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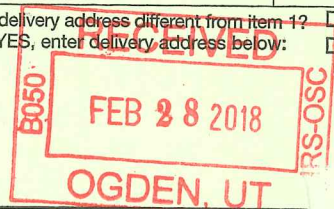
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KAPPA ALPHA THETA



LEADING WOMEN

8740 Founders Road | Indianapolis, Indiana 46268

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990 - Frat - group return

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8740 FOUNDERS ROAD City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46268 F Name and address of principal officer: ELIZABETH CORRIDAN SAME AS C ABOVE	D Employer identification number 36-6135287 E Telephone number 317-876-1870 G Gross receipts \$ 57,660,755. H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number 0154
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.KAPPAALPHATHETA.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		
L Year of formation:		M State of legal domicile:

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ADMINISTRATION OF LOCAL CHAPTERS.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	615
6	Total number of volunteers (estimate if necessary)	2958
7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,406.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.
8	Contributions and grants (Part VIII, line 1h)	976,650.
9	Program service revenue (Part VIII, line 2g)	55,135,257.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-581,686.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,530,226.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	835,353.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,661,228.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,307,560.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,804,141.
19	Revenue less expenses. Subtract line 18 from line 12	726,085.
20	Total assets (Part X, line 16)	9,906,259.
21	Total liabilities (Part X, line 26)	2,443,086.
22	Net assets or fund balances. Subtract line 21 from line 20	7,463,173.

Part II Signature Block

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

Sign Here	Signature of officer ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFICER Type or print name and title	Date 2/6/18
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name REBEKAH PAYNE	Preparer's signature 	Date 1/31/18	Check if self-employed <input type="checkbox"/>	PTIN P00841956
	Firm's name MCM CPAS & ADVISORS LLP	Firm's EIN 27-1235638			
	Firm's address 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254			Phone no. (317) 347-5200	

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

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GROUP RETURN

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADMINISTER LOCAL CHAPTERS OF THE KAPPA ALPHA THETA FRATERNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
SERVICES PROVIDED WERE ORGANIZING AND ADMINISTERING LOCAL CHAPTER ACTIVITIES ON COLLEGE CAMPUSES INCLUDING: HOUSING, ROOM AND BOARD, SOCIAL, RUSH AND OTHER ACTIVITIES.

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

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

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

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

4e Total program service expenses ►

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	1,243,292.	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0.	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
KAPPA ALPHA THETA FRATERNITY - 317-876-1870
8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								0.	427,935.	67,617.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	427,935.	67,617.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

KAPPA ALPHA THETA FRATERNITY

GROUP RETURN

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Form 990 (2016)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	728,525.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	351,409.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,079,934.			
	Program Service Revenue	Business Code				
2 a BOARD FEES		900099	23,509,629.	23,509,629.		
b DUES		900099	18,542,095.	18,542,095.		
c CHAPTER FEES		900099	13,377,259.	13,377,259.		
d						
e						
f All other program service revenue		900099	1,150,432.	1,150,432.		
g Total. Add lines 2a-2f		56,579,415.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,406.		1,406.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 728,525. of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b Less: direct expenses	b	587,117.			
	c Net income or (loss) from fundraising events		-587,117.			-587,117.
	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				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		57,073,638.	56,579,415.	1,406.	-587,117.	

KAPPA ALPHA THETA FRATERNITY

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GROUP RETURN

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Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	824,359.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,821,342.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	271,962.			
10 Payroll taxes	510,818.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,980.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	512,348.			
14 Information technology	14,468.			
15 Royalties				
16 Occupancy	14,538,994.			
17 Travel	101,485.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	142,614.			
20 Interest	4,339.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD/KITCHEN	8,602,736.			
b SOCIAL EVENTS	5,420,481.			
c FACILITY FEES	3,235,065.			
d PER CAPITA FEE	2,547,181.			
e All other expenses SEE SCH O	13,185,221.			
25 Total functional expenses. Add lines 1 through 24e	55,753,393.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

Form 990 (2016)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,845,903.	1	9,196,028.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	561,945.	4	613,825.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	547,715.	9	574,648.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	950,696.	15	1,179,922.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,906,259.	16	11,564,423.	
Liabilities	17 Accounts payable and accrued expenses	558,434.	17	585,756.
	18 Grants payable		18	
	19 Deferred revenue	561,945.	19	613,825.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,322,707.	25	1,590,833.
	26 Total liabilities. Add lines 17 through 25	2,443,086.	26	2,790,414.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		7,463,173.	27	8,774,009.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		7,463,173.	33	8,774,009.
34 Total liabilities and net assets/fund balances		9,906,259.	34	11,564,423.

Form **990** (2016)

KAPPA ALPHA THETA FRATERNITY
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Form 990 (2016)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,073,638.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,753,393.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,320,245.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,463,173.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,409.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,774,009.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2016)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Employer identification number

36-6135287

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Employer identification number
36-6135287

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>23,255.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

36-6135287

Part II Noncash Property (See instructions). Use duplicate copies of 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN	Employer identification number 36-6135287
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

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

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

ORM 990 LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALPHA CHAPTER OF KAPPA ALPHA THETA	904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951	35-0867562
BETA CHAPTER OF KAPPA ALPHA THETA	441 N. WOODLAWN AVENUE - BLOOMINGTON, IN 47408-3932	35-0432050
GAMMA CHAPTER OF KAPPA ALPHA THETA	825 W. HAMPTON DRIVE - INDIANAPOLIS, IN 46208	35-0867363
DELTA CHAPTER OF KAPPA ALPHA THETA	611 EAST DANIEL STREET - CHAMPAIGN, IL 61820-6213	37-0359350
THETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	201 WILSON COMMONS - ROCHESTER, NY 14627	47-4974828
NOTA CHAPTER OF KAPPA ALPHA THETA	519 STEWART AVENUE - ITHACA, NY 14850	16-1164377
KAPPA CHAPTER OF KAPPA ALPHA THETA	1433 TENNESSEE - LAWRENCE, KS 66044-3481	48-0543691
LAMBDA CHAPTER OF KAPPA ALPHA THETA	215 S PROSPECT ST - BURLINGTON, VT 05401-3519	46-2452857
GAMMA DEUTERON CHAPTER OF KAPPA ALPHA THETA	179 W. WINTER STREET - DELAWARE, OH 43015	31-4389978
MU CHAPTER OF KAPPA ALPHA THETA	ALLEGHENY COLLEGE, BOX 178 - MEADVILLE, PA 16335	25-6086538
NU CHAPTER OF KAPPA ALPHA THETA	PO BOX 159 HANOVER COLLEGE - HANOVER, IN 47243	35-1041334
OMICRON CHAPTER OF KAPPA ALPHA THETA	653 W. 28TH STREET - LOS ANGELES, CA 90007	95-0890340
PI CHAPTER OF KAPPA ALPHA THETA	CAMPUS PROGRAMS & ORGANIZATIONS - ALBION, MI 49224	38-2510011
RHO CHAPTER OF KAPPA ALPHA THETA	1545 'S' STREET - LINCOLN, NE 68508	47-0207480
TAU CHAPTER OF KAPPA ALPHA THETA	619 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2191771
UPSILON CHAPTER OF KAPPA ALPHA THETA	1012 5TH STREET S.E. - MINNEAPOLIS, MN 55414	41-0345972

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PHI CHAPTER OF KAPPA ALPHA THETA	637 PRESIDENT'S DRIVE - STOCKTON, CA 95211	94-1490664
CHI CHAPTER OF KAPPA ALPHA THETA	306 WALNUT PLACE - SYRACUSE, NY 13210	15-0354780
PSI CHAPTER OF KAPPA ALPHA THETA	108 LANGDON ST. - MADISON, WI 53703	39-0385840
OMEGA CHAPTER OF KAPPA ALPHA THETA	2723 DURANT AVE - BERKLEY, CA 94704	94-1158472
ALPHA GAMMA CHAPTER OF KAPPA ALPHA THETA	1861 INDIANOLA AVE. - COLUMBUS, OH 43201	31-4221872
ALPHA EPSILON CHAPTER OF KAPPA ALPHA THETA	75 WATERMAN ST., BOX 1656 - PROVIDENCE, RI 02912-1168	05-0401170
ALPHA ETA CHAPTER OF KAPPA ALPHA THETA	204 24TH AVENUE S. - NASHVILLE, TN 37212	62-1316998
ALPHA THETA CHAPTER OF KAPPA ALPHA THETA	2401 PEARL STREET - AUSTIN, TX 78705	74-1135209
ALPHA LAMBDA CHAPTER OF KAPPA ALPHA THETA	4521 17TH AVENUE NE - SEATTLE, WA 98105	91-0277810
ALPHA MU CHAPTER OF KAPPA ALPHA THETA	603 KENTUCKY BOULEVARD - COLUMBIA, MO 65201	43-0349100
ALPHA NU CHAPTER OF KAPPA ALPHA THETA	1020 GERALD AVE. - MISSOULA, MT 59801	81-0230943
ALPHA XI CHAPTER OF KAPPA ALPHA THETA	655 EAST 11TH AVE. - EUGENE, OR 97401	93-0202225
ALPHA OMICRON CHAPTER OF KAPPA ALPHA THETA	845 CHAUTAUQUA AVENUE - NORMAN, OK 73069	73-0308390
ALPHA PI CHAPTER OF KAPPA ALPHA THETA	2500 UNIVERSITY AVE. - GRAND FORKS, ND 58203	45-0173340
ALPHA RHO CHAPTER OF KAPPA ALPHA THETA	725 E. CLARK - VERMILLION, SD 57069	46-0224824
ALPHA SIGMA CHAPTER OF KAPPA ALPHA THETA	850 NE MONROE ST. - PULLMAN, WA 99163	91-0123837
ALPHA TAU CHAPTER OF KAPPA ALPHA THETA	2711 CLIFTON AVE. - CINCINNATI, OH 45220	31-0539242
ALPHA PHI CHAPTER OF KAPPA ALPHA THETA	928 BROADWAY STREET - NEW ORLEANS, LA 70118-5137	72-0804517

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ALPHA CHI CHAPTER OF KAPPA ALPHA THETA	607 N RUSSELL ST - WEST LAFAYETTE, IN 47906-2826	35-1578646
ALPHA PSI CHAPTER OF KAPPA ALPHA THETA	711 E. BOLDT WAY SPC 502 - APPLETON, WI 54911	39-1251208
BETA DELTA CHAPTER OF KAPPA ALPHA THETA	1050 N. MOUNTAIN AVENUE - TUCSON, AZ 85719	86-0031005
BETA EPSILON CHAPTER OF KAPPA ALPHA THETA	465 NW 23RD STREET - CORVALLIS, OR 97330	93-0202220
BETA ZETA CHAPTER OF KAPPA ALPHA THETA	1323 W. UNIVERSITY AVENUE - STILLWATER, OK 74074	73-0308395
BETA ETA CHAPTER OF KAPPA ALPHA THETA	130 SOUTH 39TH STREET - PHILADELPHIA, PA 19104	23-2496933
BETA THETA CHAPTER OF KAPPA ALPHA THETA	630 ELM STREET - MOSCOW, ID 83843	82-0200817
BETA IOTA CHAPTER OF KAPPA ALPHA THETA	1333 UNIVERSITY AVE. - BOULDER, CO 80302-6213	84-0241230
BETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1335 - 34TH ST. - DES MOINES, IA 50311	42-0351495
BETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	155 RICHMOND ROAD - WILLIAMSBURG, VA 23185-3627	54-0819839
BETA MU CHAPTER OF KAPPA ALPHA THETA	863 N. SIERRA STREET - RENO, NV 89503	88-0034267
BETA NU CHAPTER OF KAPPA ALPHA THETA	510 W. PARK AVENUE - TALLAHASSEE, FL 32301	59-0636363
BETA XI CHAPTER OF KAPPA ALPHA THETA	736 HILGARD AVENUE - LOS ANGELES, CA 90024	95-0890350
BETA OMICRON CHAPTER OF KAPPA ALPHA THETA	823 E. BURLINGTON ST. - IOWA CITY, IA 52240-5113	42-0351500
BETA PI CHAPTER OF KAPPA ALPHA THETA	303 OAKHILL AVENUE - EAST LANSING, MI 48823-3243	38-0706010
BETA RHO CHAPTER OF KAPPA ALPHA THETA	006 BRYAN CENTER BOX 90840 - DURHAM, NC 27708-0840	56-6086402
GAMMA NU CHAPTER OF KAPPA ALPHA THETA	1262 12TH STREET NORTH - FARGO, ND 58102	45-0226532
DELTA EPSILON CHAPTER OF KAPPA ALPHA THETA	SUN DEVIL INVOLVEMENT CTR, PO BOX 871301 - TEMPE, AZ 85287-1301	86-6030844

KAPPA ALPHA THETA FRATERNITY GROUP RETUR

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DELTA OMEGA CHAPTER OF KAPPA ALPHA THETA	1503 ATHENS DRIVE - COLLEGE STATION, TX 77840	74-2107148
EPSILON RHO CHAPTER OF KAPPA ALPHA THETA	106 HILL DRIVE - BETHLEHEM, PA 18015	23-2319235
EPSILON SIGMA CHAPTER OF KAPPA ALPHA THETA	1014 ARROYO DRIVE - IRVINE, CA 92617	33-0087836
EPSILON TAU CHAPTER OF KAPPA ALPHA THETA	277 CROWN STREET - NEW HAVEN, CT 06511	62-1252143
EPSILON UPSILON CHAPTER OF KAPPA ALPHA THETA	534 W 114TH ST - NEW YORK, NY 10025-7804	06-1164535
EPSILON PHI CHAPTER OF KAPPA ALPHA THETA	REYNOLDS CLUB, ROOM 001, 5706 S. UNIVERSITY AVE. - CHICAGO, IL 60637	36-3497845
EPSILON PSI CHAPTER OF KAPPA ALPHA THETA	28 WESTHAMPTON WAY - RICHMOND, VA 23173	54-1411448
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812	25-1565046
ETA ETA CHAPTER OF KAPPA ALPHA THETA	429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663	57-0876739
ETA THETA CHAPTER OF KAPPA ALPHA THETA	180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405	93-0987363
EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA	PO BOX 85615 - WACO, TX 76798	74-2422871
PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA	585 COWELL LANE - STANFORD, CA 94305-8512	94-2747663
EPSILON ZETA CHAPTER OF KAPPA ALPHA THETA	PO BOX 2289 - OXFORD, MS 38655	64-0652494
EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	600 W. WALNUT STREET - DANVILLE, KY 40422	61-0982125
EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA	501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660	43-1238588
EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA	PO BOX 1773 - CARLISLE, PA 17013-2896	23-2237448
EPSILON MU CHAPTER OF KAPPA ALPHA THETA	KAPPA ALPHA THETA, 4143 FRIST CAMPUS CTR - PRINCETON, NJ 08544	22-2547141
EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA	201 COLLEGE AVENUE - ASHLAND, VA 23005	54-1264288

KAPPA ALPHA THETA FRATERNITY GROUP RETUR

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EPSILON PI CHAPTER OF KAPPA ALPHA THETA	BUCKNELL UNIVERSITY BOX C3945 - LEWISBURG, PA 17837	23-2343442
DELTA ZETA CHAPTER OF KAPPA ALPHA THETA	KAO EMORY UNIV. PKG CTR, 605 ASBURY CIR, PO MM - ATLANTA, GA 30322	23-7105000
DELTA ETA CHAPTER OF KAPPA ALPHA THETA	1517 MCCAIN LANE - MANHATTAN, KS 66502	48-0673098
DELTA THETA CHAPTER OF KAPPA ALPHA THETA	715 SW 10TH STREET - GAINESVILLE, FL 32601	59-0968099
DELTA IOTA CHAPTER OF KAPPA ALPHA THETA	1119 WHEELOCK STUDENT CENTER - TACOMA, WA 98416	91-6057588
DELTA KAPPA CHAPTER OF KAPPA ALPHA THETA	101 LSU STUDENT UNION BX 25112 - BATON ROUGE, LA 70803	72-0626670
DELTA OMICRON CHAPTER OF KAPPA ALPHA THETA	PO BOX 866629 - TUSCALOOSA, AL 35486 0060	63-0514585
DELTA UPSILON CHAPTER OF KAPPA ALPHA THETA	128 POWELL BUILDING, EASTERN KY UNIVERSITY - RICHMOND, KY 40475	61-1060002
DELTA PHI CHAPTER OF KAPPA ALPHA THETA	5454 UNIVERSITY STATION - CLEMSON, SC 29632 1001	23-7271773
DELTA CHI CHAPTER OF KAPPA ALPHA THETA	127 CHANCELLOR STREET - CHARLOTTESVILLE, VA 22903	54-1086861
GAMMA PI CHAPTER OF KAPPA ALPHA THETA	2239 KNAPP STREET - AMES, IA 50014	42-0681123
GAMMA RHO CHAPTER OF KAPPA ALPHA THETA	6551 EL COLEGIO ROAD - GOLETA, CA 93117	95-3467067
GAMMA TAU CHAPTER OF KAPPA ALPHA THETA	3210 E 5TH PL - TULSA, OK 74104-3115	73-6112078
GAMMA UPSILON CHAPTER OF KAPPA ALPHA THETA	2026 ARMSTRONG STUDENT CENTER, 550 E. SPRING ST - OXFORD, OH 45056	23-7109591
GAMMA PHI CHAPTER OF KAPPA ALPHA THETA	19 GREEK CIRCLE - LUBBOCK, TX 79416-5815	75-6061280
GAMMA CHI CHAPTER OF KAPPA ALPHA THETA	5317 N. MILLBROOK AVENUE - FRESNO, CA 93710-7315	94-1376051
GAMMA PSI CHAPTER OF KAPPA ALPHA THETA	TCU BOX 294515 - FT. WORTH, TX 76129	75-1510946

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GAMMA MU CHAPTER OF KAPPA ALPHA THETA	7407 PRINCETON AVE - COLLEGE PARK, MD 20740-3304	52-0608426
GAMMA OMEGA CHAPTER OF KAPPA ALPHA THETA	201 WIRE RD., THE VILLAGE, BOX #14 - AUBURN, AL 36849	23-7094288
DELTA DELTA CHAPTER OF KAPPA ALPHA THETA	280 BOYER AVE - WALLA WALLA, WA 99362-2044	36-3195441
BETA SIGMA CHAPTER OF KAPPA ALPHA THETA	3108 UNIVERSITY BLVD - DALLAS, TX 75205	75-0834624
BETA TAU CHAPTER OF KAPPA ALPHA THETA	200 N. MULBERRY ST - GRANVILLE, OH 43023	31-6077958
BETA PHI CHAPTER OF KAPPA ALPHA THETA	400 LYONS HALL - UNIVERSITY PARK, PA 16802	23-7097425
BETA OMEGA CHAPTER OF KAPPA ALPHA THETA	1015 N NEVADA AVE - COLORADO SPRINGS, CO 80903-2469	84-0405198
GAMMA DELTA CHAPTER OF KAPPA ALPHA THETA	338 S. MILLEDGE AVENUE - ATHENS, GA 30605-1048	58-0595274
GAMMA ZETA CHAPTER OF KAPPA ALPHA THETA	U OF CONNECTICUT, HUSKY VILLAGE, A2 - STORRS MANSFIELD, CT 06269	51-0243424
GAMMA THETA CHAPTER OF KAPPA ALPHA THETA	1077 MOREWOOD AVE - PITTSBURGH, PA 15213	25-1309163
GAMMA IOTA CHAPTER OF KAPPA ALPHA THETA	329 COLUMBIA TERRACE - LEXINGTON, KY 40508	61-0450152
ZETA MU CHAPTER OF KAPPA ALPHA THETA	350 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-3098428
ZETA NU CHAPTER OF KAPPA ALPHA THETA	200 PARKWAY CIRCLE - DAVIS, CA 95616	68-0291571
ZETA XI CHAPTER OF KAPPA ALPHA THETA	10 ARROW ST - CAMBRIDGE, MA 02138-5102	04-3177955
ZETA OMICRON CHAPTER OF KAPPA ALPHA THETA	PO BOX 7243 - WINSTON SALEM, NC 27109	46-2468733
ZETA RHO CHAPTER OF KAPPA ALPHA THETA	9500 GILMAN DRIVE, DEPT 0077 - LA JOLLA, CA 92093-0077	31-1469417
ZETA SIGMA CHAPTER OF KAPPA ALPHA THETA	402 W. COLLEGE AVE, UNIT 1077 - ADA, OH 45810	34-1770652
ZETA TAU CHAPTER OF KAPPA ALPHA THETA	301B DAVID HOLLOWELL DRIVE - NEWARK, DE 19716	31-1469420

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ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	PO BOX 830688, SU 21 - RICHARDSON, TX 75083-0688	31-1469422
ETA ETA CHAPTER OF KAPPA ALPHA THETA	2112 CLEVELAND BOULEVARD - CALDWELL, ID 83605	82-0525909
ETA THETA CHAPTER OF KAPPA ALPHA THETA	4400 GREEK COURT - ORLANDO, FL 32816	59-3671767
ETA IOTA CHAPTER OF KAPPA ALPHA THETA	5998 ALCALA PARK, SLP301 - SAN DIEGO, CA 92110	91-2078836
ETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1 JOHN CARROLL BLVD - CLEVELAND, OH 44118	34-1968556
ETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	981 FREMONT ST. - SANTA CLARA, CA 95050	04-3777901
ETA MU CHAPTER OF KAPPA ALPHA THETA	C/O: SAC, 1600 CAMPUS ROAD - LOS ANGELES, CA 90041	32-0126362
ETA NU CHAPTER OF KAPPA ALPHA THETA	555 N SHERIDAN ROAD - LAKE FOREST, IL 60045	33-1104233
ETA XI CHAPTER OF KAPPA ALPHA THETA	275 MOUNT CARMEL AVE. BOX #31 - HAMDEN, CT 06518-1733	20-5477391
ETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1 UNF DRIVE - JACKSONVILLE, FL 32224	65-1296813
ETA RHO CHAPTER OF KAPPA ALPHA THETA	285 WARREN SERVICE DR, MSC3518 - HARRISONBURG, VA 22807	51-0645634
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY DRIVE - ORANGE, CA 92866	61-1551175
ETA TAU CHAPTER OF KAPPA ALPHA THETA	401 W. KENNEDY BLVD., BOX P - TAMPA, FL 33606	27-3259553
ETA UPSILON CHAPTER OF KAPPA ALPHA THETA	2130 FULTON ST, UNIVERSITY CENTER 4TH FLOOR, ATTN: SLE - SAN FRANCISCO, CA	45-3013965
ETA PHI CHAPTER OF KAPPA ALPHA THETA	1900 BELMONT BLVD - NASHVILLE, TN 37212-3757	45-3014286
ETA PI CHAPTER OF KAPPA ALPHA THETA	11921 CARLTON ROAD - CLEVELAND, OH 44106	51-0645633
ETA OMEGA CHAPTER OF KAPPA ALPHA THETA	1 LMU DR., STUDENT PROG. & LEADERSHIP - LOS ANGELES, CA 90045-2623	95-4839344
ZETA PHI CHAPTER OF KAPPA ALPHA THETA	CAMPUS LIFE OFFICE, 24255 PACIFIC COAST HWY - MALIBU, CA 90263	91-1829440

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ZETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	COLLEGE OF CHARLESTON/97 WENTWORTH ANX - CHARLESTON, SC 29424	57-0904066
ETA IOTA CHAPTER OF KAPPA ALPHA THETA	4 FRANK PARSONS WAY - LEXINGTON, VA 24450-1787	54-1489157
ETA CHI CHAPTER OF KAPPA ALPHA THETA	C/O MONICA ALMEIDA, ETA CHI CEO, 872 BEACON STREET APT 3 - BOSTON, MA 02215	46-0648516
ALPHA BETA CHAPTER OF KAPPA ALPHA THETA	500 COLLEGE AVENUE - SWARTHMORE, PA 19081	46-2270360
BETA GAMMA CHAPTER OF KAPPA ALPHA THETA	708 CITY PARK AVENUE - FT. COLLINS, CO 80521	47-3250290
ZETA CHI CHAPTER OF KAPPA ALPHA THETA	3339 N. CHARLES ST; WOLMAN HALL, SUITE 143 - BALTIMORE, MD 21218	46-3368874
ETA PSI CHAPTER OF KAPPA ALPHA THETA	94 CURTIS STREET - SOMERVILLE, MA 02144	46-3379272
ETA OMEGA CHAPTER OF KAPPA ALPHA THETA	20 N. GRAND BLVD MSC #1280 - ST. LOUIS, MO 63103	46-3485657
THETA THETA CHAPTER OF KAPPA ALPHA THETA	2709A FRATERNITY COURT - RALEIGH, NC 27606	46-3360201
THETA IOTA CHAPTER OF KAPPA ALPHA THETA	P.O. BOX 3786 - WASHINGTON, DC 20027-0286	46-4555348
THETA KAPPA CHAPTER OF KAPPA ALPHA THETA	8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268	47-3139896
ETA CHAPTER OF KAPPA ALPHA THETA	1414 WASHTENAW AVENUE - ANN ARBOR, MI 48104	38-1375371
GAMMA KAPPA CHAPTER OF KAPPA ALPHA THETA	800 21ST ST NW, SUITE 409 - WASHINGTON, DC 20052	81-4703970
GAMMA SIGMA CHAPTER OF KAPPA ALPHA THETA	5720 MONTEZUMA ROAD - SAN DIEGO, CA 92115	81-3334108
PSILON THETA CHAPTER OF KAPPA ALPHA THETA	208 E. BERT FISH DR - DELAND, FL 32723	81-3327176
PSILON NU CHAPTER OF KAPPA ALPHA THETA	3025 OAK LANE - BLACKSBURG, VA 24061	82-2619697
THETA MU CHAPTER OF KAPPA ALPHA THETA	1500 ILLINOIS STREET - GOLDEN, CO 80401	81-3370721

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THETA NU CHAPTER OF KAPPA
LPHA THETA

350 FERST DRIVE - ATLANTA, GA
30332-0285

81-3394663

THETA XI CHAPTER OF KAPPA
LPHA THETA

SOAR REDWOOD BLDG, 2ND FLOOR -
SANTA CRUZ, CA 95064

81-3384530

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

Employer identification number
36-6135287

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

KAPPA ALPHA THETA FRATERNITY

Schedule D (Form 990) 2016

GROUP RETURN

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

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

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Schedule D (Form 990) 2016

KAPPA ALPHA THETA FRATERNITY

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GROUP RETURN

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	1,179,922.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,179,922.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	1,590,833.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,590,833.

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

Schedule D (Form 990) 2016

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5		

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12c.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

Employer identification number
36-6135287

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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

of licensing.

KAPPA ALPHA THETA FRATERNITY

Schedule G (Form 990 or 990-EZ) 2016 **GROUP RETURN**

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

	(a) Event #1 VARIOUS CHAPTER FUND	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	728,525.			728,525.
2 Less: Contributions	728,525.			728,525.
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	587,117.			587,117.
10 Direct expense summary. Add lines 4 through 9 in column (d)				587,117.
11 Net income summary. Subtract line 10 from line 3, column (d)				-587,117.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

KAPPA ALPHA THETA FRATERNITY

Schedule G (Form 990 or 990-EZ) 2016 **GROUP RETURN**

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

KAPPA ALPHA THETA FRATERNITY

Schedule G (Form 990 or 990-EZ)

GROUP RETURN

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Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2016

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

Employer identification number
36-6135287

Name of the organization **KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CASA INC. PO BOX 8426 BOSTON, MA 02114	04-3110775	501(C)(3)	11,528.	0.			CHARITABLE CONTRIBUTION
NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION - 100 WEST HARRISON STREET, SUITE 500 - SEATTLE, WA 98119	91-1255818	501(C)(3)	137,177.	0.			CHARITABLE CONTRIBUTION
HEART OF MISSOURI CASA PO BOX 10028 COLUMBIA, MO 65205	20-2408567	501(C)(3)	6,700.	0.			CHARITABLE CONTRIBUTION
CASA OF TARRANT COUNTY 101 SUMMIT AVE, SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	61,905.	0.			CHARITABLE CONTRIBUTION
CLEVELAND COUNTY CASA, INC. P.O. BOX 1714 NORMAN, OK 73070	73-1231247	501(C)(3)	40,545.	0.			CHARITABLE CONTRIBUTION
FRIENDS OF WAKE COUNTY GUARDIAN AD LITEM PROGRAM - P.O. BOX 4919 - CARY, NC 27519	58-1930264	501(C)(3)	5,552.	0.			CHARITABLE CONTRIBUTION

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

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

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

Schedule I (Form 990) (2016)

KAPPA ALPHA THETA FRATERNITY

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Schedule I (Form 990) GROUP RETURN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAPPA ALPHA THETA FOUNDATION, INC. 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	36-6066531	501(C)(3)	221,301.	0.			CHARITABLE CONTRIBUTION
SCOTTY'S HOUSE BRAZOS VALLEY CHILD ADVOCACY CENTER, INC. - 2424 KENT STREET - BRYAN, TX 76102	74-2650616	501(C)(3)	14,200.	0.			CHARITABLE CONTRIBUTION
CHILD ADVOCATES II OF TALLAHASSEE INC. - PO BOX 3992 - TALLAHASSEE, FL 32315	59-2928659	501(C)(3)	15,547.	0.			CHARITABLE CONTRIBUTION
CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C)(3)	13,706.	0.			CHARITABLE CONTRIBUTION
PAYNE COUNTY CASA ASSOCIATION, INC. - 315 W 6TH, SUITE 205 - STILLWATER, OK 74074	73-1396936	501(C)(3)	5,000.	0.			CHARITABLE CONTRIBUTION
CASA OF TRAVIS COUNTY, INC. 7701 N LAMAR BLVD, STE 301 AUSTIN, TX 78752	74-2369123	501(C)(3)	22,494.	0.			CHARITABLE CONTRIBUTION
CASA OF SAN LUIS OBISPO COUNTY, INC. - 75 HIGUERA STREET, SUITE 180 - SAN LUIS OBISPO, CA 93401	77-0316227	501(C)(3)	6,981.	0.			CHARITABLE CONTRIBUTION
CASA OF THE PIKES PEAK REGION 701 S CASCADE AVE COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	6,076.	0.			CHARITABLE CONTRIBUTION
CASA OF COOK COUNTY 1100 S. HAMILTON, SUITE 8W CHICAGO, IL 60612	36-4461307	501(C)(3)	23,065.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

KAPPA ALPHA THETA FRATERNITY

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Schedule I (Form 990) GROUP RETURN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF FRANKLIN COUNTY 373 SOUTH HIGH STREET, FLOOR 15 COLUMBUS, OH 43215	31-13222198	501(C)(3)	5,670.	0.			CHARITABLE CONTRIBUTION
CASA OF VENTURA COUNTY P.O. BOX 1135 CAMARILLO, CA 93011	45-1649286	501(C)(3)	11,220.	0.			CHARITABLE CONTRIBUTION
CHILDREN IN PLACEMENT 155 EAST STREET NEW HAVEN, CT 06511	06-1182114	501(C)(3)	6,575.	0.			CHARITABLE CONTRIBUTION
COURT APPOINTED SPECIAL ADVOCATES, INC - 48 WALL STREET 11TH FLOOR - NEW YORK, NY 10005	13-3172387	501(C)(3)	5,424.	0.			CHARITABLE CONTRIBUTION
THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC - 44 PONDFIELD RD STE 12 - BRONXVILLE, NY 10708	27-2904497	501(C)(3)	11,428.	0.			CHARITABLE CONTRIBUTION
SOUTHEAST CASA PROGRAM PO BOX 7017 YANKTON, SD 57078	27-5055055	501(C)(3)	5,713.	0.			CHARITABLE CONTRIBUTION
ALPHA PHI ALPHA FRATERNITY, INC 2313 ST PAUL STREET BALTIMORE, MD 21218	36-2105176	501(C)(7)	7,839.	0.			CHARITABLE CONTRIBUTION
CHAMPAIGN COUNTY CASA, INC 15C LINCOLN SQUARE URBANA, IL 61801	37-1325204	501(C)(3)	7,583.	0.			CHARITABLE CONTRIBUTION
WISCONSIN CASA ASSOCIATION 210 MARTIN LUTHER KING BLVD STE 356 MADISON, WI 53703	39-1974356	501(C)(3)	14,250.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

KAPPA ALPHA THETA FRATERNITY

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Schedule I (Form 990)

GROUP RETURN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION - 1000 W NIFONG BUILDING 4 STE 201D - COLUMBIA, MO 65203	43-1718389	501(C)(3)	5,000.	0.			CHARITABLE CONTRIBUTION
VOICES FOR CHILDREN 920 NORTH VANDEVENTER ST. LOUIS, MO 63108	43-1807059	501(C)(3)	8,463.	0.			CHARITABLE CONTRIBUTION
CASA FOR LANCASTER COUNTY 1141 M STREET STE C LINCOLN, NE 68508	47-0833799	501(C)(3)	5,285.	0.			CHARITABLE CONTRIBUTION
SUNFLOWER CASA PROJECT, INC PO BOX 158 MANHATTAN, KS 66505	48-1061447	501(C)(3)	17,743.	0.			CHARITABLE CONTRIBUTION
VOICES FOR CHILDREN, INC 8358 MAIN STREET 2ND FLOOR ELLICOTT CITY, MD 21043	52-1700254	501(C)(3)	8,141.	0.			CHARITABLE CONTRIBUTION
CASA FOR CHILDREN OF AUGUSTA COUNTY - 119 WEST FREDERICK STREET - STAUNTON, VA 24401	54-1721227	501(C)(3)	5,611.	0.			CHARITABLE CONTRIBUTION
COLONIAL CASA 1311 JAMESTOWN RD STE 201 WILLIAMSBURG, VA 23185	54-1751706	501(C)(3)	6,617.	0.			CHARITABLE CONTRIBUTION
CASA INC 982 EASTERN PKWY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C)(3)	8,850.	0.			CHARITABLE CONTRIBUTION
FRIENDS OF CHILDREN OF WALLA WALLA PO BOX 2444 WALLA WALLA, WA 99362	71-0886777	501(C)(3)	13,006.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

KAPPA ALPHA THETA FRATERNITY

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Schedule I (Form 990)

GROUP RETURN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA CASA NETWORK, INC 1919 OXMOOR RD STE 381 HOMESWOOD, AL 35209	72-1374587	501(C)(3)	10,883.	0.			CHARITABLE CONTRIBUTION
CASA OF THE SOUTH PLAINS, INC 24 BRIERCROFT OFFICE PARK LUBBOCK, TX 79412	75-2482631	501(C)(3)	6,903.	0.			CHARITABLE CONTRIBUTION
CASA SUPPORT COUNCIL FOR PIMA COUNTY, INC - PO BOX 36017 - TUCSON, AZ 85740	83-0410169	501(C)(3)	11,838.	0.			CHARITABLE CONTRIBUTION
VOICES FOR CHILDREN, INC 6672 GUNPARK DR STE 100 BOULDER, CO 80301	84-0984449	501(C)(3)	6,548.	0.			CHARITABLE CONTRIBUTION
UNIVERSITY OF ARIZONA FOUNDATION 1111 NORTH CHERRY AVENUE TUCSON, AZ 85721	86-6050388	501(C)(3)	7,500.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

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Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE INDIVIDUAL CHAPTER BOARDS ARE RESPONSIBLE FOR THE GRANTING OF FUNDS TO
CHARITABLE ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

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Inspection

Name of the organization

**KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

Employer identification number

36-6135287

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

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

Schedule J (Form 990) 2016

KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

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Schedule J (Form 990) 2016

Page 3

Part III Supplemental Information

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

Supplemental information area with multiple horizontal lines for text entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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Name of the organization **KAPPA ALPHA THETA FRATERNITY**
GROUP RETURN

Employer identification number
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FORM 990, PART VI, SECTION A, LINE 6:

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

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

THE CONVENTION DELEGATES ELECT THE FRATNERITY'S GOVERNING BODY.

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

THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING
FILED.

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

THE CENTRAL ORGANIZATION FILING THE GROUP RETURN HAS A CONFLICT OF INTEREST
POLICY, WHICH IS REVIEWED ON AN ANNUAL BASIS. HOWEVER, EACH OF THE
CHAPTERS INCLUDED IN THE GROUP RETURN DOES NOT HAVE A CONFLICT OF INTEREST
POLICY.

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

THE ORGANIZATIONS INCLUDED IN THIS 990 MAKE THEIR GOVERNING DOCUMENTS AND
CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC UPON REQUEST. EXEMPTION
DOCUMENTS AND TAX RETURNS AVAILABLE UPON REQUEST THROUGH CONTACT OF THE
KAPPA ALPHA THETA FRATERNITY. ANNUAL FORM 990S CAN ALSO BE OBTAINED VIA
THE KAPPA ALPHA THETA FRATERNITY WEBSITE AND THROUGH THIRD PARTY WEBSITES
SUCH AS WWW.GUIDESTAR.ORG.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization **KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**Employer identification number
36-6135287

NEW MEMBER PROGRAMS	2,389,081.
CHAPTER PROGRAMMING	2,292,539.
FEES	2,177,746.
MEMBER SUPPLIES	2,045,722.
OPERATIONS	1,605,377.
FRATERNITY BILLING	1,290,651.
BANK AND CREDIT CARD FEES	1,252,008.
MISCELLANEOUS	126,159.
NEWSLETTER	5,938.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	13,185,221.

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

RESTATEMENT OF NET ASSETS -9,409.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization **KAPPA ALPHA THETA FRATERNITY
GROUP RETURN**

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number
36-6135287

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION - 26-1430902, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	TO PROVIDE HOUSING FOR CHAPTER MEMBERS OF KAPPA ALPHA THETA FRATERNITY	INDIANA	501(C)(7)				X

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

Schedule R (Form 990) 2016

(a) Name, address, and EIN of related organization

[illegible]

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

[illegible]

KAPPA ALPHA THETA FRATERNITY

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Schedule R (Form 990) 2016

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Part VII Supplemental Information.

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

Lined area for supplemental information.

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

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

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
Type or print	Name of exempt organization or other filer, see instructions. KAPPA ALPHA THETA FRATERNITY GROUP RETURN	Employer identification number (EIN) or 36-6135287
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8740 FOUNDERS ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

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

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

KAPPA ALPHA THETA FRATERNITY

• 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) **0154**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☒ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

☐ Change in accounting period

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

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

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

Form 8868 (Rev. 1-2017)

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

FORM 8868

LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALPHA CHAPTER OF KAPPA ALPHA THETA	904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951	35-0867562
BETA CHAPTER OF KAPPA ALPHA THETA	441 N. WOODLAWN AVENUE - BLOOMINGTON, IN 47408-3932	35-0432050
GAMMA CHAPTER OF KAPPA ALPHA THETA	825 W. HAMPTON DRIVE - INDIANAPOLIS, IN 46208	35-0867363
DELTA CHAPTER OF KAPPA ALPHA THETA	611 EAST DANIEL STREET - CHAMPAIGN, IL 61820-6213	37-0359350
THETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	201 WILSON COMMONS - ROCHESTER, NY 14627	47-4974828
ETA CHAPTER OF KAPPA ALPHA THETA	519 STEWART AVENUE - ITHACA, NY 14850	16-1164377
KAPPA CHAPTER OF KAPPA ALPHA THETA	1433 TENNESSEE - LAWRENCE, KS 66044-3481	48-0543691
LAMBDA CHAPTER OF KAPPA ALPHA THETA	215 S PROSPECT ST - BURLINGTON, VT 05401-3519	46-2452857
GAMMA DEUTERON CHAPTER OF KAPPA ALPHA THETA	179 W. WINTER STREET - DELAWARE, OH 43015	31-4389978
MU CHAPTER OF KAPPA ALPHA THETA	ALLEGHENY COLLEGE, BOX 178 - MEADVILLE, PA 16335	25-6086538
NU CHAPTER OF KAPPA ALPHA THETA	PO BOX 159 HANOVER COLLEGE - HANOVER, IN 47243	35-1041334
OMICRON CHAPTER OF KAPPA ALPHA THETA	653 W. 28TH STREET - LOS ANGELES, CA 90007	95-0890340
PI CHAPTER OF KAPPA ALPHA THETA	CAMPUS PROGRAMS & ORGANIZATIONS - ALBION, MI 49224	38-2510011
RHO CHAPTER OF KAPPA ALPHA THETA	1545 'S' STREET - LINCOLN, NE 68508	47-0207480
TAU CHAPTER OF KAPPA ALPHA THETA	619 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2191771
UPSILON CHAPTER OF KAPPA ALPHA THETA	1012 5TH STREET S.E. - MINNEAPOLIS, MN 55414	41-0345972

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PHI CHAPTER OF KAPPA ALPHA THETA	637 PRESIDENT'S DRIVE - STOCKTON, CA 95211	94-1490664
CHI CHAPTER OF KAPPA ALPHA THETA	306 WALNUT PLACE - SYRACUSE, NY 13210	15-0354780
PSI CHAPTER OF KAPPA ALPHA THETA	108 LANGDON ST. - MADISON, WI 53703	39-0385840
OMEGA CHAPTER OF KAPPA ALPHA THETA	2723 DURANT AVE - BERKLEY, CA 94704	94-1158472
ALPHA GAMMA CHAPTER OF KAPPA ALPHA THETA	1861 INDIANOLA AVE. - COLUMBUS, OH 43201	31-4221872
ALPHA EPSILON CHAPTER OF KAPPA ALPHA THETA	75 WATERMAN ST., BOX 1656 - PROVIDENCE, RI 02912-1168	05-0401170
ALPHA ETA CHAPTER OF KAPPA ALPHA THETA	204 24TH AVENUE S. - NASHVILLE, TN 37212	62-1316998
ALPHA THETA CHAPTER OF KAPPA ALPHA THETA	2401 PEARL STREET - AUSTIN, TX 78705	74-1135209
ALPHA LAMBDA CHAPTER OF KAPPA ALPHA THETA	4521 17TH AVENUE NE - SEATTLE, WA 98105	91-0277810
ALPHA MU CHAPTER OF KAPPA ALPHA THETA	603 KENTUCKY BOULEVARD - COLUMBIA, MO 65201	43-0349100
ALPHA NU CHAPTER OF KAPPA ALPHA THETA	1020 GERALD AVE. - MISSOULA, MT 59801	81-0230943
ALPHA XI CHAPTER OF KAPPA ALPHA THETA	655 EAST 11TH AVE. - EUGENE, OR 97401	93-0202225
ALPHA OMICRON CHAPTER OF KAPPA ALPHA THETA	845 CHAUTAUQUA AVENUE - NORMAN, OK 73069	73-0308390
ALPHA PI CHAPTER OF KAPPA ALPHA THETA	2500 UNIVERSITY AVE. - GRAND FORKS, ND 58203	45-0173340
ALPHA RHO CHAPTER OF KAPPA ALPHA THETA	725 E. CLARK - VERMILLION, SD 57069	46-0224824
ALPHA SIGMA CHAPTER OF KAPPA ALPHA THETA	850 NE MONROE ST. - PULLMAN, WA 99163	91-0123837
ALPHA TAU CHAPTER OF KAPPA ALPHA THETA	2711 CLIFTON AVE. - CINCINNATI, OH 45220	31-0539242
ALPHA UPSILON CHAPTER OF KAPPA ALPHA THETA	1700 SW COLLEGE - TOPEKA, KS 66621	48-0291460

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ALPHA PHI CHAPTER OF KAPPA ALPHA THETA	928 BROADWAY STREET - NEW ORLEANS, LA 70118-5137	72-0804517
ALPHA CHI CHAPTER OF KAPPA ALPHA THETA	607 N RUSSELL ST - WEST LAFAYETTE, IN 47906-2826	35-1578646
ALPHA PSI CHAPTER OF KAPPA ALPHA THETA	711 E. BOLDT WAY SPC 502 - APPLETON, WI 54911	39-1251208
BETA DELTA CHAPTER OF KAPPA ALPHA THETA	1050 N. MOUNTAIN AVENUE - TUCSON, AZ 85719	86-0031005
BETA EPSILON CHAPTER OF KAPPA ALPHA THETA	465 NW 23RD STREET - CORVALLIS, OR 97330	93-0202220
BETA ZETA CHAPTER OF KAPPA ALPHA THETA	1323 W. UNIVERSITY AVENUE - STILLWATER, OK 74074	73-0308395
BETA ETA CHAPTER OF KAPPA ALPHA THETA	130 SOUTH 39TH STREET - PHILADELPHIA, PA 19104	23-2496933
BETA THETA CHAPTER OF KAPPA ALPHA THETA	630 ELM STREET - MOSCOW, ID 83843	82-0200817
BETA IOTA CHAPTER OF KAPPA ALPHA THETA	1333 UNIVERSITY AVE. - BOULDER, CO 80302-6213	84-0241230
BETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1335 - 34TH ST. - DES MOINES, IA 50311	42-0351495
BETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	155 RICHMOND ROAD - WILLIAMSBURG, VA 23185-3627	54-0819839
BETA MU CHAPTER OF KAPPA ALPHA THETA	863 N. SIERRA STREET - RENO, NV 89503	88-0034267
BETA NU CHAPTER OF KAPPA ALPHA THETA	510 W. PARK AVENUE - TALLAHASSEE, FL 32301	59-0636363
BETA XI CHAPTER OF KAPPA ALPHA THETA	736 HILGARD AVENUE - LOS ANGELES, CA 90024	95-0890350
BETA OMICRON CHAPTER OF KAPPA ALPHA THETA	823 E. BURLINGTON ST. - IOWA CITY, IA 52240-5113	42-0351500
BETA PI CHAPTER OF KAPPA ALPHA THETA	303 OAKHILL AVENUE - EAST LANSING, MI 48823-3243	38-0706010
BETA RHO CHAPTER OF KAPPA ALPHA THETA	006 BRYAN CENTER BOX 90840 - DURHAM, NC 27708-0840	56-6086402
BETA GAMMA NU CHAPTER OF KAPPA ALPHA THETA	1262 12TH STREET NORTH - FARGO, ND 58102	45-0226532

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DELTA EPSILON CHAPTER OF KAPPA ALPHA THETA	SUN DEVIL INVOLVEMENT CTR, PO BOX 871301 - TEMPE, AZ 85287-1301	86-6030844
DELTA OMEGA CHAPTER OF KAPPA ALPHA THETA	1503 ATHENS DRIVE - COLLEGE STATION, TX 77840	74-2107148
EPSILON RHO CHAPTER OF KAPPA ALPHA THETA	106 HILL DRIVE - BETHLEHEM, PA 18015	23-2319235
EPSILON SIGMA CHAPTER OF KAPPA ALPHA THETA	1014 ARROYO DRIVE - IRVINE, CA 92617	33-0087836
EPSILON TAU CHAPTER OF KAPPA ALPHA THETA	277 CROWN STREET - NEW HAVEN, CT 06511	62-1252143
EPSILON UPSILON CHAPTER OF KAPPA ALPHA THETA	534 W 114TH ST - NEW YORK, NY 10025-7804	06-1164535
EPSILON PHI CHAPTER OF KAPPA ALPHA THETA	REYNOLDS CLUB, ROOM 001, 5706 S. UNIVERSITY AVE. - CHICAGO, IL 60637	36-3497845
EPSILON PSI CHAPTER OF KAPPA ALPHA THETA	28 WESTHAMPTON WAY - RICHMOND, VA 23173	54-1411448
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812	25-1565046
ETA ETA CHAPTER OF KAPPA ALPHA THETA	429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663	57-0876739
ETA THETA CHAPTER OF KAPPA ALPHA THETA	180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405	93-0987363
EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA	PO BOX 85615 - WACO, TX 76798	74-2422871
PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA	585 COWELL LANE - STANFORD, CA 94305-8512	94-2747663
EPSILON ZETA CHAPTER OF KAPPA ALPHA THETA	PO BOX 2289 - OXFORD, MS 38655	64-0652494
EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	600 W. WALNUT STREET - DANVILLE, KY 40422	61-0982125
EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA	501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660	43-1238588
EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA	PO BOX 1773 - CARLISLE, PA 17013-2896	23-2237448
EPSILON MU CHAPTER OF KAPPA ALPHA THETA	KAPPA ALPHA THETA, 4143 FRIST CAMPUS CTR - PRINCETON, NJ 08544	22-2547141

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EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA	201 COLLEGE AVENUE - ASHLAND, VA 23005	54-1264288
EPSILON PI CHAPTER OF KAPPA ALPHA THETA	BUCKNELL UNIVERSITY BOX C3945 - LEWISBURG, PA 17837	23-2343442
DELTA ZETA CHAPTER OF KAPPA ALPHA THETA	KAO EMORY UNIV. PKG CTR, 605 ASBURY CIR, PO MM - ATLANTA, GA 30322	23-7105000
DELTA ETA CHAPTER OF KAPPA ALPHA THETA	1517 MCCAIN LANE - MANHATTAN, KS 66502	48-0673098
DELTA THETA CHAPTER OF KAPPA ALPHA THETA	715 SW 10TH STREET - GAINESVILLE, FL 32601	59-0968099
DELTA IOTA CHAPTER OF KAPPA ALPHA THETA	1119 WHEELOCK STUDENT CENTER - TACOMA, WA 98416	91-6057588
DELTA KAPPA CHAPTER OF KAPPA ALPHA THETA	101 LSU STUDENT UNION BX 25112 - BATON ROUGE, LA 70803	72-0626670
DELTA OMICRON CHAPTER OF KAPPA ALPHA THETA	PO BOX 866629 - TUSCALOOSA, AL 35486 0060	63-0514585
DELTA UPSILON CHAPTER OF KAPPA ALPHA THETA	128 POWELL BUILDING, EASTERN KY UNIVERSITY - RICHMOND, KY 40475	61-1060002
DELTA PHI CHAPTER OF KAPPA ALPHA THETA	5454 UNIVERSITY STATION - CLEMSON, SC 29632 1001	23-7271773
DELTA CHI CHAPTER OF KAPPA ALPHA THETA	127 CHANCELLOR STREET - CHARLOTTESVILLE, VA 22903	54-1086861
GAMMA PI CHAPTER OF KAPPA ALPHA THETA	2239 KNAPP STREET - AMES, IA 50014	42-0681123
GAMMA RHO CHAPTER OF KAPPA ALPHA THETA	6551 EL COLEGIO ROAD - GOLETA, CA 93117	95-3467067
GAMMA TAU CHAPTER OF KAPPA ALPHA THETA	3210 E 5TH PL - TULSA, OK 74104-3115	73-6112078
GAMMA UPSILON CHAPTER OF KAPPA ALPHA THETA	2026 ARMSTRONG STUDENT CENTER, 550 E. SPRING ST - OXFORD, OH 45056	23-7109591
GAMMA PHI CHAPTER OF KAPPA ALPHA THETA	19 GREEK CIRCLE - LUBBOCK, TX 79416-5815	75-6061280
GAMMA CHI CHAPTER OF KAPPA ALPHA THETA	5317 N. MILLBROOK AVENUE - FRESNO, CA 93710-7315	94-1376051

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GAMMA PSI CHAPTER OF KAPPA ALPHA THETA	TCU BOX 294515 - FT. WORTH, TX 76129	75-1510946
GAMMA MU CHAPTER OF KAPPA ALPHA THETA	7407 PRINCETON AVE - COLLEGE PARK, MD 20740-3304	52-0608426
GAMMA OMEGA CHAPTER OF KAPPA ALPHA THETA	201 WIRE RD., THE VILLAGE, BOX #14 - AUBURN, AL 36849	23-7094288
DELTA DELTA CHAPTER OF KAPPA ALPHA THETA	280 BOYER AVE - WALLA WALLA, WA 99362-2044	36-3195441
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	3108 UNIVERSITY BLVD - DALLAS, TX 75205	75-0834624
ETA TAU CHAPTER OF KAPPA ALPHA THETA	200 N. MULBERRY ST - GRANVILLE, OH 43023	31-6077958
ETA PHI CHAPTER OF KAPPA ALPHA THETA	400 LYONS HALL - UNIVERSITY PARK, PA 16802	23-7097425
ETA OMEGA CHAPTER OF KAPPA ALPHA THETA	1015 N NEVADA AVE - COLORADO SPRINGS, CO 80903-2469	84-0405198
GAMMA DELTA CHAPTER OF KAPPA ALPHA THETA	338 S. MILLEDGE AVENUE - ATHENS, GA 30605-1048	58-0595274
GAMMA ZETA CHAPTER OF KAPPA ALPHA THETA	U OF CONNECTICUT, HUSKY VILLAGE, A2 - STORRS MANSFIELD, CT 06269	51-0243424
GAMMA THETA CHAPTER OF KAPPA ALPHA THETA	1077 MOREWOOD AVE - PITTSBURGH, PA 15213	25-1309163
GAMMA IOTA CHAPTER OF KAPPA ALPHA THETA	329 COLUMBIA TERRACE - LEXINGTON, KY 40508	61-0450152
ZETA MU CHAPTER OF KAPPA ALPHA THETA	350 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-3098428
ZETA NU CHAPTER OF KAPPA ALPHA THETA	200 PARKWAY CIRCLE - DAVIS, CA 95616	68-0291571
ZETA XI CHAPTER OF KAPPA ALPHA THETA	10 ARROW ST - CAMBRIDGE, MA 02138-5102	04-3177955
ETA OMICRON CHAPTER OF KAPPA ALPHA THETA	PO BOX 7243 - WINSTON SALEM, NC 27109	46-2468733
ETA RHO CHAPTER OF KAPPA ALPHA THETA	9500 GILMAN DRIVE, DEPT 0077 - LA JOLLA, CA 92093-0077	31-1469417
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	402 W. COLLEGE AVE, UNIT 1077 - ADA, OH 45810	34-1770652

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ZETA TAU CHAPTER OF KAPPA ALPHA THETA	301B DAVID HOLLOWELL DRIVE - NEWARK, DE 19716	31-1469420
ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	PO BOX 830688, SU 21 - RICHARDSON, TX 75083-0688	31-1469422
ZETA ETA CHAPTER OF KAPPA ALPHA THETA	2112 CLEVELAND BOULEVARD - CALDWELL, ID 83605	82-0525909
ZETA THETA CHAPTER OF KAPPA ALPHA THETA	4400 GREEK COURT - ORLANDO, FL 32816	59-3671767
ZETA IOTA CHAPTER OF KAPPA ALPHA THETA	5998 ALCALA PARK, SLP301 - SAN DIEGO, CA 92110	91-2078836
ZETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1 JOHN CARROLL BLVD - CLEVELAND, OH 44118	34-1968556
ZETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	981 FREMONT ST. - SANTA CLARA, CA 95050	04-3777901
ZETA MU CHAPTER OF KAPPA ALPHA THETA	C/O: SAC, 1600 CAMPUS ROAD - LOS ANGELES, CA 90041	32-0126362
ZETA NU CHAPTER OF KAPPA ALPHA THETA	555 N SHERIDAN ROAD - LAKE FOREST, IL 60045	33-1104233
ZETA XI CHAPTER OF KAPPA ALPHA THETA	275 MOUNT CARMEL AVE. BOX #31 - HAMDEN, CT 06518-1733	20-5477391
ZETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1 UNF DRIVE - JACKSONVILLE, FL 32224	65-1296813
ZETA RHO CHAPTER OF KAPPA ALPHA THETA	285 WARREN SERVICE DR, MSC3518 - HARRISONBURG, VA 22807	51-0645634
ZETA SIGMA CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY DRIVE - ORANGE, CA 92866	61-1551175
ZETA TAU CHAPTER OF KAPPA ALPHA THETA	401 W. KENNEDY BLVD., BOX P - TAMPA, FL 33606	27-3259553
ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	2130 FULTON ST, UNIVERSITY CENTER 4TH FLOOR, ATTN: SLE - SAN FRANCISCO, CA	45-3013965
ZETA PHI CHAPTER OF KAPPA ALPHA THETA	1900 BELMONT BLVD - NASHVILLE, TN 37212-3757	45-3014286
ZETA PI CHAPTER OF KAPPA ALPHA THETA	11921 CARLTON ROAD - CLEVELAND, OH 44106	51-0645633
ZETA OMEGA CHAPTER OF KAPPA ALPHA THETA	1 LMU DR., STUDENT PROG. & LEADERSHIP - LOS ANGELES, CA 90045-2623	95-4839344

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ZETA PHI CHAPTER OF KAPPA ALPHA THETA	CAMPUS LIFE OFFICE, 24255 PACIFIC COAST HWY - MALIBU, CA 90263	91-1829440
ZETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	COLLEGE OF CHARLESTON/97 WENTWORTH ANX - CHARLESTON, SC 29424	57-0904066
ZETA IOTA CHAPTER OF KAPPA ALPHA THETA	4 FRANK PARSONS WAY - LEXINGTON, VA 24450-1787	54-1489157
ZETA CHI CHAPTER OF KAPPA ALPHA THETA	C/O MONICA ALMEIDA, ZETA CHI CEO, 872 BEACON STREET APT 3 - BOSTON, MA 02215	46-0648516
ZETA ALPHA BETA CHAPTER OF KAPPA ALPHA THETA	500 COLLEGE AVENUE - SWARTHMORE, PA 19081	46-2270360
ZETA GAMMA CHAPTER OF KAPPA ALPHA THETA	708 CITY PARK AVENUE - FT. COLLINS, CO 80521	47-3250290
ZETA CHI CHAPTER OF KAPPA ALPHA THETA	3339 N. CHARLES ST; WOLMAN HALL, SUITE 143 - BALTIMORE, MD 21218	46-3368874
ZETA PSI CHAPTER OF KAPPA ALPHA THETA	94 CURTIS STREET - SOMERVILLE, MA 02144	46-3379272
ZETA OMEGA CHAPTER OF KAPPA ALPHA THETA	20 N. GRAND BLVD MSC #1280 - ST. LOUIS, MO 63103	46-3485657
ZETA THETA THETA CHAPTER OF KAPPA ALPHA THETA	2709A FRATERNITY COURT - RALEIGH, NC 27606	46-3360201
ZETA IOTA CHAPTER OF KAPPA ALPHA THETA	P.O. BOX 3786 - WASHINGTON, DC 20027-0286	46-4555348
ZETA KAPPA CHAPTER OF KAPPA ALPHA THETA	8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268	47-3139896
ZETA CHAPTER OF KAPPA ALPHA THETA	1414 WASHTENAW AVENUE - ANN ARBOR, MI 48104	38-1375371
ZETA GAMMA KAPPA CHAPTER OF KAPPA ALPHA THETA	800 21ST ST NW, SUITE 409 - WASHINGTON, DC 20052	81-4703970
ZETA GAMMA SIGMA CHAPTER OF KAPPA ALPHA THETA	5720 MONTEZUMA ROAD - SAN DIEGO, CA 92115	81-3334108
ZETA PSI LON THETA CHAPTER OF KAPPA ALPHA THETA	208 E. BERT FISH DR - DELAND, FL 32723	81-3327176
ZETA PSI LON NU CHAPTER OF KAPPA ALPHA THETA	3025 OAK LANE - BLACKSBURG, VA 24061	82-2619697

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THETA MU CHAPTER OF KAPPA ALPHA THETA	1500 ILLINOIS STREET - GOLDEN, CO 80401	81-3370721
THETA NU CHAPTER OF KAPPA ALPHA THETA	350 FERST DRIVE - ATLANTA, GA 30332-0285	81-3394663
THETA XI CHAPTER OF KAPPA ALPHA THETA	SOAR REDWOOD BLDG, 2ND FLOOR - SANTA CRUZ, CA 95064	81-3384530