

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**KAPPA ALPHA THETA FRATERNITY, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**8740 FOUNDERS ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**INDIANAPOLIS, IN 46268**

**F** Name and address of principal officer: **ELIZABETH CORRIDAN**

**SAME AS C ABOVE**

**D** Employer identification number

**36-1305568**

**E** Telephone number

**(317) 876-1870**

**G** Gross receipts \$ **17,207,352.**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)( **7** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.KAPPAALPHATHETA.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

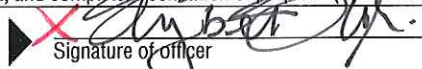
**L** Year of formation: **1870** **M** State of legal domicile: **IN**


## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE FRATERNAL SISTERHOOD THROUGH EDUCATIONAL AND SOCIAL ACTIVITIES FOR ITS MEMBERS.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>72</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>171</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>163,026.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>88,009.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>372,399.</b>	<b>547,459.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,168,876.</b>	<b>6,066,734.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>821,431.</b>	<b>1,045,260.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>699,964.</b>	<b>713,219.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,062,670.</b>	<b>8,372,672.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>77,929.</b>	<b>45,304.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,762,314.</b>	<b>3,360,821.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,005,139.</b>	<b>4,576,387.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,845,382.</b>	<b>7,982,512.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,217,288.</b>	<b>390,160.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>37,808,005.</b>	<b>36,734,271.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>23,900,819.</b>	<b>22,048,405.</b>
			<b>13,907,186.</b>	<b>14,685,866.</b>

## 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** **12.8.17** **Date**  
▶ **ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFICER**  
**Type or print name and title**

**Paid Preparer Use Only**  
Print/Type preparer's name **REBEKAH S. PAYNE, CPA** Preparer's signature  **Date** **12/5/17** Check ☐ if self-employed **PTIN** **P00841956**  
Firm's name ▶ **MOUNTJOY CHILTON MEDLEY LLP** Firm's EIN ▶ **27-1235638**  
Firm's address ▶ **6840 EAGLE HIGHLANDS WAY** Phone no. **(317) 347-5200**  
**INDIANAPOLIS, IN 46254**

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



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)

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Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**INDIANAPOLIS, IN 46268****F** Name and address of principal officer: **ELIZABETH CORRIDAN****SAME AS C ABOVE****D** Employer identification number**36-1305568****E** Telephone number**(317) 876-1870****G** Gross receipts \$ **17,207,352.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)( 7 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.KAPPAALPHATHETA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1870** **M** State of legal domicile: **IN****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE FRATERNAL SISTERHOOD THROUGH EDUCATIONAL AND SOCIAL ACTIVITIES FOR ITS MEMBERS.</b>			
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**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, CHIEF EXECUTIVE OFFICER** Date **12-8-17**  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **REBEKAH S. PAYNE, CPA** Preparer's signature **Rebekah S. Payne, CPA** Date **12/5/17** Check if self-employed ☐ PTIN **P00841956**  
Firm's name ▶ **MOUNTJOY CHILTON MEDLEY LLC** Firm's EIN ▶ **27-1235638**  
Firm's address ▶ **6840 EAGLE HIGHLANDS WAY** Phone no. **(317) 347-5200**  
**INDIANAPOLIS, IN 46254**

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



**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 PROMOTE FRATERNAL SISTERHOOD THROUGH EDUCATIONAL AND SOCIAL  
ACTIVITIES FOR ITS 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 \$ )  
MEMBER SERVICES PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR ALL  
MEMBERS. THESE SERVICES INCLUDE THE EDUCATIONAL LEADERSHIP CONSULTANT  
PROGRAM, MEMBER ORIENTATION, SISTERS SUPPORTING SISTERS, EMERGING  
LEADERS INSTITUTE, LEADERSHIP ACADEMY, SERVICE TRIPS AND ALCOHOL SKILLS  
TRAINING PROGRAMS.
- 
- 4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND  
CASUALTY.
- 
- 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
GRAND CONVENTION IS HELD TO:  
1. ELECT THE MEMBERS OF GRAND COUNCIL.  
2. ESTABLISH THE BASIC OBJECTIVES AND POLICIES OF KAPPA ALPHA THETA,  
INCLUDING THE CHARITABLE, EDUCATIONAL, AND SERVICE OBJECTIVES THEREOF.  
3. DETERMINE THE QUALIFICATIONS FOR FRATERNITY MEMBERSHIP.  
4. SET THE STANDARDS GOVERNING THE CONDUCT AND DISCIPLINE OF MEMBERS  
AND CHAPTERS.  
5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE  
PRINCIPAL FUNCTIONS, RESPONSIBILITIES, AND RELATIONSHIPS OF THE  
OFFICERS, DISTRICTS, CHAPTERS, CORPORATIONS, AND OTHER UNITS.  
6. PROVIDE FOR THE CREATION OF REVENUES NECESSARY TO THE ATTAINMENT OF  
FRATERNITY OBJECTIVES AND THE PROPER CONDUCT OF ITS AFFAIRS, FIX
- 4d Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses ►



**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 Schedule B, Schedule of Contributors?	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 <b>Section 501(c)(3) organizations.</b> 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 (2016)



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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 (2016)



**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 ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	72	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 1,335,405.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 342,221.	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2016)



**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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 7 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>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 7		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> 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? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<b>7a</b> 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? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>	X	
<b>b</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? ..... <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</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? ..... <b>16b</b>		

**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: **ELIZABETH CORRIDAN - (317) 876-1870**  
**8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

[illegible]



## 8



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	547,459.				
	g Noncash contributions included in lines 1a-1f: \$						
	h <b>Total.</b> Add lines 1a-1f		547,459.				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	2 a MEMBERSHIP DUES AND ASSESSMENTS	900099	4,731,166.	4,731,166.			
	b RISK MANAGEMENT	900099	579,844.	579,844.			
	c DELINQUENT MEMBER PROCESSING FEES	900099	441,612.	441,612.			
	d LIFE LOYAL PROGRAM	900099	169,527.	169,527.			
	e INTEREST ON LOANS	900099	81,758.	81,758.			
	f All other program service revenue	900099	62,827.	62,827.			
	g <b>Total.</b> Add lines 2a-2f		6,066,734.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		668,213.		152,889.	515,324.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		386,936.			386,936.	
	6 a Gross rents	(i) Real (ii) Personal	342,221.				
	b Less: rental expenses		338,009.				
	c Rental income or (loss)		4,212.				
	d Net rental income or (loss)		4,212.		4,212.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	8,628,309.	510.			
	b Less: cost or other basis and sales expenses		8,251,732.	40.			
	c Gain or (loss)		376,577.	470.			
	d Net gain or (loss)		377,047.			377,047.	
	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	503,789.				
b Less: cost of goods sold	b	244,899.					
c Net income or (loss) from sales of inventory		258,890.	258,890.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a MISCELLANEOUS	900099	57,256.	57,256.				
b ADVERTISING	541800	5,925.		5,925.			
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d		63,181.					
12 <b>Total revenue.</b> See instructions.		8,372,672.	6,382,880.	163,026.	1,279,307.		



**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

☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	45,304.			
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 .....	285,049.			
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 .....	2,397,936.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	220,203.			
9 Other employee benefits .....	284,975.			
10 Payroll taxes .....	172,658.			
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	12,314.			
c Accounting .....	27,982.			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	68,092.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,745.			
12 Advertising and promotion .....	202,969.			
13 Office expenses .....	239,662.			
14 Information technology .....	816,614.			
15 Royalties .....				
16 Occupancy .....	369,207.			
17 Travel .....	497,457.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	189,070.			
20 Interest .....	130,618.			
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	241,353.			
23 Insurance .....				
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 <b>FEDERAL &amp; STATE UBTI TA</b>	-407.			
b <b>RISK MANAGEMENT</b>	474,301.			
c <b>INSTALLATIONS</b>	289,494.			
d <b>COLONIZATION</b>	187,940.			
e All other expenses <b>SEE SCH O</b>	820,976.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,982,512.			
26 <b>Joint costs.</b> 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)



**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
<b>Assets</b>	1 Cash - non-interest-bearing .....	2,555,265.	1	1,456,023.
	2 Savings and temporary cash investments .....	8,893,377.	2	6,349,762.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	251,706.	4	466,013.
	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 .....	1,576,495.	7	3,412,155.
	8 Inventories for sale or use .....	54,513.	8	61,092.
	9 Prepaid expenses and deferred charges .....	197,226.	9	358,606.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 6,390,893.		
	b Less: accumulated depreciation .....	10b 3,274,048.		
		5,236,303.	10c	3,116,845.
	11 Investments - publicly traded securities .....	9,786,090.	11	12,102,716.
	12 Investments - other securities. See Part IV, line 11 .....	9,136,873.	12	9,276,126.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	120,157.	15	134,933.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	37,808,005.	16	36,734,271.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,827,450.	17	1,381,098.
	18 Grants payable .....		18	
	19 Deferred revenue .....	334,527.	19	747,584.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	13,202,694.	21	13,750,368.
	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 .....	3,170,478.	23	3,009,476.
	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 .....	5,365,670.	25	3,159,879.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	23,900,819.	26	22,048,405.
<b>Net Assets or Fund Balances</b>	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 .....	13,713,744.	27	14,454,426.
	28 Temporarily restricted net assets .....	193,442.	28	231,440.
	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 <b>Total net assets or fund balances</b> .....	13,907,186.	33	14,685,866.
	34 <b>Total liabilities and net assets/fund balances</b> .....	37,808,005.	34	36,734,271.

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**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,372,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,982,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	390,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,907,186.
5	Net unrealized gains (losses) on investments	5	418,211.
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	-29,691.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,685,866.

**Part XII Financial Statements and Reporting**

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

☒

	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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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 (2016)



# 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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number

36-1305568

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)



Name of organization

Employer identification number

**KAPPA ALPHA THETA FRATERNITY, INC.****36-1305568****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>463,908.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number <b>36-1305568</b>
-------------------------------------------------------------------	-----------------------------------------------------

**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>7</u>		\$ <u>1,477.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>2,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>1,003.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>1,027.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>1,265.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>1,277.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**KAPPA ALPHA THETA FRATERNITY, INC.****36-1305568****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
13		\$ 1,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 1,062.	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.)
		\$	Person <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

36-1305568

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

[illegible]



Name of organization	Employer identification number
KAPPA ALPHA THETA FRATERNITY, INC.	36-1305568

**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
1	SUPPORTING THE FRATERNITY'S EDUCATIONAL EFFORTS	EDUCATIONAL PROGRAMMING	GIFT HAS BEEN DISBURSED FOR EDUCATIONAL PURPOSES
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
2	SEE STATEMENT 3	SEE STATEMENT 1	SEE STATEMENT 2
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
3	SEE STATEMENT 6	SEE STATEMENT 4	SEE STATEMENT 5
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
4	SEE STATEMENT 9	SEE STATEMENT 7	SEE STATEMENT 8
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



Name of organization	Employer identification number
<b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	<b>36-1305568</b>

**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
5	SEE STATEMENT 12	SEE STATEMENT 10	SEE STATEMENT 11
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
6	SEE STATEMENT 15	SEE STATEMENT 13	SEE STATEMENT 14
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
7	SEE STATEMENT 18	SEE STATEMENT 16	SEE STATEMENT 17
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
8	SEE STATEMENT 21	SEE STATEMENT 19	SEE STATEMENT 20
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Name of organization	Employer identification number
<b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	<b>36-1305568</b>

**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
9	SEE STATEMENT 24	SEE STATEMENT 22	SEE STATEMENT 23
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
10	SEE STATEMENT 27	SEE STATEMENT 25	SEE STATEMENT 26
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
11	SEE STATEMENT 30	SEE STATEMENT 28	SEE STATEMENT 29
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
12	SEE STATEMENT 33	SEE STATEMENT 31	SEE STATEMENT 32
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



Name of organization

Employer identification number

**KAPPA ALPHA THETA FRATERNITY, INC.****36-1305568**

**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
13	SEE STATEMENT 36	SEE STATEMENT 34	SEE STATEMENT 35
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
14	SEE STATEMENT 39	SEE STATEMENT 37	SEE STATEMENT 38
(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 B

STATEMENT 1

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



## SCHEDULE B

STATEMENT 2

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 3

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



## SCHEDULE B

STATEMENT 4

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 5

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA



## SCHEDULE B

STATEMENT 6

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 7

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 8

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 9

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 10

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 11

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA



SCHEDULE B

STATEMENT 12

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 13

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 14

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 15

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 16

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 17

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 18

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 19

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 20

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 21

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 22

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 23

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 24

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 25

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 26

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 27

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 28

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 29

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 30

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 31

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 32

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA



SCHEDULE B

STATEMENT 33

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 34

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 35

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 36

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE



SCHEDULE B

STATEMENT 37

CHARITABLE GIFTS TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

SCHEDULE B

STATEMENT 38

RESTRICTED GIFTS ARE HELD UNTIL QUALIFYING DISBURSEMENTS ARE MADE BASED ON  
ESTABLISHED CRITERIA

SCHEDULE B

STATEMENT 39

CHARITABLE SUPPORT OF MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIP FROM A  
DEVASTATING OCCURENCE

**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

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 <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number <b>36-1305568</b>
-------------------------------------------------------------------	-----------------------------------------------------

**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 campaign activity expenditures .....	▶ \$	364.
3 Volunteer hours for political campaign activities .....		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? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

4a Was a correction made? .....

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? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2016

LHA

632041 11-10-16



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

**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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**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:**

THE FRATERNITY IS REPRESENTED ON THE FINANCE COMMITTEE OF THE

FRATERNITY AND SORORITY POLITICAL ACTION COMMITTEE.



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number

36-1305568

**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).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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? .....

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)? .....

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 ▶ \$ .....



**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  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		218,375.		218,375.
b Buildings		5,009,394.	2,345,257.	2,664,137.
c Leasehold improvements				
d Equipment		1,163,124.	928,791.	234,333.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,116,845.

Schedule D (Form 990) 2016

**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) HATTERAS CORE		
(B) ALTERNATIVES INST FUND	560,500.	END-OF-YEAR MARKET VALUE
(C) MUNICIPAL BONDS	8,715,626.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,276,126.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	-106,728.
(2) AMOUNTS OWED TO DISESTABLISHED	
(3) CHAP	3,174,414.
(4) CAPITAL LEASE PAYABLE	45,995.
(5) INTEREST RATE DERIVATIVE	46,198.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,159,879.

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 ☒



**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	8,958,767.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	418,211.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	148,611.
e	Add lines 2a through 2d	2e	566,822.
3	Subtract line 2e from line 1	3	8,391,945.
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	68,092.
b	Other (Describe in Part XIII.)	4b	-87,365.
c	Add lines 4a and 4b	4c	-19,273.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,372,672.

**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	8,180,087.
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	315,508.
e	Add lines 2a through 2d	2e	315,508.
3	Subtract line 2e from line 1	3	7,864,579.
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	68,092.
b	Other (Describe in Part XIII.)	4b	49,841.
c	Add lines 4a and 4b	4c	117,933.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,982,512.

**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 IV, LINE 2B:**

THE ORGANIZATION HOLDS FUNDS ON BEHALF ON ITS PARTICIPANT FACILITY  
CORPORATIONS AS WELL AS ITS CHAPTERS. FUNDS ARE HELD IN SEPARATE ACCOUNTS  
FOR WHICH THE ORGANIZATION HAS SIGNATURE AUTHORITY.

**PART X, LINE 2:**

THE FRATERNITY 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.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE 148,611.

**Part XIII** Supplemental Information (continued)PART XI, LINE 4B - OTHER ADJUSTMENTS:NON-MEMBER RENTAL EXPENSES INCLUDED IN NET RENTALACTIVITIES ON 990 -70,609.COST OF GOODS SOLD REPORTED ON LINE 10B -244,899.INVESTMENT LOSS ALLOCATED TO DISESTABLISHED CHAPTERS 153,322.NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHEDCHAPTERS 24,980.NON-MEMBER RENTAL INCOME 49,841.TOTAL TO SCHEDULE D, PART XI, LINE 4B -87,365.PART XII, LINE 2D - OTHER ADJUSTMENTS:NON-MEMBER RENTAL EXPENSES INCLUDED 70,609.COST OF GOODS SOLD REPORTED ON LINE 244,899.TOTAL TO SCHEDULE D, PART XII, LINE 2D 315,508.PART XII, LINE 4B - OTHER ADJUSTMENTS:NON-MEMBER RENTAL INCOME NETTED WITH EXPENSES 49,841.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

Employer identification number

**KAPPA ALPHA THETA FRATERNITY, INC.****36-1305568****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA -- CANADA	0	0	MEMBERSHIP DUES AND FEES, RISK MANAGEMENT FEES, AND JEWELRY SALES - \$81,768	MEMBERSHIP DUES AND FEES, RISK MANAGEMENT FEES, AND JEWELRY SALES	0.
<b>3 a</b> Sub-total .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	0	0			0.

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Schedule F (Form 990) 2016









**Part IV Foreign Forms**

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

Schedule F (Form 990) 2016

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

## 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](http://www.irs.gov/form990).

2016

**Open to Public  
Inspection**

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number  
36-1305568

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 Des

**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

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (2016)





**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**KAPPA ALPHA THETA FRATERNITY, INC.**

Employer identification number

**36-1305568**

**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.

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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 on 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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- If "Yes" on 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? **6a**
- b** Any related organization? **6b**
- 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 nonfixed 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" on 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

X

X

X

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Schedule J (Form 990) 2016





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. 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.

[illegible]



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number

36-1305568

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GENERAL FRATERNITY FEES AND DUES, AND PROVIDE FOR THE MANAGEMENT OF  
FRATERNITY FUNDS AND PROPERTIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEADERSHIP CONFERENCES PROVIDE PROGRAMMING EDUCATION AND SUPPORT FOR  
ITS MEMBERS TO ENHANCE THEIR INDIVIDUAL, INTELLECTUAL, CHARACTER, AND  
LEADERSHIP SKILLS.

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

THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF THE  
GOVERNING BODY.

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

THE CONVENTION DELEGATES ELECT THE FRATERNITY'S GOVERNING BODY.

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

THE 990 WILL BE REVIEWED BY THE GRAND COUNCIL 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 B, LINE 15:

THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE EXECUTIVE DIRECTOR'S  
SALARY.

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number  
36-1305568

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 FORM 990S CAN ALSO BE OBTAINED THROUGH THE FRATERNITY WEBSITE AND THIRD PARTY WEBSITES SUCH AS WWW.GUIDESTAR.ORG.

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

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

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TRAINING AND DEVELOPMENT	160,832.
EDUCATION AND LEADERSHIP PROGRAMS	154,170.
PLAN OF ASPIRATIONS	89,617.
EXTENSION	85,130.
FACILITY CORP SERVICES	67,795.
PHILANTHROPIC SERVICE TRIP	55,699.
ARCHIVES	38,282.
RECRUITMENT ASSISTANCE	33,170.
LIFE MEMBER PROGRAM	30,267.
INTERFRATERNITY DUES	28,618.
AWARDS AND RECOGNITION	22,587.
CANADIAN EXCHANGE	22,341.
MISCELLANEOUS	18,158.
EQUIPMENT RENTAL AND MAINT.	11,015.
STATE TAXES AND FEES	2,700.
CONTRIBUTIONS	595.

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number

36-1305568

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 820,976.

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

CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE 148,611.

INVESTMENT INCOME ALLOCATED TO DISESTABLISHED CHAPTERS -153,322.

NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED  
CHAPTERS -24,980.

TOTAL TO FORM 990, PART XI, LINE 9 -29,691.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S GRAND COUNCIL ASSUMES THE RESPONSIBILITY FOR THE  
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN  
INDEPENDENT ACCOUNTANT.



► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
36-1305568

answered "Yes" on Form 990, Part IV, line 33.

[illegible]

ization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt

(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 HOUSING CORPORATION - 26-1430902, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	TO PROVIDE HOUSING FOR CHAPTER MEMBERS OF KAPPA ALPHA THETA FRATERNITY.	INDIANA	501(C)(7)				X
KAPPA ALPHA THETA CHAPTER HOUSE ASSOCIATION, INC. - 59-6153436, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268					KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
PI ASSOC HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 38-6089568, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	FLORIDA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
KAPPA ALPHA THETA UMD FACILITY CORPORATION - 27-1464596, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MICHIGAN	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
	HOUSE FACILITY CORPORATION	MARYLAND	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X

Schedule R (Form 990) 2016



**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 ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ILLINOIS			KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
THE ALUMNAE OF BETA ETA CHAPTER OF KAPPA ALPHA THETA, INC. - 23-2500144, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
GAMMA ZETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 06-1007277, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CONNECTICUT	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
LAMBDA OF KAPPA ALPHA THETA, INC. - 45-2635136, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VERMONT	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
BETA THETA FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 48-1, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	IDAHO	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA - 51-0513776, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
EPSILON OMICRON HOUSE CORPORATION - 54-1295679, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ALPHA PHI HOUSING CORPORATION - 72-6033909 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	LOUISIANA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
KAPPA ALPHA THETA OREGON FACILITY CORPORATION - 46-1452207, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	OREGON	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ALPHA ETA FACILITY CORPORATION - 62-6044413 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	TENNESSEE	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
KAPPA ALPHA THETA ETA HOUSE CORP - 38-6095369, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MICHIGAN	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
EPSILON UPSILON HOUSE CORP OF KAPPA ALPHA THETA FRATERNITY - 13-3419130, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NEW YORK	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X

**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 ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH CAROLINA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
DELTA CHAPTER OF KAPPA ALPHA THETA CORPORATION - 37-6046637, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ILLINOIS	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
GAMMA PI HOUSE CORPORATION OF KAPPA ALPHA THETA - 42-0403009, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	IOWA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
KAPPA ALPHA THETA COMPANY - 95-6102250 8740 FOUNDERS ROAD	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH DAKOTA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
BETA DELTA BUILDING CORPORATION - 86-6052357 8740 FOUNDERS ROAD	HOUSE FACILITY CORPORATION	ARIZONA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
EPSILON SIGMA FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 3, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ZETA NU FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 68-0291, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ALPHA LAMBDA ASSOCIATION - 91-6055302 8740 FOUNDERS ROAD	HOUSE FACILITY CORPORATION	WASHINGTON	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	COLORADO	501(C)(8) & (C)(10)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
BETA IOTA HOUSE ASSOCIATION - 84-6040636 8740 FOUNDERS ROAD	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NEW JERSEY	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
BETA PHI FACILITY CORPORATION OF KAPPA ALPHA THETA - 83-0511449, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION				KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
EPSILON RHO HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 23-2343723, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION				KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X



**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
GAMMA THETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 25-1180530, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
KAPPA ALPHA THETA NU CHAPTER HOUSE CORPORATION - 23-7046854, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	INDIANA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
PHI DEUTERON HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 94-2576610, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ZETA THETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 77-0227, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ZETA XI HOUSE CORPORATION, INC. - 04-3222291 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MASSACHUSETTS	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC. - 47-51780, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ZETA LAMBDA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 57-0914295, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	SOUTH CAROLINA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
BETA OMEGA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 84-6045394, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	COLORADO	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
GAMMA IOTA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 61-6034188, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	KENTUCKY	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
ETA THETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 04-3653864, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	FLORIDA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
GAMMA TAU FACILITY CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 73-1043769, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	OKLAHOMA	501(C)(2)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X
DELTA EPSILON HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY - 86-6052430, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ARIZONA	501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		X







**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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)				
(2)				
(3)				
(4)				
(5)				
(6)				





**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.



Form **990-W****Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

Department of the Treasury  
Internal Revenue Service(and on Investment Income for Private Foundations) **FORM 990-T****2017**

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	18,173.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	18,200.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions .....	11	10/16/17	12/15/17	03/15/18	06/15/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	4,550.	4,550.	4,550.	4,550.
13	2016 Overpayment. See instructions .....	13	4,550.	4,550.	4,550.	4,550.
14	Payment due (Subtract line 13 from line 12) .....	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	18,200.
OVERPAYMENT APPLIED	18,200.
AMOUNT DUE	0.

# Application for Automatic 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](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	<b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number (EIN) or <b>36-1305568</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8740 FOUNDERS ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>INDIANAPOLIS, IN 46268</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

**ELIZABETH CORRIDAN**

• The books are in the care of ► **8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268**  
Telephone No. ► **(317) 876-1870** 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 6-month extension of time until **MAY 15, 2018**, 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, 2016**, and ending **JUN 30, 2017**

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 <b>Balance due.</b> 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**