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PS Form 3800, April 2015 PSN 7530-02-000-9047

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1. Article Addressed to:

KB Parrish & Co. LLP
Certified Public Accountants
6840 Eagle Highlands Way
Indianapolis, IN 46254



9590 9401 0164 5234 6824 55

2. Article Number (Transfer from service label)

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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:	C Name of organization KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8740 FOUNDERS ROAD City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46268	D Employer identification number 26-1430902 E Telephone number 317-876-8593 G Gross receipts \$ 1,275,804. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	F Name and address of principal officer: ELIZABETH CORRIDAN SAME AS C ABOVE	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2007 M State of legal domicile: IN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HOLD TITLE TO OR TO RENT REAL AND PERSONAL PROPERTY TO BE USED FOR HOUSING AND MEETING PURPOSES OF 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 4 7a Total unrelated business revenue from Part VIII, column (C), line 12 963. b Net unrelated business taxable income from Form 990-T, line 34 0.	3	5
Revenue	8 Contributions and grants (Part VIII, line 1h) 100. 9 Program service revenue (Part VIII, line 2g) 720,315. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 656. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -108,736. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 612,335.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 193,757. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 711,368. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 905,125. 19 Revenue less expenses. Subtract line 18 from line 12 -292,790.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,071,412. 21 Total liabilities (Part X, line 26) 3,506,469. 22 Net assets or fund balances. Subtract line 21 from line 20 564,943.	Beginning of Current Year	End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: ELIZABETH CORRIDAN, VP/SECRETARY Type or print name and title	Date: 3.1.17
Paid Preparer Use Only	Print/Type preparer's name: RYAN KEITH, CPA Preparer's signature: Date: 2-24-17 Firm's name: K. B. PARRISH & CO. LLP Firm's address: 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254 Firm's EIN: 35-0905983 Phone no. (317) 347-5200	Check if self-employed <input type="checkbox"/> PTIN: P00846149

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions. KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	Employer identification number (EIN) or 26-1430902
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 8740 FOUNDERS ROAD	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

JEFF RISSE

- The books are in the care of **8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268**

Telephone No. **317-876-8593**

Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER ALL NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature

Title **CPA**

Date

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	Employer identification number (EIN) or 26-1430902
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8740 FOUNDERS ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEFF RISSE

- The books are in the care of ► **8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268**

Telephone No. ► **317-876-8593**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
► ☒ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Form 990 (2015)

26-1430902 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO HOLD TITLE TO OR TO RENT REAL AND PERSONAL PROPERTY TO BE USED FOR HOUSING AND MEETING PURPOSES OF COLLEGE CHAPTERS OF KAPPA ALPHA THETA FRATERNITY, INC. FOR THE BENEFIT OF THE FRATERNITY'S MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE ORGANIZATION ADMINISTERS HOUSING AND OPERATIONS OF LOCAL HOUSING CORPORATIONS AT VARIOUS COLLEGE CAMPUSES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Form 990 (2015)

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>		
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2015)

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2015)

Form 990 (2015)

Part 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

Form **990** (2015)

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

26-1430902 Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section 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 5			
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section 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	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JEFF RISSE** - **317-876-8593**
8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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1b Sub-total	0.	348,687.	63,959.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	348,687.	63,959.

0

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X
---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	---

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------	---

532008
12-16-15

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 139,126.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		139,126.			
Program Service Revenue	2 a OVERHEAD CHARGE	Business Code 900099	428,695.	428,695.		
	b HOUSE CORP PROGRAM FEE	900099	408,918.	408,918.		
	c RENTAL INCOME FROM AFF	531110	255,458.	255,458.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,093,071.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		963.		963.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a 1,692.				
b Less: cost of goods sold	b 1,051.					
c Net income or (loss) from sales of inventory		641.	641.			
Miscellaneous Revenue		Business Code				
11 a CHAPTER SURPLUS	900099	37,575.	37,575.			
b MISCELLANEOUS INCOME	900099	3,177.	3,177.			
c BAD DEBT RECOVERED	900099	200.	200.			
d All other revenue						
e Total. Add lines 11a-11d		40,952.				
12 Total revenue. See instructions.		1,274,753.	1,134,664.	963.	0.	

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

26-1430902 Page **10**

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,169.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,780.			
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	217,551.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	56.			
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	41,371.			
c Accounting	22,210.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17	52,901.			
f Investment management fees	2,753.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,641.			
12 Advertising and promotion	5,744.			
13 Office expenses	22,538.			
14 Information technology				
15 Royalties				
16 Occupancy	130,121.			
17 Travel	22,312.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,663.			
20 Interest	90,385.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,386.			
23 Insurance	55,308.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEDERAL AND STATE INCOME TAXES	3,287.			
b STATE & LOCAL TAXES	1,905.			
c MISCELLANEOUS EXPENSE	1,401.			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	956,482.			
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)

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	595,198.	1	963,311.
	2 Savings and temporary cash investments	420,923.	2	171,315.
	3 Pledges and grants receivable, net		3	21,750.
	4 Accounts receivable, net	91,573.	4	1,468,345.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	27,030.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,734,957.		
	10b Less: accumulated depreciation	449,714.		
		1,804,074.	10c	3,285,243.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,159,644.	15	113,703.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,071,412.	16	6,050,697.	
Liabilities	17 Accounts payable and accrued expenses	106,890.	17	10,566.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,457,949.	23	1,974,657.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,941,630.	25	675,476.
	26 Total liabilities. Add lines 17 through 25	3,506,469.	26	2,660,699.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	564,943.	27	3,368,248.
	28 Temporarily restricted net assets		28	21,750.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	564,943.	33	3,389,998.
	34 Total liabilities and net assets/fund balances	4,071,412.	34	6,050,697.

Form **990** (2015)

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Form 990 (2015)

26-1430902 Page **12**

Part 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	1,274,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	956,482.
3	Revenue less expenses. Subtract line 2 from line 1	3	318,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	564,943.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	2,506,784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,389,998.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2015)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Employer identification number

26-1430902

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(7) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** 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

☐ 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 or 990-EZ), 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, 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. Do not 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 ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number

26-1430902**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>62,084.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1430902

Part II

[illegible]

Name of organization

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number

26-1430902**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	Employer identification number	26-1430902
----------------------	---------------------------------------------------------	--------------------------------	-------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ **5,000.**
- 3 Volunteer hours **20.**

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2015

KAPPA ALPHA THETA FRATERNITY HOUSING

Schedule C (Form 990 or 990-EZ) 2015 CORPORATION

26-1430902 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

KAPPA ALPHA THETA FRATERNITY HOUSING

Schedule C (Form 990 or 990-EZ) 2015 CORPORATION

26-1430902 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

KAPPA ALPHA THETA FRATERNITY, A RELATED ORGANIZATION, IS REPRESENTED ON THE FINANCE COMMITTEE OF THE FRATERNITY AND SORORITY POLITICAL ACTION COMMITTEE. FHC ASSISTS THE FRATERNITY WITH ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION**

Employer identification number
26-1430902

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Schedule D (Form 990) 2015

26-1430902 Page **2**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,642.		158,642.
b Buildings		2,697,754.	140,736.	2,557,018.
c Leasehold improvements				
d Equipment		26,639.	16,625.	10,014.
e Other		851,922.	292,353.	559,569.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,285,243.

Schedule D (Form 990) 2015

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Schedule D (Form 990) 2015

26-1430902 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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.

(a) 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 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 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	8,319.	
(3) DEPOSITS	500.	
(4) NOTE PAYABLE TO RELATED		
(5) ORGANIZATION	666,657.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		675,476.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Schedule D (Form 990) 2015

26-1430902 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	3,328,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,507,835.
e	Add lines 2a through 2d	2e	2,507,835.
3	Subtract line 2e from line 1	3	820,808.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	453,945.
c	Add lines 4a and 4b	4c	453,945.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,274,753.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	525,338.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,051.
e	Add lines 2a through 2d	2e	1,051.
3	Subtract line 2e from line 1	3	524,287.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	432,195.
c	Add lines 4a and 4b	4c	432,195.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	956,482.

Part 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 X, LINE 2:

THE HOUSING CORPORATION HAS EVALUATED TAX POSITIONS TAKEN IN THE TAX RETURNS FILED AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS DEFINED BY GENERALLY ACCEPTED ACCOUNTING STANDARDS. UNDER A THREE-YEAR STATUTE OF LIMITATIONS, THE HOUSING CORPORATION REMAINS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDED JUNE 30, 2013 THROUGH JUNE 30, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SALES INCOME 1,051.

NET ASSET CONTRIBUTION FROM DISESTABLISHED CHAPTERS 2,506,784.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,507,835.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OVERHEAD CHARGES NETTED WITH EXPENSE FOR FINANCIAL

STATEMENTS 428,695.

OTHER INCOME NETTED WITH EXPENSE FOR FINANCIAL STATEMENTS 200.

PLEDGE CONTRIBUTIONS 25,050.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 453,945.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 1,051.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OVERHEAD CHARGES NETTED WITH EXPENSE FOR FINANCIAL

STATEMENTS 428,695.

OTHER INCOME NETTED WITH EXPENSE FOR FINANCIAL STATEMENTS 200.

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES NETTED WITH EXPENSE FOR

F/S 3,300.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 432,195.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number 26-1430902

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [] In-person solicitations
e [] Solicitation of non-government grants
f [] Solicitation of government grants
g [] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for PENNINGTON & COMPANY.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

KAPPA ALPHA THETA FRATERNITY HOUSING

Schedule G (Form 990 or 990-EZ) 2015 CORPORATION

26-1430902 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

KAPPA ALPHA THETA FRATERNITY HOUSING

Schedule G (Form 990 or 990-EZ) 2015 **CORPORATION**

26-1430902 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PENNINGTON & COMPANY

(I) ADDRESS OF FUNDRAISER: 501 GATEWAY DRIVE, SUITE A, LAWRENCE, KS 66049

Part IV	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION

Employer identification number
26-1430902

OMB No. 1545-0047

2015

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRATERNITY AND SORORITY ACTION FUND - 601 MASSACHUSETTS AVE NW - WASHINGTON, DC 20001	47-4906970		5,000.	0.			TO BUILD A POSITIVE EXPERIENCE IN WASHINGTON THAT HELPS PROTECT THE FRATERNAL EXPERIENCE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

Page 2

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.

[illegible]

part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Employer identification number

26-1430902

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2015

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule I 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 are not 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.

[illegible]

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

26-1430902

Page 3

Schedule J (Form 990) 2015

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.

PART I, LINE 3:

THE ORGANIZATION'S EXECUTIVE DIRECTOR IS COMPENSATED THROUGH KAPPA ALPHA THETA FRATERNITY. THE ORGANIZATION ALSO USED THE SERVICES OF KAPPA ALPHA THETA FRATERNITY'S CHIEF EXECUTIVE OFFICER (A RELATED ORGANIZATION, SEE SCHEDULE R). THE FRATERNITY ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER USING A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY/STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION** Employer identification number **26-1430902**

Part I Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	1,002,590.	BOOK VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not 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) (2015)

Part II

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION**

Employer identification number
26-1430902

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**COLLEGE CHAPTERS OF KAPPA ALPHA THETA FRATERNITY, INC. FOR THE BENEFIT
OF THE FRATERNITY'S MEMBERS.**

FORM 990, PART V, LINE 2A:

**THE ORGANIZATION DOES NOT HAVE ITS OWN EMPLOYEES. THE ORGANIZATION
REIMBURSES KAPPA ALPHA THETA FRATERNITY FOR THE USE OF THEIR EMPLOYEES,
THEREFORE THE ORGANIZATION HAS SALARY EXPENSE. THE REIMBURSEMENT OF
SHARED EMPLOYEES HAS BEEN PROPERLY REPORTED ON SCHEDULE R, PART V, LINE
1**

FORM 990, PART VI, SECTION A, LINE 6:

**THE RELATED FRATERNITY HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF
THE FRATERNITY'S GOVERNING BODY. THREE OF THE MEMBERS OF THE FRATERNITY'S
GOVERNING BODY ARE AUTOMATICALLY ON THE BOARD OF DIRECTORS OF THE
ORGANIZATION BY VIRTUE OF THEIR POSITION ON THE FRATERNITY'S GOVERNING
BODY. THESE DIRECTORS APPOINT ONE OTHER DIRECTOR TO THE ORGANIZATION'S
BOARD.**

FORM 990, PART VI, SECTION A, LINE 7A:

**THE RELATED FRATERNITY HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF
THE FRATERNITY'S GOVERNING BODY. THREE OF THE MEMBERS OF THE FRATERNITY'S
GOVERNING BODY ARE AUTOMATICALLY ON THE BOARD OF DIRECTORS OF THE
ORGANIZATION BY VIRTUE OF THEIR POSITION ON THE FRATERNITY'S GOVERNING
BODY. THESE DIRECTORS APPOINT ONE OTHER DIRECTOR TO THE ORGANIZATION'S**

Name of the organization **KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION**

Employer identification number
26-1430902

BOARD.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S OFFICERS PRIOR TO BEING FILED.

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

THE ORGANIZATION REVIEWS THE POLICY AND ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

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

THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (IF APPLICABLE) AND ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST. ANNUAL FORMS 990 CAN ALSO BE ATTAINED THROUGH THE KAPPA ALPHA THETA FRATERNITY WEBSITE AND THIRD PARTY WEBSITES SUCH AS WWW.GUIDESTAR.COM.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET CONTRIBUTION FROM DISESTABLISHED CHAPTERS 2,506,784.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSEEING THE AUDIT OF ITS FINANCIAL STATEMENTS AS WELL AS SELECTING AN INDEPENDENT ACCOUNTANT.

SCHEDULE R
(Form 990)

OMB No. 1545-0047

2015

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number

26-1430902

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
708 PARK CITY, LLC					
8740 FOUNDERS ROAD					
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	INDIANA	0.	0.	KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
KAPPA ALPHA THETA FRATERNITY INC - 36-1305568, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	NATIONAL FRATERNITY ORGANIZATION	INDIANA	501(C)(7)			X
KAPPA ALPHA THETA CHAPTER HOUSE ASSOCIATION, INC. - 59-6153436, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	FLORIDA	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING	X
PI ASSOC HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 38-6089568, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MICHIGAN	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING	X
KAPPA ALPHA THETA UMD FACILITY CORPORATION - 27-1464596, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MARYLAND	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING	X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2015

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KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

Schedule R (Form 990)

26-1430902

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TAU ASSOCIATION OF KAPPA ALPHA THETA - 36-6096126, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ILLINOIS	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
THE ALUMNAE OF BETA ETA CHAPTER OF KAPPA ALPHA THETA, INC. - 23-2500144, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
GAMMA ZETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 06-1007277, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CONNECTICUT	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
LAMBDA OF KAPPA ALPHA THETA, INC. - 45-2635136, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VERMONT	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
BETA THETA FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 48-1, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	IDAHO	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA - 51-0513776, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
EPSILON OMICRON HOUSE CORPORATION - 54-1295679, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
ALPHA PHI HOUSING CORPORATION - 72-6033909 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	LOUISIANA	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	OREGON	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
KAPPA ALPHA THETA OREGON FACILITY CORPORATION - 46-1452207, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MICHIGAN	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
KAPPA ALPHA THETA ETA HOUSE CORP - 38-6095369, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	TENNESSEE	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
ALPHA ETA FACILITY CORPORATION - 62-6044413 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	NEW YORK	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION						
EPSILON UPSILON HOUSE CORP OF KAPPA ALPHA THETA FRATERNITY - 13-3419130, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION						

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

26-1430902

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THETA THETA FACILITY CORP OF KAPPA ALPHA THETA FRATERNITY - 38-3932700, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH CAROLINA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
DELTA CHAPTER OF KAPPA ALPHA THETA CORPORATION - 37-6046637, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ILLINOIS	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
GAMMA PI HOUSE CORPORATION OF KAPPA ALPHA THETA - 42-0403009, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	IOWA	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
KAPPA ALPHA THETA COMPANY - 95-6102250 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
GAMMA NU FACILITY CORPORATION BOARD - 51-0197232, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH DAKOTA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
BETA DELTA BUILDING CORPORATION - 86-6052357 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	ARIZONA	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
EPSILON SIGMA FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 3, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
ZETA NU FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 68-0291, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
ALPHA LAMBDA ASSOCIATION - 91-6055302 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	WASHINGTON	501(C)(2)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	COLORADO	501(C)(8) & (C)(10)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
BETA IOTA HOUSE ASSOCIATION - 84-6040636 8740 FOUNDERS RD	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NEW JERSEY	501(C)(7)		KAPPA ALPHA THEA FRATERNITY HOUSING		X
BETA PHI FACILITY CORPORATION OF KAPPA ALPHA THETA - 83-0511449, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION						
EPSILON RHO HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 23-2343723, 8740 FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION						

Part II
Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

26-1430902

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Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	1b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	1d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	1e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	1f	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	1g	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	1h	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	1i	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	1j	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	1o	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	1p	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	1q	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	1r	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	1s	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAPPA ALPHA THETA ETA HOUSE CORP.	C	1,531,822.	CASH/NBV OF PROPERTY
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

KAPPA ALPHA THETA CHAPTER HOUSE ASSOCIATION, INC.

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

PI ASSOC HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

KAPPA ALPHA THETA UMD FACILITY CORPORATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

TAU ASSOCIATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

THE ALUMNAE OF BETA ETA CHAPTER OF KAPPA ALPHA THETA, INC.

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

GAMMA ZETA HOUSE CORPORATION OF KAPPA ALPHA THETA

FRATERNITY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

LAMBDA OF KAPPA ALPHA THETA, INC.DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:BETA THETA FACILITY CORPORATION OF KAPPA ALPHA THETA
FRATERNITY, INC.DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:EPSILON OMICRON HOUSE CORPORATIONDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:ALPHA PHI HOUSING CORPORATIONDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:KAPPA ALPHA THETA OREGON FACILITY CORPORATIONDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:KAPPA ALPHA THETA ETA HOUSE CORPDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

ALPHA ETA FACILITY CORPORATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

EPSILON UPSILON HOUSE CORP OF KAPPA ALPHA THETA FRATERNITY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

THETA THETA FACILITY CORP OF KAPPA ALPHA THETA FRATERNITY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

DELTA CHAPTER OF KAPPA ALPHA THETA CORPORATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

GAMMA PI HOUSE CORPORATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

KAPPA ALPHA THETA COMPANY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

GAMMA NU FACILITY CORPORATION BOARD

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

BETA DELTA BUILDING CORPORATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

EPSILON SIGMA FACILITY CORPORATION OF KAPPA ALPHA THETA

FRATERNITY, INC.

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

ZETA NU FACILITY CORPORATION OF KAPPA ALPHA THETA

FRATERNITY, INC.

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

ALPHA LAMBDA ASSOCIATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

BETA IOTA HOUSE ASSOCIATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

BETA PHI FACILITY CORPORATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

EPSILON RHO HOUSE CORPORATION OF KAPPA ALPHA THETA

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

FRATERNITYDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:GAMMA THETA HOUSE CORPORATION OF KAPPA ALPHA THETAFRATERNITYDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:KAPPA ALPHA THETA NU CHAPTER HOUSE CORPORATIONDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:PHI DEUTERON HOUSE CORPORATION OF KAPPA ALPHA THETAFRATERNITYDIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:ZETA THETA HOUSE CORPORATION OF KAPPA ALPHA THETAFRATERNITY, INC.DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:ZETA XI HOUSE CORPORATION, INC.DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATIONNAME OF RELATED ORGANIZATION:ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA THETA

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

FRATERNITY, INC.

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

ZETA LAMBDA HOUSE CORPORATION OF KAPPA ALPHA THETA

FRATERNITY

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THEA FRATERNITY HOUSING CORPORATION