# \*\* PUBLIC DISCLOSURE COPY \*\*

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)

OMB No. 1545-0047 16

▶ 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.

Open to Public Inspection

Form 990 (2016)

<u>A</u>	For th	e 2016 calendar year, or tax year beginning JUL I, ZUI6 and e	enaing L	JON 30, 20	<u> </u>				
В	Check it applicat	C Name of organization		D Employer ide	ntifica	tion number			
	Addr chan								
L	Name chan	ge Doing business as		36	<u>-13</u> (	05568			
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nui	E Telephone number				
	Final	8740 FOUNDERS ROAD		(317)876-1870					
	termi ated			G Gross receipts \$		17,207,352.			
	Amer	nded TATE TAMA DOTTO TAY 46060		H(a) Is this a grou					
	Appli	F Name and address of principal officer:ELIZABETH CORRIDAN		for subordin	ates?	Yes X No			
02-0-00	pend	SAME AS C ABOVE		H(b) Are all subordina					
1	Tax-ex	sempt status: 501(c)(3)  X 501(c) ( 7 )  (insert no.)  4947(a)(1) o	or 527	If "No," attac	ch a lis	t. (see instructions)			
J	Webs	te: ▶ WWW.KAPPAALPHATHETA.ORG	. 20/20/20/20/20	H(c) Group exem	ption r	number 🕨			
K	Form o	f organization: X Corporation Trust Association Other	L Year	of formation: 187	<u>0 м s</u>	State of legal domicile: ${ extbf{I}}{ extbf{N}}$			
P	art I	Summary							
a	1	Briefly describe the organization's mission or most significant activities: TO PF				ISTERHOOD			
Activities & Governance		THROUGH EDUCATIONAL AND SOCIAL ACTIVITIES	FOR	ITS MEMBE	RS.				
Ĕ	2	Check this box  if the organization discontinued its operations or dispos	ed of mor	e than 25% of its n	et asse	ts.			
ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)			3	7			
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	7			
SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	72			
ŧ	6	Total number of volunteers (estimate if necessary)			6	171			
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	163,026.			
۹	b	Net unrelated business taxable income from Form 990-T, line 34			7b	88,009.			
				Prior Year		Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		372,39	9.	547,459.			
ğ	9	Program service revenue (Part VIII, line 2g)		7,168,87	6.	6,066,734.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		821,43	1.	1,045,260.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		699,96		713,219.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,062,67		8,372,672.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77,92	9.	45,304.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,762,31	4.	3,360,821.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
ed x	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,005,13		4,576,387.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,845,38		7,982,512.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,217,28		390,160.			
Net Assets or Fund Balances			Ве	eginning of Current Ye		End of Year			
sets	20	Total assets (Part X, line 16)		37,808,00		36,734,271.			
t As	21	Total liabilities (Part X, line 26)		23,900,81		22,048,405.			
환	22	Net assets or fund balances. Subtract line 21 from line 20		13,907,18	5.	14,685,866.			
	art II	Signature Block		The second control control					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			of my kr	nowledge 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.									
		M DAN M.		12.8	.17				
Sign Signature of officer Date									
Here ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFICER  Type or print name and title									
-		Print/Type preparer's name Preparer's signature		Date Check		PTIN			
Paid	ı	REBEKAH S. PAYNE, CPA Rebekah & Payne CPA	7	6/5/17   self-ei	mployed	P00841956			
	arer	Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN	<b>2</b>	27-1235638			
	Only	Firm's address 6840 EAGLE HIGHLANDS WAY							
		INDIANAPOLIS, IN 46254		Phone no.	(317	7)347-5200			
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			

### \*\* PUBLIC DISCLOSURE COPY \*\*

632001 11-11-16

Department of the Treasury

**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.

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

Open to Public Inspection

OMB No. 1545-0047

,, , o, ,	the 2010 deficited year, or tax year beginning OOL I, 2010 and or	name U	OIN JO, A	017					
B Check applica	if C Name of organization		D Employer id	lentification number					
Add	KAPPA ALPHA THETA FRATERNITY, INC.								
Nar	nge Doing business as		3,	6-1305568					
Ilniti		Telephone number							
Initial return   Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   (317)876-									
tern	45 005 050								
	City or town, state or province, country, and ZIP or foreign postal code  INDIANAPOLIS, IN 46268		G Gross receipts \$ H(a) Is this a gro						
App	F Name and address of principal officer: ELIZABETH CORRIDAN			inates? Yes X No					
LItion pen	SAME AS C ABOVE			inates included? Yes No					
I Taylo	xempt status:	527		ach a list. (see instructions)					
	site: WWW.KAPPAALPHATHETA.ORG			mption number					
	of organization: X Corporation Trust Association Other			70 M State of legal domicile: IN					
Part I	Summary	TL Tour o	Tiormation. LO	TO IVI Otate of logar dofficite. 22					
o 1	Briefly describe the organization's mission or most significant activities: TO PRO								
Governance 8 8 8	THROUGH EDUCATIONAL AND SOCIAL ACTIVITIES								
Ë 2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its r	1 1					
§ 3				3 7					
හ් 4	Number of independent voting members of the governing body (Part VI, line 1b)			4 7					
S 5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5 72					
₹ 6	Total number of volunteers (estimate if necessary)			6 171					
Activities &	Total unrelated business revenue from Part VIII, column (C), line 12			7a 163,026.					
b	Net unrelated business taxable income from Form 990-T, line 34			7b 88,009.					
			Prior Year	Current Year					
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n)	Professional fundraising fees (Part IX, column (A), line 11e)		×	0. 0.					
ğ b		) <u>.</u>	E 00E 12	0 4 576 307					
LL   17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,005,13						
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,845,38						
19	Revenue less expenses. Subtract line 18 from line 12		1,217,28						
ts ol		2	nning of Current Y						
20 888	Total assets (Part X, line 16)		7,808,00						
Net Assets or Fund Balances 22 23 24 25 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Total liabilities (Part X, line 26)		3,900,81	The state of the s					
≂리 22 Part II	Net assets or fund balances. Subtract line 21 from line 20	<u>L</u>	3,907,18	0. 14,000,000.					
	alties of perjury, I declare that I have examined this return, including accompanying schedules an	d etatemen	te and to the heet	of my knowledge and helief, it is					
	allies of perjury, I declare that I have examined this return, including accompanying screenies and complete. Declaration of preparer (other than officer) is based on all information of which			or my knowledge and bollet, it to					
true, corre	A law to the special action of the party of the trial of the control of which of which	proparor no	12.3	17					
Cian	Signature of officer		Date						
Sign Here	ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFF	TCER							
пеге	Type or print name and title								
<del></del>	Print/Type preparer's name Preparer's signature	Dat	e Check	k PTIN					
Paid	REBEKAH S. PAYNE, CPA ROCKAN S POURS CPA	þ	5 17   self-er	mployed P00841956					
Preparer	Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN						
Use Only	Firm's address 6840 EAGLE HIGHLANDS WAY		,	¥					
,	INDIANAPOLIS, IN 46254		Phone no.	(317)347-5200					
May the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
632001 11-1				Form <b>990</b> (2016)					

	m 990 (2016) KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Page 2
Pa	art 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.
	ACTIVITIED FOR TID MEMBERS.
	Division of the second
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 X No
	- Programme and the control of the c
	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 X 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	
ти	MEMBER SERVICES PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR ALL
	LEADERS INSTITUTE, LEADERSHIP ACADEMY, SERVICE TRIPS AND ALCOHOL SKILLS
	TRAINING PROGRAMS.
	ms 777
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND
	CASUALTY.
	-
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	/outs:
	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.
	AND CHAPTERS.  5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE
	5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE
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	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
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			9700
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7.	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	5.0	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			2 11 3
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- 1820
	If "Yes," complete Schedule D, Part IV	9	X	3
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			9.94
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
- 37	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			© ₽
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		. 3	1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	- 101
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 14	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	-	20.5	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	120000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
722	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 3 4	Χ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		v
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
19		19		X
	complete Schedule G, Part III	19		-23

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N 50	200
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		T A	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	IIII	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	22	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	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d		24d	1	17.
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		W	- 27 34
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		800	as in
	Schedule L, Part I	25b	- 2	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		* × ·	100
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_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	27		_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):	HI THE		**
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	10.44	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	×.	Х
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	х	
05-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 2\(\chi\)	X
		SSA		Λ
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	-
SI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		71
JU	Note. All Form 990 filers are required to complete Schedule O	38	х	
	HOTOL CON DOC HOLD AND LANGUAGE OF CONTRACTOR OF CON			-

Form	990 (2016) KAPPA ALPHA THETA FRATERNITY, INC. 36-1305	568	F	age 5
Par				
	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		10.75	45 95
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable			S 134
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	ent ve
	(gambling) winnings to prize winners?	1c	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 2a 72	7		T TIME
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	11.1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			0
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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)?	4a		X
	If "Yes," enter the name of the foreign country:		na Th	37.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	EPH-5		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			= 21
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			. "
	were not tax deductible?	6b	Х	
	Organizations that may receive deductible contributions under section 170(c).		e 71	£ 10
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	5	7
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	- 1	-XIII	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	400		0.3
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	8.4		-75
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		- 10
	Section 501(c)(7) organizations. Enter:	Na Gui	THE T	179
	Initiation fees and capital contributions included on Part VIII, line 12	Trans	10	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 342,221.		-	
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
	TO ANALYSIS INCOME TO THE PROPERTY OF THE PROP			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	and of the	
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	Iod	-, 1	
			14.×	
	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			
С	Enter the amount of reserves on hand	THE RES	THAT.	

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....

KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a ...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►IN 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. X Upon request Other (explain in Schedule O) X Own website X Another's website 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. 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

#### Form 990 (2016) 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 W2 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.

Name and Title  Average hours per week (list any hours for related organizations)	(F)	(E)	(D)			C)	(0		T	(B)	Check this box if neither the organization n (A)
Nours per   Nour	Estimated	Reportable	Reportable Repo			itior	Pos		(4)		
Calify Colors   Calify Color	amount of 7		from the organization		, unless person is both an			x, unle	bo		
RESIDENT	compensation from the organization and related organizations				organization		Highest compensated employee	Key employee	Officer	Institutional trustee	SS Individual trustee or director
15.00   X	•									20.00	(1) LAURA DOERRE
VICE PRESIDENT	0.	0.	0.			_	X	_			PRESIDENT
12.00   X	•									15.00	(2) KIMI MARTIN
VICE PRESIDENT	0.	0.	0.				X				VICE PRESIDENT
VICE PRESIDENT							1050			12.00	(3) MANDY WUSHINSKE
VICE PRESIDENT         X         X         X         X         X         0.         0.           (5) KATHY SCHWEER         15.00         X         X         X         0.         0.           VICE PRESIDENT         X         X         X         0.         0.           (6) HEATHER GRANATO         X         X         X         0.         0.           VICE PRESIDENT         X         X         X         0.         0.           (7) ERICA OCHS         9.00         X         X         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.           (8) ELIZABETH CORRIDAN         40.00         X         181,306.         0.           (9) JENNIFER SCHMALTZ         50.00         X         181,306.         0.           (9) JENNIFER SCHMALTZ         X         53,953.         0.           (10) JEFFREY RISSER         X         53,953.         0.           DIRECTOR OF FINANCE         30.00         X         132,919.         0.           (11) KELLEY HURST         50.00         X         112,710.         0.	0.	0.	0.				X	_			VICE PRESIDENT
(5) KATHY SCHWEER (15, 00) X X X 0. 0. 0. (6) HEATHER GRANATO (6) HEATHER GRANATO (7) ERICA OCHS (8) ELIZABETH CORRIDAN (8) ELIZABETH CORRIDAN (9) JENNIFER SCHMALTZ (10) JEFFREY RISSER (10) JEFFREY RISSER DIRECTOR OF FINANCE (11) KELLEY HURST (12, 00)  X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	•									7.00	(4) JANE DICK
VICE PRESIDENT         X         X         X         X         X         0.         0.           (6) HEATHER GRANATO         5.00         X         X         X         0.         0.           VICE PRESIDENT         X         X         X         0.         0.           (8) ELIZABETH CORRIDAN         40.00         X         181,306.         0.           (9) JENNIFER SCHMALTZ         50.00         X         53,953.         0.           (10) JEFFREY RISSER         20.00         X         132,919.         0.           DIRECTOR OF FINANCE         30.00         X         132,919.         0.           (11) KELLEY HURST         50.00         X         112,710.         0.	0.	0.	0.				X		_		VICE PRESIDENT
(6) HEATHER GRANATO  VICE PRESIDENT  (7) ERICA OCHS  VICE PRESIDENT  (8) ELIZABETH CORRIDAN  CHIEF EXECUTIVE OFFICER  (9) JENNIFER SCHMALTZ  CHIEF OPERATING OFFICER  (10) JEFFREY RISSER  DIRECTOR OF FINANCE  (11) KELLEY HURST  (12) O.	0									15.00	(5) KATHY SCHWEER
VICE PRESIDENT	0.	0.	0.				X	ļ.,			VICE PRESIDENT
(7) ERICA OCHS VICE PRESIDENT  (8) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER (9) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER (10) JEFFREY RISSER DIRECTOR OF FINANCE (11) KELLEY HURST  9.00  X X X  0.  0.  181,306. 0.  53,953. 0.	nul iu									5.00	(6) HEATHER GRANATO
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(8) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER 10.00 X 181,306. 0. (9) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER X 53,953. 0. (10) JEFFREY RISSER DIRECTOR OF FINANCE 30.00 X 132,919. 0.	0	0	0							9.00	(7) ERICA OCHS
CHIEF EXECUTIVE OFFICER 10.00 X 181,306. 0.  (9) JENNIFER SCHMALTZ 50.00 X 53,953. 0.  CHIEF OPERATING OFFICER X 53,953. 0.  (10) JEFFREY RISSER 20.00 X 132,919. 0.  (11) KELLEY HURST 50.00	0.	0.	0.				X			40.00	
(9) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER (10) JEFFREY RISSER DIRECTOR OF FINANCE (11) KELLEY HURST  (9) JENNIFER SCHMALTZ  50.00  X 53,953.  0.  132,919. 0.	27 700	0	101 206								(8) ELIZABETH CORRIDAN
CHIEF OPERATING OFFICER         X         53,953.         0.           (10) JEFFREY RISSER         20.00         X         132,919.         0.           DIRECTOR OF FINANCE         30.00         X         132,919.         0.           (11) KELLEY HURST         50.00         X         113,710.         0.	37,799.	0.	181,306.	·			X	-			CHIEF EXECUTIVE OFFICER
(10) JEFFREY RISSER 20.00 X 132,919. 0.  (11) KELLEY HURST 50.00 X 113,710	11 505	_	F2 0F2							50.00	(9) JENNIFER SCHMALTZ
DIRECTOR OF FINANCE 30.00 X 132,919. 0.  (11) KELLEY HURST 50.00	11,585.	0.	53,953.	$\dashv$	_		X	+	+	00 00	
(11) KELLEY HURST 50.00	15 156	0	122 010		7.7						
112 710	15,156.	0.	132,919.		X		-	-			
DIRECTOR OF CHAPTER SERVIC  X 113,710.  U.	14 662		112 710		37				_	50.00	
	14,662.	0.	113,710.		Λ		-	+	-		DIRECTOR OF CHAPTER SERVIC
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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(A) (B) (C) (D) (E)		A CONTRACTOR OF THE PARTY OF TH			(F)							
Name and title	hours per box, unless person is both an compensation comp		Reportable		E	stimat	ed						
			compensation	า	ar	nount	of						
	week	-	cer ar	nd a c	lirecto	or/trus	tee)	from from rela				other	
	(list any	recto						the	organizations	S	npensa		
	hours for related	or di	8			ated		organization	(W-2/1099-MIS	C)		rom th	
	organizations	ustee	trust		85	Suadı		(W-2/1099-MISC)			-	ganizat Id relat	
	below	ual tr	ional		ploye	t con	_					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ailizat	10113
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1b Sub-total	1					-		481,888.		0.	7	9.2	02.
c Total from continuation sheets to Part \						115		0.		0.		7 7 4	0.
							. 1	481,888.		0.	7	9 2	02.
d Total (add lines 1b and 1c)											/	9,4	04.
The Company of the Co	iot iimited to tri	iose	iiste	ual	JUVE	e) Wi	10 16	eceived more than \$100	,000 of reportable	ı		9.50	3
compensation from the organization		_						***************************************				Yes	No
O Diddle and built list and a second			. 102					.!		Г	10 PM	103	140
3 Did the organization list any former officer											•	THE REAL PROPERTY.	37
line 1a? If "Yes," complete Schedule J for										····	3		X
4 For any individual listed on line 1a, is the s										-	100	100	-
and related organizations greater than \$15											4	X.	90
5 Did any person listed on line 1a receive or													Marian.
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or st	ıch j	oers	on .					5	لربط	X
Section B. Independent Contractors													307
1 Complete this table for your five highest complete this table for your five highest complete.	empensated inc	lepe	nde	nt c	ontr	acto	rs th	nat received more than s	\$100,000 of comp	ensa	tion f	rom	0.0
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address							Description of se	ervices	Co	mper	nsatio	n
BILLHIGHWAY							E	BILLING AND					
363 W. BIG BEAVER RD., TROY, MI 48084 COLLECTIONS									33'	7,7	70.		
TILSON MSO, INC., 1530 A					UI	TE	_						
200, GREENWOOD, IN 46143		8.40				*0 #H-00-		AYROLL SERV	CES		18	2,0	15.
200) CHEELINGOD, III IOIIO					800114	20-2-20	Ī					-/-	
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O Tatal number of independent of the	noludina list	~+ I!	nit -	1 +-	the c	no !!-	<u></u>	ahaya) wha ras - h d	ave then			1.	
2 Total number of independent contractors (		JL III	illec	1 (0.			rea	above) who received me	ore man			to Curi	evi of lands
\$100,000 of compensation from the organ	zation >				2	<u> </u>				Table .		- 41	A FIRE

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns ..... 1a b Membership dues 1b c Fundraising events ..... 1c d Related organizations e Government grants (contributions) Contributions, and Other Sim 1e All other contributions, gifts, grants, and similar amounts not included above ..... 547,459 g Noncash contributions included in lines 1a-1f: \$\_ h Total. Add lines 1a-1f ..... 547,459 **Business Code** 2 a MEMBERSHIP DUES AND ASSESSMENTS 900099 Program Service Revenue 4,731,166 4,731,166 579,844 b RISK MANAGEMENT 900099 579,844 C DELINQUENT MEMBER PROCESSING FEES 900099 441,612 441,612 900099 169,527 169,527 d LIFE LOYAL PROGRAM 900099 81,758 81,758 e INTEREST ON LOANS f All other program service revenue ..... 900099 62.827 62,827 Total. Add lines 2a-2f 6,066,734 Investment income (including dividends, interest, and other similar amounts) 668,213 152,889 515,324. Income from investment of tax-exempt bond proceeds Royalties ..... 386,936 386,936. (ii) Personal (i) Real 6 a Gross rents 342,221 b Less: rental expenses ...... 338,009 c Rental income or (loss) ..... 4,212. d Net rental income or (loss) ...... 4,212 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 8,628,309 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 Revenue including \$ contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a Other 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 Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 57,256 57,256 b ADVERTISING 541800 5,925 5 925 d All other revenue ..... e Total. Add lines 11a-11d 63,181 Total revenue. See instructions. 1,279,307, 8,372,672 6.382.880. 163,026,

000	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
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.			
2	Grants and other assistance to foreign	43,304.			
3	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,				
3	trustees, and key employees	285,049.			
6	Compensation not included above, to disqualified	203/043.			
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E			
7	Other salaries and wages	2,397,936.			
8	Pension plan accruals and contributions (include	2703.73000			2-1
Ü	section 401(k) and 403(b) employer contributions)	220,203.			41
9	Other employee benefits	284,975.			
10	Payroll taxes	172,658.			
11	Fees for services (non-employees):	2,2,0001			1/0
a	MATERIAL PROPERTY AND				
b	Legal	12,314.			
c	Accounting	27,982.	30, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1		
d	Lobbying				e tosa Air
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	68,092.			
q					
3	column (A) amount, list line 11g expenses on Sch O.)	8,745.			
12	Advertising and promotion	202,969.			, y , y
13	Office expenses	239,662.			
14	Information technology	816,614.			
15	Royalties				
16	Occupancy	369,207.			j2
17	Travel	497,457.			FG
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				1.3( )
19	Conferences, conventions, and meetings	189,070.			45.3
20	Interest	130,618.			<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	241,353.			4
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.)				
а	FEDERAL & STATE UBTI TA	-407.			
b	RISK MANAGEMENT	474,301.			
C	INSTALLATIONS	289,494.	**************************************	2	
d	COLONIZATION	187,940.			
	All other expenses SEE SCH O	820,976.			
25	Total functional expenses. Add lines 1 through 24e	7,982,512.			
26	Joint costs. Complete this line only if the organization				eses s
	reported in column (B) joint costs from a combined				y Tarana
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				3 31 <sup>47</sup> 32 114

Form 990 (2016)
Part X Balance Sheet

Design Broken	ILA	Balance Sheet			1) 23
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	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	= 11
	6	Loans and other receivables from other disqualified persons (as defined under		AT COM	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	1
Assets	7	Notes and loans receivable, net	1,576,495.	7	3,412,155.
ď	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		A L	
		basis. Complete Part VI of Schedule D 10a 6,390,893.			
	b	Less: accumulated depreciation10b 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	# y
	15	Other assets. See Part IV, line 11	120,157.	15	134,933.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,808,005.	16	36,734,271.
	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.
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ξ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	0 450 450	22	0 000 456
-	1	Secured mortgages and notes payable to unrelated third parties	3,170,478.	23	3,009,476.
	0.00	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	F 26F 670		2 150 070
	*******	Schedule D	5,365,670.	25	3,159,879.
	26	Total liabilities. Add lines 17 through 25	23,900,819.	26	22,048,405.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	12 712 744		14 454 426
au		Unrestricted net assets	13,713,744.	27	14,454,426.
Ba		Temporarily restricted net assets	193,442.	28	231,440.
pu	29	Permanently restricted net assets		29	
迁		Organizations that do not follow SFAS 117 (ASC 958), check here		1 - 6	
ō		and complete lines 30 through 34.		00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	2 ( ) ( ) ( ) ( )
let	5-60-50-50-50-50-50-50-50-50-50-50-50-50-50	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	13,907,186.	32	14,685,866.
_	33	LOTAL DET ASSETS OF TUDO DAIANCES	T3'20', T00'	33	14,000,000.

Form	1 990 (2016) KAPPA ALPHA THETA FRATERNITY, INC.	36-130	05568	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				9-1
Manager 1	Check if Schedule O contains a response or note to any line in this Part XI				X
//					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,37	2,6	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,98		
3	Revenue less expenses. Subtract line 2 from line 1	3	39	0,1	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,90	7,1	86.
5	Net unrealized gains (losses) on investments	5	41	8,2	11.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	9,6	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14,68	5,8	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		E THE	1/2.	11 1.4.
	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1		United States
	separate basis, consolidated basis, or both:		7.576		
	Separate basis Consolidated basis Both consolidated and separate basis				PUI I
b	Were the organization's financial statements audited by an independent accountant?		2b	X	G
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				1
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	15-11		6,40=
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	(2016)
					F 15

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2016

Name of the organization

K	APPA ALPHA THETA FRATERNITY, INC.	36-1305568							
Organization type (check	Organization type (check one):								
Filers of: Section:									
Form 990 or 990-EZ X 501(c)( 7 ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organization Note: Only a section 501(	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.							
General Rule									
X For an organization property) from an	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or 's total contributions.							
Special Rules									
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990·EZ that met the 33 1/3% support (and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990·EZ), Part II, line 13, 16a, stor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from							
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate for the children or animals. Complete Parts I, II, and III.	any one contributor, during the cational purposes, or for							
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 Red	duction 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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,000.	Person X Payroll

Name of organization

Employer identification number

### KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,477.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,003.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,027.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,265.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,277.	Person X Payroll

Name of organization

Employer identification number

# KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 1,999.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$1,062.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

# KAPPA ALPHA THETA FRATERNITY, INC.

Part II	Noncash Property (See instructions). Use duplicate copies of R	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		b	F
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	3
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			_
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
			7-17-1

	ALPHA THETA FRATERNIT	Y, INC.	36-1305568 section 501(c)(7), (8), or (10) that total more than \$1,000 for	
Part III	the year from any one contributor. Completic completing Part III, enter the total of exclusively religing Use duplicate copies of Part III if addition	e columns (a) through (e) and the following ous, charitable, etc., contributions of \$1,000 or less	a line entry. For examinations	
(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	
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
2	SEE STATEMENT 3	SEE STATEMENT 1	SEE STATEMENT 2	
(a) No.	Transferee's name, address,	(e) Transfer of gift  and ZIP + 4	Relationship of transferor to transferee	
from Part I	(b) Purpose of gift SEE STATEMENT 6	(c) Use of gift  SEE STATEMENT 4	(d) Description of how gift is held  SEE STATEMENT 5	
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift SEE STATEMENT 9	(c) Use of gift  SEE STATEMENT 7	(d) Description of how gift is held  SEE STATEMENT 8	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			

KAPPA Part III	ALPHA THETA FRATERNIT	Y, INC.	36-1305568 tion 501(c)(7), (8), or (10) that total more than \$1,000 for		
raitiii	the constitution contributor Complet	e columns (a) through (e) and the following III ous, charitable, etc., contributions of \$1,000 or less for	16 entry For organizations		
(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				
(a) No. from Part I	(b) Purpose of gift SEE STATEMENT 15	(c) Use of gift  SEE STATEMENT 13	(d) Description of how gift is held  SEE STATEMENT 14		
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	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		

KAPPA Part III	ALPHA THETA FRATERNITY  Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in se	36-1305568 ction 501(c)(7), (8), or (10) that total more than \$1,000 for ine entry. For organizations		
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less for	or the year. (Enter this info. once.) \$		
(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, a	nd ZIP + 4	Relationship of transferor to transferee		
(-) N-			T		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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				
	2				
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
11	SEE STATEMENT 30	SEE STATEMENT 28	SEE STATEMENT 29		
	(e) Transfer of gift				
-	Transferee's name, address, a	Relationship of transferor to transferee			
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held SEE STATEMENT 32		
12	SEE STATEMENT 33	SEE STATEMENT 31	SEE STATEMENT 32		
	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
	<del></del>				

KAPPA Part III	ALPHA THETA FRATERNIT  Exclusively religious, charitable, etc., co	Y , INC .	ction 501(c)(7), (8), or	36-1305568 (10) that total more than \$1,000 for
T GIT III	the year from any one contributor. Complet completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	e columns (a) through (e) and the following ous, charitable, etc., contributions of \$1,000 or less for	line entry For organization	0.
(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 STA	TEMENT 35
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	100 5	ription of how gift is held
14	SEE STATEMENT 39	SEE STATEMENT 37	SEE STA	TEMENT 38
(a) No. from Part I	Transferee's name, address,  (b) Purpose of gift	(e) Transfer of gift  and ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			

1

SCHEDULE B

STATEMENT

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

2 JE 10

SCHEDULE B STATEMENT 2

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

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

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SCHEDULE B

STATEMENT

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

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

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

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

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

. . . . 38

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

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

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

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

15

SCHEDULE B STATEMENT 15

SCHEDULE B STATEMENT 27

SCHEDULE B

STATEMENT 36

SCHEDULE B

STATEMENT

38

### SCHEDULE C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

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.

organization answered "Ves." on Form 990. Part IV. line 5 (Proxy Tax) (see senarate instructions) or Form 990-EZ, Part V. line 35c (Proxy

Tax) (see se	parate instructions), then	Tromi 330, rairti, ilic o (rrox)	Taxy (000 dopai ato	mod dediction of the crim coo	
	501(c)(4), (5), or (6) organiza	tions: Complete Part III.		Empl	loyer identification number
Name of orga					
Part I-A	KAPPA A	<u>LPHA THETA FRATER</u> ganization is exempt unde	r section 501(c)	or is a section 527 o	36-1305568
<ol> <li>Provide</li> <li>Political</li> </ol>	a description of the organiz	zation's direct and indirect politica cures ign activities	l campaign activities	in Part IV.	364.
Part I-B	Complete if the org	ganization is exempt unde	er section 501(c	)(3).	
1 Enter th	e amount of any excise tax	incurred by the organization under	er section 4955	▶\$	
2 Enter th	e amount of any excise tax	incurred by organization manage	rs under section 495	5▶\$	
		n 4955 tax, did it file Form 4720 f			The second
4a Was a d	correction made?				Yes No
	describe in Part IV.	ganization is exempt unde	r section 501/c	event section 501/	(c)(3)
Part I-C		d by the filing organization for sec			
1 Enter th	e amount directly expended	by the filling organization for sec lization's funds contributed to oth	or organizations for	eaction 527	
3 Total ex	empt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-PO		
line 17h	empt function expenditures			▶\$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 Enter th made p contribu	e names, addresses and er ayments. For each organiza itions received that were pr	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	) of all section 527 p from the filing organ separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
	(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
					5
					2 17.
100					
A Transfer of the Control of the Con					
1					

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 KAPP Part II-A Complete if the organizat section 501(h)).	A ALPHA ion is exer	THETA FRAM	TERNITY, INC. on 501(c)(3) and file	36-1 ed Form 5768 (e	.305568 Page 2 lection under
A Check ▶ ☐ if the filing organization belo	ngs to an affi	iated group (and list	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of exc					
B Check ► if the filing organization chec	ked box A ar	nd "limited control" pr	ovisions apply.	( ) Filip a	(I-) Affiliated average
Limits on Lo (The term "expenditures"			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence a l					
c Total lobbying expenditures (add lines 1a a	nd 1b)				
e Total exempt purpose expenditures (add lir					
f Lobbying nontaxable amount. Enter the am					
If the amount on line 1e, column (a) or (b) is:		bying nontaxable an			
Not over \$500,000		the amount on line 16			
Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000		0 plus 15% of the ex	cess over \$500,000.		
Over \$1,500,000 but not over \$1,500,000			ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0		ους στοι ψτισοσίσσο:		
GV01 \(\psi 17  1000  1000	γ.,οσο,				
	enter -0 enter -0 ner line 1h or -	ine 1i, did the organiz	ration file Form 4720		Yes No
(Some organizations that made			have to complete all o nes 2a through 2f.)	f the five columns b	elow.
Lol	bying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Schedule C (Form	1 990 or 990-EZ) 2016

# Schedule C (Form 990 or 990-EZ) 2016 KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	וי
the lobbying activity.	Yes	No	Amo	ount
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 1)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				35
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				6
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				P. P.
b If "Yes," enter the amount of any tax incurred under section 4912		ration of		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	= 15 E			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				, Marie
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
501(c)(6).				
00 ((0)(0).			Yes	N
Wars substantially all (00% or mars) dues received pandeductible by members?		1 1		
			-	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)(	2 7 3 5), or se		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c)( "No," OR	2 7 3 5), or se		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	ne prior year on 501(c)(i "No," OR	2 7 3 5), or se		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year on 501(c)(i "No," OR	2 7 3 5), or se		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year' on 501(c)(i "No," OR	2 3 5), or sea (b) Part		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year on 501(c)( "No," OR	2 7 3 5), or set (b) Part 1 2a		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year	ne prior year on 501(c)( "No," OR	2 7 3 5), or se 8 (b) Part 1 2a 2b		ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total	ne prior year on 501(c)( "No," OR	2 7 3 5), or se 8 (b) Part 1 2a 2b 2c		ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year?	ne prior year' on 501(c)(i "No," OR cal	2 7 3 5), or set (b) Part 2a 2b 2c 3		ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c)( "No," OR cal	2 7 3 5), or se 8 (b) Part 2a 2b 2c 3 4 5	t III-A, lin	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover	ne prior year on 501(c)( "No," OR cal	2 7 3 5), or se 8 (b) Part 2a 2b 2c 3 4 5	t III-A, lin	ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover fr	ne prior year' on 501(c)(i "No," OR cal ess colitical	2 3 5), or set (b) Part 2a 2b 2c 3 4 5	t III-A, lin	ne 3,
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### **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.

16 Open to Public Inspection

Name of the organization

Employer identification number

	KAPPA ALPHA THETA FI		36-1305568
Pa			Accounts. Complete if the
12-20-	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)		Harry Commencer
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 wri		
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, Part I	V, 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 edu	W 11.2 11. 12. 12. 12. 12. 12. 12. 12. 12	ly 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
3	year	ood, oximigalonou, or torrimiared by the enga	
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it he		Yes No
c	Staff and volunteer hours devoted to monitoring, inspecting, ha		
6	Stall and volunteer flours devoted to morntoning, inspecting, na	raining of violations, and officioning concerva	tion casemonia damig the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year
7	S     S	g of violations, and emotering conservation c	adding the year
	Does each conservation easement reported on line 2(d) above s	eatisfy the requirements of section 170(h)(4)	(B)(i)
8	and section 170(h)(4)(B)(ii)?		5 NOVE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
^	In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
		13 illianda statements that describes the o	rgamzation a accounting for
Dai	conservation easements. t III   Organizations Maintaining Collections of A	rt Historical Treasures, or Other	Similar Assets.
ı aı	Complete if the organization answered "Yes" on Form 99		
1200	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art
та	historical treasures, or other similar assets held for public exhibit		
			public service, provide, in rait XIII,
9	the text of the footnote to its financial statements that describes		balance about works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public si	ervice, provide the following amounts
	relating to these items:		<b>.</b> .
	(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 treasu		, provide
	the following amounts required to be reported under SFAS 116		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2016

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued	Sche		LPHA THETA								Page 2
cloneck all that apply):   a	Pa										
a Public exhibition d Loan or exchange programs   Conter   Content   Content	3		ion, and other record	ds, chec	k any of the	following tha	it are a sig	nificant i	use of its	collection	items
b Scholarly research e Other    Preservation for future generations	a		č	, [	Loan or exc	hange progra	ams				
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rise funds rather than to be maintained as part of the organization's collection? Yes No Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, ine 21.  Is the two ganazitation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ine 21.  Is the two ganazitation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ine 21.  If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  G Beginning balance  It I Armount  16 Additions during the year  E Ending balance  17 Ending balance  18 Degranization include an amount on Form 990, Part X, ine 21, for escrow or custodial account liability?  If Yes I No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Individual include an amount on Form 990, Part X, ine 21, for escrow or custodial account liability?  If I Beginning of year balance  (a) Current year (b) Prior year (c) Prior year (c) Prior years back (d) Three years back (e) Four years back (e) Three years back (e) Three years back (e) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Three years back (e) Three years back (e) Three years back (e) Four years back (e) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or qualisations  19 Firewish the arrangement Performent Per	1927										
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 ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IVI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 950, Part IV, line 9, or reported an amount on Form 950, Part X, ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 950, Part X, ine 21.  1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 950, Part X, ine 21.  1c Beginning balance  1c Beginning balance  1d Additions during the year  1e Distributions during the year  1e Beginning of year balance  1e Distributions (a) Carrent year  1e Beginning of year balance  1e Distributions  1e Beginning of year balance  2e Other expenditures for facilities and programs  2e The organization include an amount on Form 950, Part X, ine 21, for escrow or custodial account liability?  2e The part V Endowment Funds. Complete if the organization answered "Yes" on Form 950, Part X, ine 10.  2e Beginning of year balance  2e Distributions (b) Part X is in the strangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2e Distributions  2e Note investment earnings, gains, and losses  3e End of year balance  2e Other expenditures for facilities and programs  3e End of year balance  3e Content expensions  3e Distributions  3e D											
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?  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.  Is the organization an appear furturese, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  Amount  Beginning balance  Additions during the year  Beginning of year balance  Beginning o		(a)	ollections and explai	in how t	hev further t	he organizati	on's exem	nt purpo	se in Par	t XIII.	
Describe   Sold to raise funds rather than to be maintained as part of the organization's collection?	19	The second secon								ACCOUNT.	
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?	3									Ves	□ No
Tall   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   X   No   If "Yes," explain the arrangement in Part XIII and complete the following table:   Amount   10	Pai	rt IV Escrow and Custodial Arran	gements. Compl						to the second second	16	110
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Z 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 IX, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the years				diany for	contribution	o or other ac	cote not in	acluded			
b If *Yes,* explain the arrangement in Part XIII and complete the following table:    Complete the following table:	та									Voc	Y No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Z Yes No b If Yes,* explain the arrangement in Part XIII. Chock 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 back (d) Three years back (e) Four years back 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 ▶ 96 b Permanent endowment I ▶ 96 c Temporarily restricted endowment ▶ 96 b Permanent endowment I methods not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) talends of the organizations listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organizations 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.  Describin of property  b Buildings  (a) Cost or other basis (investment)  c Land  C Land  C Lasehold improvements  d C Quipment  1, 163, 124, 928, 791, 234, 333, 343, 333, 333, 333, 333, 333	1.									_ 162	L23_ 140
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If 'ves,' evaliain 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.  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 quasilendowment ▶ % 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 (iii) related organizations  Description of property (a) Cost or other basis (investment)  Description of property (a) Cost or other basis (investment)  Description of property (b) Cost or other basis (investment)  Description of property (c) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Part X, line 10.  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investment)  Description of property (d) Cost or other basis (investme	d	if Yes, explain the arrangement in Part Alli	and complete the ic	niowing	table.				<del></del>	Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Z Yes No in line 3 (in Present gold and property in Part VIII Description of property  A degrated organizations  A definitions during the year  1 to electromaps of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Z Yes No in Ine 3 (in Present balance)  A Poescribe in Part XIII the intended uses of the organization answered 'Yes' on Form 990, Part X, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac		Deviation belows						10		Amount	
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  X 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.    1a Beginning of year balance	c										
Tending balance   Tending ba	a							0.000			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   X Yes   No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   X   Yes   X   Yes   X   Yes	e										
Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII.   X	1								v	Voc	No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Caurent year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back								(A)			The second second
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four									**********		
1a Beginning of year balance	ı aı	Eliaconnent i andoi complete				8333		7.0	ears hack	(e) Four	vears hack
b Contributions okt investment earnings, gains, and losses d Grants or scholarships other expenditures for facilities and programs other expenditures for facilities other expenditures for facilities and programs other expenditure expenses other expense	Ğ	Deciming of year balance	(a) Current year	(b)	noi yeai	(C) Two year	3 Dack (C	a) Thice y	cars back	(e) rour	yours buok
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 ▶	12			7220							
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 ▶	a										
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  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)  basis (other)  (b) Cost or other depreciation  1a Land	C	The state of the s									12.1
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 ▶	d	39-500-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-									A DOMEST
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 ▶	е	STATE OF THE STATE									
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 ▶											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	1				The same of the sa						
Board designated or quasi-endowment	_					\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
b Permanent endowment ▶				202	g, column (a	i)) neid as:					
Temporarily restricted endowment ▶			et e	_%							
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  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  218,375.  5,009,394.  2,345,257.  2,664,137.  c Leasehold improvements  d Equipment  1,163,124.  928,791.  234,333.											
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  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)  basis (investment)  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.	С	The second of th									
System   Yes   No   (i)   unrelated organizations   3a(i)	286							500000000000000 <b>8</b> 000			
(i) unrelated organizations (ii) related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 218,375. 218,375. b Buildings 5,009,394. 2,345,257. 2,664,137. c Leasehold improvements d Equipment 4 Description of Property 1,163,124. 928,791. 234,333.	За	Are there endowment funds not in the posse	ession of the organiza	ation th	at are neld a	na aaministe	rea for the	e organiz	ation	E,	
(ii) related organizations  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  218,375.  5,009,394.  2,345,257.  218,375.  c Leasehold improvements  d Equipment  d Equipment  1,163,124.  928,791.  234,333.		•									Yes No
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)  1a Land  218,375.  b Buildings  5,009,394.  2,345,257.  218,375.  c Leasehold improvements  d Equipment  4 Describe in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  218,375.  218,375.  218,375.  4 Equipment  5,009,394.  2,345,257.  2,664,137.  234,333.  e Other										2 10 10 10 Test	
A 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)  1a Land  218,375.  Buildings  5,009,394.  2,345,257.  218,375.  c Leasehold improvements  d Equipment  6 Other											
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)  1a Land  5 Leasehold improvements  4 Equipment  6 Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  218,375.  218,375.  218,375.  218,375.  218,375.  218,375.  218,375.  218,375.  218,375.  218,375.	b									35	
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	4			wment	tunds.						
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Par			D-41	/ Bas 44 - C		Ded V II	10			
basis (investment)         basis (other)         depreciation           1a Land         218,375.         218,375.           b Buildings         5,009,394.         2,345,257.         2,664,137.           c Leasehold improvements         1,163,124.         928,791.         234,333.           e Other         0ther											
1a Land       218,375.       218,375.         b Buildings       5,009,394.       2,345,257.       2,664,137.         c Leasehold improvements       1,163,124.       928,791.       234,333.         e Other       1,163,124.       928,791.       234,333.		Description of property							a	(d) Book	value:
b Buildings 5,009,394. 2,345,257. 2,664,137. c Leasehold improvements 1,163,124. 928,791. 234,333. e Other			basis (investin	nenty			depre	eciation	T (A-E)	010	275
c Leasehold improvements d Equipment 1,163,124. 928,791. 234,333. e Other			100-2411				0 0	4E 05	- 17		
d Equipment 1,163,124. 928,791. 234,333.					5,00	9,394.	4,34	±5,25	0 / •	∠,004	:, 13/·
e Other					1 10	2 104	0.1	20 70	1	224	222
			9		1,16	3,144.	9.	40,15	7 1 •	∠54	., 333.
	-			V - 1	(D) " - 1	0-1				2 110	015

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 KAPPA ALPHA	THETA FRATERN	NITY, INC. 36	5-1305568 Page
Part VII Investments - Other Securities.		,,	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 er	nd-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 MARKE	VALUE
(C) MUNICIPAL BONDS	8,715,626.	END-OF-YEAR MARKE	' VALUE
(D)			
(E)			
(F)			
(G)			\$ W
(H)			· ·
Total. (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" of		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)	•		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	T (1) B (1 )
(a) D	escription		(b) Book value
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes" or	on Form 990, Part IV, line 1	Te or 11t. See Form 990, Part X, line 2	5.

1.	(a) Description of liability	(b) Book value
(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)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,159,879.

<sup>2.</sup> 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 X	I Reconciliation of Revenue per Audited Financial Stateme				1303300 Page 4
IditA	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		rievende per i	io tai ii	
1 To	tal revenue, gains, and other support per audited financial statements			1	8,958,767.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:				0/300/1011
	t unrealized gains (losses) on investments	2a	418,211.		
	nated services and use of facilities				
	coveries of prior year grants				
	her (Describe in Part XIII.)		148,611.		
	d lines 2a through 2d			2e	566,822.
	btract line 2e from line 1			3	8,391,945.
4 Am	nounts included on Form 990, Part VIII, line 12, but not on line 1:	4 4			
a Inv	restment expenses not included on Form 990, Part VIII, line 7b		68,092.	E-7	
<b>b</b> Oth	ner (Describe in Part XIII.)	4b	-87,365.		
	d lines 4a and 4b			4c	-19,273.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				8,372,672.
Part X	II Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retui	'n.
3 <del>.</del>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				<del></del>
	tal expenses and losses per audited financial statements			1	8,180,087.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		15.1	
	nated services and use of facilities				
	or year adjustments				
	ner losses		215 500		
	ner (Describe in Part XIII.)		315,508.	0-	215 500
	d lines 2a through 2d			2e	315,508. 7,864,579.
	btract line 2e from line 1			3	1,004,519.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	4a	68,092.		
	estment expenses not included on Form 990, Part VIII, line 7b		49,841.		
	ner (Describe in Part XIII.) d lines 4a and 4b			4c	117,933.
1000	d lines 4a and 4bal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,982,512.
	III Supplemental Information.				7750275220
	he 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 2	X. line 2: Part XI.
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			****	s II v
	, , , , , , , , , , , , , , , , , , , ,				
<u> </u>					-7
PART	IV, LINE 2B:				* 1
-					
THE C	ORGANIZATION HOLDS FUNDS ON BEHALF ON IT	S PART	ICIPANT FA	CILI	TY
CORPO	DRATIONS AS WELL AS ITS CHAPTERS. FUNDS	ARE H	ELD IN SEP	ARAI	E ACCOUNTS
			6		
FOR W	VHICH THE ORGANIZATION HAS SIGNATURE AUT	HORITY	•		
PART	X, LINE 2:				
m***	TRANSPORTED HAVE DESCRIPTION OF THE PROPERTY O	7 TZ TO 18 T	אל החווה האינ	n mmr.	IDNO ETTED
THE P	RATERNITY HAS EVALUATED TAX POSITIONS T	AKEN I	N THE TAX	RETU	KN2 LIPED
7 7 TO 1	INC DEMERNATURE MILLION TO THE NO LINCERDATE	דאז האי	DOCTOTONC	7) (7	סם משואים סע
AND E	HAS DETERMINED THAT THERE ARE NO UNCERTA	IN TAA	POSTTIONS	AS	DELINED DI
CENTED	RALLY ACCEPTED ACCOUNTING STANDARDS.				12 4
GEMER	ADDI ACCEPTED ACCOUNTING STANDARDS.				Ing. S
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
CHANG	E IN FAIR VALUE OF INTEREST RATE DERIVA	TIVE_			148,611.
				S28 92 757	

Schedule D (Form 990) 2016 KAPPA ALPHA THETA FRATERNITY, INC.  Part XIII   Supplemental Information (continued)	36-1305568 Page 5
Supplemental information (continued)	£ 1 E
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED IN NET RENTAL	
ACTIVITIES 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 DISESTABLISHED	*
CHAPTERS	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	244 222
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.
	F. 1
	g 12
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	e de la composição de la c

### SCHEDULE F (Form 990)

## **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.

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

						es established
KAPPA ALPHA THE					36-130556	
Part I General Info		activities Ou	tside the United States. Compl	ete if the organ	iization answered "	res" on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	for the grants or	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes No
United States.			procedures for monitoring the use of it		ther assistance out	side the
	A Thomas I was a low or with a second of the	The second second second	an be duplicated if additional space is			· · · · · · · · · · · · · · · · · · ·
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NODMU AMEDICA			,	MEMBERSHIP FEES, RISK		
NORTH AMERICA - CANADA	0	0			EWELERY SALES	0.
OIL III			702,00	,		9.85 (6)
						3 N 703 10 I
		-				
						11
						Ta.
						₩
					W	,
						ž
				year a succession	Supplies Edition to the	
3 a Sub-total	0	0				0.
<ul><li>b Total from continuation sheets to Part I</li><li>c Totals (add lines 3a</li></ul>	0	0				0.
and 3b)	0	0			influence restriction	0.

36-1305568

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			13			r		
				,				
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed stree IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ns listed above that are all has provided a section rentities.	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	foreign country,	recognized as tax-e	xempt by		
							Schec	Schedule F (Form 990) 2016

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Page 3

KAPPA ALPHA THETA FRATERNITY, INC.

36-1305568

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

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2016

Part III

(h) Method of valuation (book, FMV, appraisal, other)			4)				se.
(g) Description of noncash assistance as							
(f) Amount of noncash assistance			· ·			ē	
(e) Manner of cash disbursement							
(d) Amount of cash grant						-	
(c) Number of recipients			-				
(b) Region		4		77			
(a) Type of grant or assistance							

Schedule F (Form 990) 2016

Schedule F	(Form 990) 2016	KAPPA	ALPHA	THETA	FRATERNITY,	INC.	36-1305568	Page 5
Part V	Supplementa	I Informati	ion			8		
I alt v	Supplementa	i iiiiOiiiiau	5			line O column	(6 (accounting method: amounts of	
	Provide the inforn	nation require	d by Part I,	, line 2 (mon	itoring of funds); Part I,	line 3, column	(f) (accounting method; amounts of	
	investments vs. e	xpenditures p	per region);	Part II, line	1 (accounting method);	Part III (accou	nting method); and Part III, column (c	;)
	(estimated number	er of recipients	s), as applic	cable. Also	complete this part to pre	ovide any add	itional information. See instructions.	
H	(ootiiiiatea maina		//			***************************************		
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

OMB No. 1545-0047	2016	pen to Public	Inspection
_		_	

**%** 

A COLUMN TO A COLU	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of	Name of the organization	Employer identification number
	KAPPA ALPHA THETA FRATERNITY, INC.	36-1305568
PartI	Part I General Information on Grants and Assistance	
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	ction
crit	criteria used to award the grants or assistance?	X Yes No

	<b>Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed.	(g) Description of (h) Purpose of grant noncash assistance or assistance				8		Schedule I (Form 990) (2016)
	nization answered "Ye∢	(f) Method of valuation (book, FMV, appraisal, other)						1.0
d States.	Somplete if the orgar ded.	(e) Amount of non-cash assistance						
funds in the Unite	ic Governments. C	(d) Amount of cash grant			(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		1	
oring the use of grant	zations and Domesti be duplicated if addit	(c) IRC section (if applicable)					ganizations listed in the	ions for Form 990.
cedures for monito	Domestic Organiz 55,000. Part II can	(b) EIN					nd government org	, see the Instructi
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ALL GRANT AND SCHOLARSHIP REQUEST APPLICATIONS ARE REVIEWED AND APPROVED BY PAYMENTS REQUESTED QUALIFY FOR THE FURTHERANCE OF THE FRATERNITY'S EXEMPT Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ORGANIZATIONS CONSIDERED FOR GRANTS ARE EVALUATED TO DETERMINE THAT THE (d) Amount of non-cash assistance 45,304. (c) Amount of cash grant (b) Number of recipients 27 FINANCIAL ASSISTANCE TO MEMBERS EXPERIENCING (a) Type of grant or assistance EXTREME FINANCIAL HARDSHIPS. THE GRAND COUNCIL. 2: LINE PURPOSE PART I, Part IV Part III

Schedule I (Form 990) (2016)

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632102 11-01-16

Page 2

36-1305568

INC.

FRATERNITY

THETA

ALPHA

KAPPA

Schedule I (Form 990) (2016)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568

Employer identification number

Schedule J (Form 990) 2016

P	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  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	1b		( Vei
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	7	- 1 - 1	-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.  X Compensation committee  Independent compensation consultant  Tompensation survey or study  Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.		THE	
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:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.		3.4	KUM
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:	The state of	1	and the state of
а	The organization?	6a		
b	Any related organization?	6b		
~	If "Yes" on line 6a or 6b, describe in Part III.		A CALL	ex.
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	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1 L E
,	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	376	71.5	100
. T	Regulations section 53.4958-6(c)?	9		

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

36-1305568

INC.

Page 2

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

THETA

ALPHA

KAPPA

Schedule J (Form 990) 2016

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)	in column (B) reported as deferred on prior Form 990
(1) ELIZABETH CORRIDAN	€	169,766.	0	11,540.	9,065.	28,734.	219,105.	0
CHIEF EXECUTIVE OFFICER	€			0	0	4		0
(2) JEFFREY RISSER	(i)	125,345.		7,574.	6,26	8,889.	148,07	0
DIRECTOR OF FINANCE	▣			0		0		0
	(I)							
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Schedule J (Form 990) 2016

### SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	92
GENERAL FRATERNITY FEES AND DUES, AND PROVIDE FOR THE MANAGEMENT OF	
FRATERNITY FUNDS AND PROPERTIES.	00
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	The state of
LEADERSHIP SKILLS.	,
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF TH	E
GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7A:	W
THE CONVENTION DELEGATES ELECT THE FRATERNITY'S GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	and <sup>il</sup>
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 A	N
ANNUAL BASIS.	
	1.11
FORM 990, PART VI, SECTION B, LINE 15:	
THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE EXECUTIVE DIRECTOR	'S
SALARY.	

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization	Page 2 Employer identification number
KAPPA ALPHA THETA FRATERNITY, INC.	36-1305568
FORM 990, PART VI, SECTION C, LINE 18:	2.4
THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (	IF APPLICABLE) AND
ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST. ANNU	JAL FORM 990S CAN
ALSO BE OBTAINED THROUGH THE FRATERNITY WEBSITE AND THIRD	
SUCH AS WWW.GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	- 14
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Open to Public Inspection 2016

OMB No. 1545-0047

Employer identification number

36-1305568

KAPPA ALPHA THETA FRATERNITY, INC. Name of the organization

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			11		

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
				501(c)(3))		Yes	No
KAPPA ALPHA THETA FRATERNITY HOUSING	TO PROVIDE HOUSING FOR						
CORPORATION - 26-1430902, 8740 FOUNDERS	CHAPTER MEMBERS OF KAPPA						
ROAD, INDIANAPOLIS, IN 46268	ALPHA THETA FRATERNITY.	INDIANA	501(C)(7)				×
KAPPA ALPHA THETA CHAPTER HOUSE ASSOCIATION,				, pu	KAPPA ALPHA THETA		
INC 59-6153436, 8740 FOUNDERS ROAD,				щ	FRATERNITY HOUSE		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION FLORIDA	FLORIDA	501(C)(2)		CORPORATION		×
PI ASSOC HOUSE CORPORATION OF KAPPA ALPHA				pi	KAPPA ALPHA THETA		
THETA FRATERNITY - 38-6089568, 8740 FOUNDERS				-	FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION MICHIGAN	MICHIGAN	501(C)(2)		CORPORATION		×
KAPPA ALPHA THETA UMD FACILITY CORPORATION -				, A	KAPPA ALPHA THETA		
27-1464596, 8740 FOUNDERS ROAD,				щ	FRATERNITY HOUSE		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION MARYLAND	MARYLAND	501(C)(7)		CORPORATION		×

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

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Schedule R (Form 990) 2016

632161 09-06-16 LHA

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?
				501(c)(3))		Yes No
TION OF KAPPA P				, PA	KAPPA ALPHA THETA	
8740 FOUNDERS ROAD,					FRATERNITY HOUSE	
	HOUSE FACILITY CORPORATION LLLINOIS	ILLINOIS	501(C)(2)		CORPORATION	×
THE ALUMNAE OF BETA ETA CHAPTER OF KAPPA				р.ч	КАРРА АГРНА ТНЕТА	
ALPHA THETA, INC 23-2500144, 8740					FRATERNITY HOUSE	
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION PENNSYLVANIA	PENNSYLVANIA	501(C)(7)		CORPORATION	×
GAMMA ZETA HOUSE CORPORATION OF KAPPA ALPHA				н	KAPPA ALPHA THETA	
THETA FRATERNITY - 06-1007277, 8740 FOUNDERS				- 14	FRATERNITY HOUSE	
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CONNECTICUT	CONNECTICUT	501(C)(7)		CORPORATION	×
LAMBDA OF KAPPA ALPHA THETA, INC				H	KAPPA ALPHA THETA	
45-2635136, 8740 FOUNDERS ROAD,					FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION VERMONT	VERMONT	501(C)(7)		CORPORATION	×
BETA THETA FACILITY CORPORATION OF KAPPA					KAPPA ALPHA THETA	
ALPHA THETA FRATERNITY, INC 48-1, 8740					FRATERNITY HOUSE	
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION IDAHO	трано	501(C)(2)		CORPORATION	×
ETA LAMBDA FACILITIES CORPORATION OF KAPPA					KAPPA ALPHA THETA	
ALPHA THETA - 51-0513776, 8740 FOUNDERS					FRATERNITY HOUSE	
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA	501(C)(7)		CORPORATION	×
2					KAPPA ALPHA THETA	
54-1295679, 8740 FOUNDERS ROAD,					FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION VIRGINIA	VIRGINIA	501(C)(2)		CORPORATION	X
ALPHA PHI HOUSING CORPORATION - 72-6033909					KAPPA ALPHA THETA	
8740 FOUNDERS ROAD				H	FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	LOUISIANA	501(C)(2)		CORPORATION	×
					KAPPA ALPHA THETA	
RATION - 46-1452207					FRATERNITY HOUSE	
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION OREGON	OREGON	501(C)(7)		CORPORATION	×
					KAPPA ALPHA THETA	
s ROAD					FRATERNITY HOUSE	1000
46268	HOUSE FACILITY CORPORATION	TENNESSEE	501(C)(7)		CORPORATION	×
-1		54			KAPPA ALPHA THETA	
3740 F			92		FRATERNITY HOUSE	II
	HOUSE FACILITY CORPORATION MICHIGAN	MICHIGAN	501(C)(2)		CORPORATION	×
ON UPSILON HOUSE CORP OF KAPPA					KAPPA ALPHA THETA	
THETA FRATERNITY - 13-3419130, 8740 FOUNDERS ROAD INDIANAPOLIS IN 46268	שפרט היפוא אריבוהגפרמפרה טידו דורגפ פצוורם	AGON MAIN	70,70,10		FRATERNITY HOUSE	Þ
		NEW TOWN	1110110		CORPORATION	4

Part II Continuation of Identification of Related Tax-Exempt Organizations

	77-1-100	THE COUNTY		The state of the s		No. Co.
(a) Name address and EIN	(b)	(c)	(q)	(e)	( <b>.</b> )	(g) Section 512(b)(13)
of related organization	רוווומן מכנוזוון	Legal dofflicile (state of foreign country)	exempt Code section	Public charity status (if section	Ulrect controlling entity	controlled organization?
		290000		501(c)(3))		Yes No
THETA THETA FACILITY CORP OF KAPPA ALPHA				<b>P</b> 24	CAPPA ALPHA THETA	
THETA FRATERNITY - 38-3932700, 8740 FOUNDERS				. н.	FRATERNITY HOUSE	
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION NORTH CAROLINA	NORTH CAROLINA	501(C)(7)	U	CORPORATION	×
DELTA CHAPTER OF KAPPA ALPHA THETA				PK4	KAPPA ALPHA THETA	
CORPORATION - 37-6046637, 8740 FOUNDERS				щ	FRATERNITY HOUSE	
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION ILLINOIS	ILLINOIS	501(C)(7)	V	CORPORATION	×
GAMMA PI HOUSE CORPORATION OF KAPPA ALPHA			٠	, Ka	KAPPA ALPHA THETA	
THETA - 42-0403009, 8740 FOUNDERS ROAD,				ш	FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION LOWA	IOWA	501(C)(2)		CORPORATION	×
KAPPA ALPHA THETA COMPANY - 95-6102250				4	KAPPA ALPHA THETA	
8740 FOUNDERS ROAD				щ	FRATERNITY HOUSE	-
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA ·	501(C)(7)	U	CORPORATION	×
GAMMA NU FACILITY CORPORATION - 51-0197232				_124	KAPPA ALPHA THETA	
8740 FOUNDERS ROAD				щ	RATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION NORTH DAKOTA	NORTH DAKOTA	501(C)(7)	O	CORPORATION	×
BETA DELTA BUILDING CORPORATION - 86-6052357				, Eq.	KAPPA ALPHA THETA	
8740 FOUNDERS ROAD				_щ	FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	ARIZONA	501(C)(2)	U	CORPORATION	×
EPSILON SIGMA FACILITY CORPORATION OF KAPPA				_ 154	KAPPA ALPHA THETA	
ALPHA THETA FRATERNITY, INC 3, 8740				_ 141.	FRATERNITY HOUSE	
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA	501(C)(7)	O	CORPORATION	×
ZETA NU FACILITY CORPORATION OF KAPPA ALPHA				ıΣı	CAPPA ALPHA THETA	
THETA FRATERNITY, INC 68-0291, 8740					FRATERNITY HOUSE	
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)	Û	CORPORATION	×
ALPHA LAMBDA ASSOCIATION - 91-6055302				, j.y.	KAPPA ALPHA THETA	
8740 FOUNDERS ROAD					FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION WASHINGTON	WASHINGTON	501(C)(7)	U	CORPORATION	×
BETA IOTA HOUSE ASSOCIATION - 84-6040636				<b>1</b>	CAPPA ALPHA THETA	
8740 FOUNDERS ROAD			501(C)(8) &	- н	FRATERNITY HOUSE	
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	COLORADO	(C)(10)		CORPORATION	×
9				, pr	KAPPA ALPHA THETA	
THETA - 83-0511449, 8740 FOUNDERS ROAD,				ж	FRATERNITY HOUSE	
46268	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		CORPORATION	×
CORPORATION C				_ 14	KAPPA ALPHA THETA	
FRATERNITY - 23-2343723, 8740 FOUNDERS		4 February Chamber Cha	100 min 100 mi	18	FRATERNITY HOUSE	
NOTE THE THE THE TOTAL	HOUSE FACILITY CORPORATION NEW JERSEY	NEW JERSEY	501(C)(7)		CORPORATION	×
303339						

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	controlled organization?	lled tion?
				((E)(3))		Yes	No
GAMMA THETA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY - 25-1180530, 8740 FOUNDERS					FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION PENNSYLVANIA	PENNSYLVANIA	501(C)(7)		CORPORATION	7	×
KAPPA ALPHA THETA NU CHAPTER HOUSE					KAPPA ALPHA THETA		Ê
CORPORATION - 23-7046854, 8740 FOUNDERS					FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION INDIANA	INDIANA	501(C)(2)		CORPORATION		×
PHI DEUTERON HOUSE CORPORATION OF KAPPA					KAPPA ALPHA THETA		
ALPHA THETA FRATERNITY - 94-2576610, 8740					FRATERNITY HOUSE		
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA	501(C)(7)		CORPORATION		×
RATION OF K					KAPPA ALPHA THETA		
TY, INC 77-0227,					FRATERNITY HOUSE		
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA	501(C)(2)		CORPORATION		×
ZETA XI HOUSE CORPORATION, INC 04-3222291					KAPPA ALPHA THETA		
8740 FOUNDERS ROAD					FRATERNITY HOUSE		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CORPORATION MASSACHUSETTS	501(C)(7)		CORPORATION		×
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY, INC 47-51780, 8740					FRATERNITY HOUSE		
	HOUSE FACILITY CORPORATION VIRGINIA	VIRGINIA	501(C)(7)		CORPORATION		×
ZETA LAMBDA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY - 57-0914295, 8740 FOUNDERS	,				FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CORPORATION SOUTH CAROLINA	501(C)(7)		CORPORATION		×
BETA OMEGA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY - 84-6045394, 8740 FOUNDERS					FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	COLORADO	501(C)(2)		CORPORATION		×
GAMMA IOTA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY - 61-6034188, 8740 FOUNDERS					FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION KENTUCKY	KENTUCKY	501(C)(7)		CORPORATION		×
ETA THETA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY - 04-3653864, 8740 FOUNDERS					FRATERNITY HOUSE		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	FLORIDA	501(C)(7)		CORPORATION		×
GAMMA TAU FACILITY CORPORATION OF KAPPA					KAPPA ALPHA THETA		
21		29-1			FRATERNITY HOUSE		
	HOUSE FACILITY CORPORATION OKLAHOMA	OKLAHOMA	501(C)(2)		CORPORATION		×
DRATION OF KA					KAPPA ALPHA THETA		
ATERNITY - 86-6052430, 8740					FRATERNITY HOUSE		;
FOUNDERS ROAD, INDIANAFOLIS, IN 40200	HOUSE FACILITY CORPORATION ARIZONA	AKIZONA	DOI(C)(1)		CORPORATION		4

632222 04-01-16

KAPPA ALPHA THETA FRATERNITY,

Schedule R (Form 990)

36-13055

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization		foreign country)		status (if section 501(c)(3))	entity	organiza Yes	tion? No
ELTA OMICKON HOUSE CORPORATION OF KAPPA LPHA THETA FRATERNITY - 63-6056849, 8740 OUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION ALABAMA		501(C)(7)		KAPPA ALPHA THETA FRATERNITY HOUSE CORPORATION		×
				7			
			54				
				11			
3.8.7			-				

36-1305568

Schedule R (Form 990) 2016 KAPPA ALPHA THETA FRATERNITY, INC.

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

actions and ElN  Primary activity  Legislation of Related Organization  Warms, address and ElN  Name, address and ElN  Primary activity  Legislation  (e) Name address and ElN  Name, address and ElN  Primary activity  Regislation  (e) Name address and ElN  Primary activity  Regislation  (e) Name, address and ElN  Primary activity  Regislation  (f) Corp. Sign.  (g)	(j) (k) General or Percentage managing ownership partner?				e related	Section 512(b)(13) controlled entity?			5	990) 2016
actions and ElN  Primary activity  Legislation of Related Organization  Warms, address and ElN  Name, address and ElN  Primary activity  Legislation  (e) Name address and ElN  Name, address and ElN  Primary activity  Regislation  (e) Name address and ElN  Primary activity  Regislation  (e) Name, address and ElN  Primary activity  Regislation  (f) Corp. Sign.  (g)	General or F managing (b) yes/No				d one or mor	(h) Percentage ownership			n	Schedule R (Form 990) 2016
Variety actives and EN   Primary activity   Control   Primary activity   Primary activi	(i) Code V-UBI amount in bo 20 of Schedu K-1 (Form 106				because it ha					Schec
Name, address, and ENV  of related organization  of related organization treated as a corporation of Trust Complete if the organization answered "Yes" on Form 950, P. Organization treated as a corporation of trust during the tax year.  Of related organization related as a corporation  of related organization treated as a corporation  of related organization answered "Yes" on Form 950, P. Organization answered organization  of related organization  of related organization  of related organization  of related organization answered "Yes" on Form 950, P. Organization  of related organization of trust during the tax year.  Of related organization answered "Yes" on Form 950, P. Organization answered "Yes" on Form 950, P. Organization answered "Yes" on Form 950, P. Organization of trust during the tax year.	rtionate ions?				art IV, line 34				54	
Name address, and EIN  Of related organization  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Primary activity  Legal concision  Of related organization  Formany activity  Legal concision  Of related organization  Primary activity  Legal concision  Of related organization  Of related organization  Responsible to the organization answered "Yes" on Formany activity  Legal concision  Of related organization  Of related	(g) nare of 1-of-year ssets			9	orm 990, Pa		9.			
Name, address, and EIN  Of related organization  Well dentification of Related Organization  Of related organization  Wilder address, and EIN  Name, address, and EIN  Of related organization  Firmary activity  Of related organization  Wilder organization  Wilder organization  Of related organization  Wilder organization  W	-				d "Yes" on F	(e) pe of entity corp, S corp or trust)			28	
Name, address, and EIN  Of related organization  Of related organizatio					on answered	1000			# #	
Name, address, and EIN of companies of related organization	int income inrelated, m tax under 512-514)	,			e organizati	(d) Direct conti entity			0	2
Name, address, and EIN  of related organization  of related organization  Name, address, and EIN  Name, address, and EIN  of related organization or flust during the tax year.  (a)  Name, address, and EIN  of related organization  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (d)  (d	Predomina (related, u excluded fro sections (				omplete if th	(c)  egal domicile (state or foreign country)			E 26	87
Name, address, and EIN  of related organization  of related organization  of related organization  Name, address, and EIN  of related organization  (a)  Name, address, and EIN  of related organization  Primary activity  (bearing during the tax, and EIN  Of related organization  Primary activity  (c)  Primary activity  (c)  (c)  Name, address, and EIN  Primary activity  (a)  Primary activity  (b)  Primary activity  (c)  (c)  (c)  (d)  (e)  (e)  (f)  (e)  (f)  (e)  (f)  (f			T.		oration or Trust. Co Jear.	30				
(a) Name, address, and EIN of related organization  (b) Primary activity of related organization of Related Organizations Taxable organizations treated as a corporation of rust durition of related organization of related organization  Name, address, and EIN of related organization	Legal domicile (state or foreign country)				as a Corpo	Prim			¥	
Name, address, and ElN of related organization of Related Org organizations treated as a cor (a) Name, address, and El of related organization of related organization	(b) Primary activity				lanizations Taxable poration or trust duri	Z c				
	(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations treated as a corp	(a) Name, address, and Ell of related organization				632162 09-06-16

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

FERNITY, INC.

Schedule R (Form 990) 2016 MM M × M M M × Yes × × × × × × M × 9 19 19 ပ္ Ę 4 4 13 16 19 19 4 (d) Method of determining amount involved # 두 \* = ÷ Reimbursement paid to related organization(s) for expenses i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s) r Other transfer of cash or property to related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid by related organization(s) for expenses e Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) 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. 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? (c) Amount involved (b) Transaction type (a-s) 88 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) 632163 09-06-16 Ε م ه O вч ල 4 2 (1) 2 9

INC. Schedule R (Form 990) 2016 KAPPA ALPHA THETA FRATERNITY,

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

(h) (l) v.

Disproport Code V-UBI General or Percentage tonate amount in box 20 managing ownership of Schedule K-1 partner?

Ves No (Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. end-of-year (g) Share of assets total income Share of Predominant income partners sec. (related, unrelated, original sections 512-514) Legal domicile (state or foreign country) (C) Primary activity Name, address, and EIN of entity <u>a</u>

Schedule R (Form 990) 2016

Part VII S	<sub>orm 990) 2016</sub> Supplemental In	formation.		'A FRATERN	ITY, INC.	36-1305568
P	rovide additional inf	ormation for respons	es to questions c	on Schedule R. See	instructions.	
			. 5			
	D - 10-11-11-11-11-11-11-11-11-11-11-11-11-1		<del></del>			
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<del></del>	Proceedings of the control of the co					

**Estimated Tax on Unrelated Business Taxable** Form 990-W OMB No. 1545-0976 Income for Tax-Exempt Organizations *2*017 (Worksheet) (and on Investment Income for Private Foundations) FORM 990-T Department of the Treasury Internal Revenue Service Keep for your records. Do not send to the Internal Revenue Service. Unrelated business taxable income expected in the tax year 1 Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax. See instructions Total. Add lines 2 and 3 Estimated tax credits. See instructions Subtract line 5 from line 4 Other taxes. See instructions Total. Add lines 6 and 7 Credit for federal tax paid on fuels. See instructions 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 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 18,200. from line 10a on line 10c ADJUSTED TO (b) (d) 10/16/17 12/15/17 03/15/18 06/15/18 11 11 Installment due dates. See instructions 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 4,550. 4,550. 4,550.

For Paperwork Reduction Act Notice, see instructions.

13 2016 Overpayment. See instructions

14 Payment due (Subtract line 13 from line 12)

installment method, or is a "large organization."

Form 990-W (2017)

4,550.

4,550.

ESTIMATED TAX OVERPAYMENT APPLIED AMOUNT DUE

18,200.

4,550.

4,550.

13

4,550.

18,200.

0.

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

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, 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. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 8740 FOUNDERS ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions da rigi INDIANAPOLIS, IN 46268 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return Application Code Is For Code Is For 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 10 Form 5227 04 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) 06 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. 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 ► X tax year beginning JUL 1, 2016 , and ending JUN 30, 2017

nonrefundable credits. See instructions.

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.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a \$ 0 \$ 0

Initial return

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.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Change in accounting period

Form 8868 (Rev. 1-2017)

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