 990) 2021

132072 12-20-21

Page 2

36-6066531

### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS AND EDUCATIONAL GRANTS	NORTH AMERICA	9	41,300.	CHECK	0.		

Schedule F (Form 990) 2021

	(Form 990) 2021		ALPHA	THETA	FOUNDATION
Part IV	Foreign Form	າຣ			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

# Schedule F (Form 990) 2021 KAPPA ALPHA THETA FOUNDATION Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION PROVIDES MERIT-BASED UNDERGRADUATE AND GRADUATE

SCHOLARSHIPS AND GRANTS TO INDIVIDUALS. APPLICANTS COMPLETE AN

APPLICATION PROCESS AND PROVIDE TRANSCRIPTS.

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Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE I		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organizatio					2021
Department of the Treasury	Comple	ete il tile organizatio	Attach to For		t iv, inte 21 01 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization KAPPA ALP	HA THETA 1	FOUNDATION					Employer identification number $36-6066531$
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records t							ion
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro		<u> </u>			nization anoward "M		t N/ line O1 for only
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Pan	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KAPPA ALPHA THETA FRATERNITY 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	36-1305568	501(C)(7)	213,833.	0.			EDUCATIONAL GRANT
,			, ,				
NATIONAL CASA ASSOCIATION							
100 W. HARRISON ST. NORTH TOWER STE							
SEATTLE, WA 98119	91-1255818	501(C)(3)	84,724.	0.			CHARITABLE GRANT
HEARTSPRINGS 8700 EAST 29TH STREET NORTH							
WICHITA, KS 67226	48-0561969	501(C)(3)	13,025.	0.			CHARITABLE GRANT
KAPPA ALPHA THETA FRATERNITY GAMMA PHI HOUSE CORPORATION - 3209 CR							
7610 - LUBBOCK, TX 79423	75-1283953	501(C)(7)	17,044.	0.			EDUCATIONAL GRANT
KIDS VOICE OF INDIANA 127 E MICHIGAN STREET							
INDIANAPOLIS, IN 46204	35-1656579	501(C)(3)	14,901.	0.			CHARITABLE GRANT
TULSA CASA, INC. 700 S BOSTON AVE. STE. 230 TULSA, OK 74119	73-1312870	501(C)(3)	7,039.	0.			CHARITABLE GRANT
2 Enter total number of section 501(c)(3) a			,				► 4.
3 Enter total number of other organizations	0	•			·····	·····	2.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

KAPPA	ALPHA	THETA	FOUNDATION
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36-6066531

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	387	826,759.	0.		
EDUCATIONAL GRANTS	33	31,245.	0.		
PECIAL ASSISTANCE GRANTS	7	15,069.	٥.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION PROVIDES MERIT-BASED AND NEED-BASED UNDERGRADUATE AND

GRADUATE SCHOLARSHIPS AND GRANTS TO INVIDIDUALS AND CHAPTER. APPLICANTS

COMPLETE AN APPLICATION AND PROVIDE TRANSCRIPTS, AND ARE SUBJECT TO

ACADEMIC PROGRESS REPORTS, IF APPLICABLE.

### THE FOUNDATION PROVIDES GRANT FUNDING FOR EDUCATIONAL AND LEADERSHIP

### PROGRAMS TO KAPPA ALPHA THETA FRATERNITY. THE FRATERNITY MUST PROVIDE AN

### APPLICATION AND PROVIDE VERIFICATION OF EXPENSES, IF REQUESTED.

THE FOUNDATION PROVIDES VARIOUS GRANTS TO MEMBERS OF THE FRATERNITY ON A

CASE-BY-CASE BASIS WHO EXPERIENCE HARDSHIP DUE TO NATURAL DISASTER.

Schedule I (Form 990)

SC	HEDULE J	Compens	ation Information	1	OMB No. 1	545-004	17
		-	rs, Trustees, Key Employees, and Highest		00	~4	
<b>(</b>		Compo	ensated Employees		20	21	
			nswered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
	rtment of the Treasury al Revenue Service		ach to Form 990. ) for instructions and the latest information.		Inspe		
	ne of the organization	<u></u>		Employer i	dentificatio	on nur	nber
	KAPF	A ALPHA THETA B	FOUNDATION	36-6	06653	1	
Pa	rt I Questions Regarding	Compensation					
						Yes	No
1a	Check the appropriate box(es) if the	e organization provided any o	f the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Comple	ete Part III to provide any relev	ant information regarding these items.				
	First-class or charter travel		Housing allowance or residence for person	nal use			
	Travel for companions		Payments for business use of personal res	sidence			
	Tax indemnification and gross	-up payments	Health or social club dues or initiation fees	6			
	Discretionary spending accou	nt	Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes on line 1a are cl	necked, did the organization f	ollow a written policy regarding payment or				
	reimbursement or provision of all o	f the expenses described abo	ve? If "No," complete Part III to explain		<b>1</b> b		L
2	Did the organization require substa	ntiation prior to reimbursing o	or allowing expenses incurred by all directors,				
	trustees, and officers, including the	CEO/Executive Director, reg	arding the items checked on line 1a?		2		<u> </u>
3		• •	establish the compensation of the organization's				
			boxes for methods used by a related organization	on to			
	establish compensation of the CEC	)/Executive Director, but expl					
	Compensation committee		Written employment contract				
	Independent compensation co		Compensation survey or study				
	Form 990 of other organizatio	ns	Approval by the board or compensation compensation	ommittee			
			the Aller de collecte de la lle fille e				
4			tion A, line 1a, with respect to the filing				
•	organization or a related organization Receive a severance payment or cl				4a		х
a b	Participate in or receive payment fr	•	ied retirement nlan?				X
	Participate in or receive payment in		ation arrangement?				X
C			licable amounts for each item in Part III.		то		
		persons and provide the app					
	Only section 501(c)(3), 501(c)(4), a	and 501(c)(29) organizations	must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the revenues of:	, , ,,,	5 i y				
а	-				. 5a		Х
							X
	If "Yes" on line 5a or 5b, describe i						
6	For persons listed on Form 990, Pa	art VII, Section A, line 1a, did t	he organization pay or accrue any compensatio	n			
	contingent on the net earnings of:						
а	The organization?				6a		X
							X
	If "Yes" on line 6a or 6b, describe i						
7	-		the organization provide any nonfixed payments				
					7		X
8			ed pursuant to a contract that was subject to th				
	initial contract exception described	l in Regulations section 53.49	58-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organizat	ion also follow the rebuttable	presumption procedure described in				
					9		
LHA	For Paperwork Reduction Act N	otice, see the Instructions for	or Form 990.	Sched	ule J (Forn	n 990)	2021

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Page **2** 

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLEY HURST	(i)	146,208.	0.	0.	17,805.	11,597.	175,610.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 KAPPA ALPHA THETA FOUNDATION

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Par

12 13

30a

b 31 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

**ZUZ1** Open to Public Inspection

Employer identification number

# Name of the organization

KAPPA ALPHA '	THETA I	FOUNDATIO	N		36-6066	531	
t I Types of Property				ł			
	<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> thod of determin h contribution ar		3
Art - Works of art							
Art - Historical treasures							
Art - Fractional interests							
Books and publications							
Clothing and household goods							
Cars and other vehicles							
Boats and planes							
Intellectual property							
Securities - Publicly traded	Х	7	26,264.	FMV			
Securities - Closely held stock							
Securities - Partnership, LLC, or							
trust interests							
Securities - Miscellaneous							
Qualified conservation contribution -							
Historic structures							
Qualified conservation contribution - Other							
Real estate - Residential							
Real estate - Commercial							
Real estate - Other							
Collectibles							
Food inventory							
Drugs and medical supplies							
Taxidermy							
Historical artifacts							
Scientific specimens							
Archeological artifacts							
Other ()							
Other ( )							
Other ( )							
Other ( )							
Number of Forms 8283 received by the organiz	ation during	, the tax year for c	ontributions				
for which the organization completed Form 828							
5	, , ,	5				Yes	No
During the year, did the organization receive by	/ contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
					30a		х
							_
Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31		Х
During the year, did the organization receive by must hold for at least three years from the date exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	of the initia	I contribution, and	which isn't required to be us	sed for	<u> </u>	Yes	

 32a
 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 32a

 b
 If "Yes," describe in Part II.
 33

 33
 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

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this part for any additional information.	
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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE O (Form 990)

Name of the organization

# 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



KAPPA ALPHA THETA FOUNDATION

36-6066531

### FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIFFERENCE IN THE WORLD.

FORM 990, PART V, LINE 2A

KAPPA ALPHA THETA FOUNDATION AND KAPPA ALPHA THETA FRATERNITY REPORT

ALL PAYROLL USING A COMMON PAYMASTER ARRANGEMENT. ALL PAYROLL IS

REPORTED UNDER A SINGLE PAYROLL ACCOUNT, THE FRATERNITY'S, AND ALL

QUARTERLY AND ANNUAL PAYROLL FILINGS WITH THE INTERNAL REVENUE SERVICE

AND THE STATE OF INDIANA ARE REPORTED UNDER THE FRATERNITY'S NAME. THE

FOUNDATION REIMBURSES THE FRATERNITY FOR THE ACTUAL COST OF THESE

INDIVIDUAL'S COMPENSATION, INCLUDING BENEFITS AND PAYROLL TAXES. THESE

PAYROLL AND RELATED COSTS ARE RECORDED AS EXPENSES ON PART IX, LINES 5

THRU 10, AND THE FRATERNITY TREATS THESE REIMBURSEMENTS AS EXPENSE

REDUCTION. THE TOTAL COST OF THIS REIMBURSEMENT WAS \$734,485 FOR THE

YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S BOARD OF TRUSTEES RECEIVES AND REVIEWS FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S BOARD OF TRUSTEES ANNUALLY REVIEWS CONFLICT OF INTEREST

DISCLOSURES AND ADDRESSES ISSUES ON A CASE-BY-CASE BASIS, IF APPLICABLE.

 FORM 990, PART VI, SECTION B, LINE 15A:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

 132211 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization KAPPA ALPHA THETA FOUNDATION	Employer identification number $36-6066531$
THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS AND EVALUATE	S PERFORMANCE
REVIEWS OF THE EXECUTIVE DIRECTOR. THE COMMITTEE RESEARCH	ES AND OBTAINS
COMPARABILITY DATA REGARDING COMPENSATION OF EXECUTIVE DIR	ECTORS OF SIMILAR
SIZED ORGANIZATIONS IN THE INDIANAPOLIS REGION. THE COMMI	TTEE DELIBERATES
AND DECIDES ALL COMPENSATION MATTERS. WRITTEN MINUTES ARE	KEPT OF SUCH
DELIBERATIONS. DECISIONS OF THE COMMITTEE ARE SUBJECT TO	APPROVAL BY THE
BOARD OF TRUSTEES.	

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL, IN, AK, AR, CA, CT, FL, GA, HI, KS, KY, LA, ME, MD, MA, MI, MN, MS, NJ, NH, NM, NC, ND, OH, OK OR, PA, RI, SC, TN, UT, VA, DC, WA, WV, WI, NY, AZ

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION MAKES IRS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING AND OTHER DOCUMENTS AVAILABLE TO

INTERESTED PARTIES UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT-56,019.CHANGE IN VALUE OF ANNUITIES-63.TOTAL TO FORM 990, PART XI, LINE 9-56,082.

FORM 990, PART XII, LINE 2C: THE FOUNDATION HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSEEING THE ANNUAL AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. 132212 11-11-21 Schedule O (Form 990) 2021 45

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Name of the organizati	on	Employer identification number 36-6066531
	KAPPA ALPHA THETA FOUNDATION	36-6066531
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