** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Section

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A E	or the 2	D18 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019	
-		o to outernate year, or the year	D Employer identific	ation number
B Ch	eck if plicable:	C Name of organization	B Employer recirement	
	Address	TRUE WILLIAM EDAMEDNITMY INC		
	change	KAPPA ALPHA THETA FRATERNITY, INC.	− 36−1	305568
	Name change	Doing business as		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st		876-1870
	Final return/	8740 FOUNDERS ROAD		11,965,680.
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
	Amended return	I INDIANAPOLIS IN 46268	H(a) Is this a group re	
	Applica-	F Name and address of principal officer:ELIZABETH CORRIDAN	for subordinates	
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
LT	ax-exem	nt status: 501(c)(3)		list. (see instructions)
1 W	lehsite:	www.kappaalphatheta.oRG	H(c) Group exemption	n number >
K FO	orm of or	ganization: X Corporation Trust Association Other LY	ear of formation: 1870 N	State of legal domicile: IN
	AL C	· · · · · · · · · · · · · · · · · · ·		
1 4	4 5	in the describe the experiencies is mission or most significant activities: KAPPA AL	PHA THETA NUR	TURES EACH
8	1 Br	EMBER THROUGHOUT HER LIFETIME, OFFERING OPP	ORTUNITIES FO	R
Activities & Governance		neck this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
ler!	2 Ch	umber of voting members of the governing body (Part VI, line 1a)	3	7
9	3 No	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		7
∞	4 N	umber of independent voting members of the governing body (Fait VI, line 15)		92
ies		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		180
žΕ	6 To	otal number of volunteers (estimate if necessary)		409,920.
Act	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		373,900.
	b Ne	et unrelated business taxable income from Form 990-T, line 38		Current Year
			Prior Year 430,369.	227,751.
ø		ontributions and grants (Part VIII, line 1h)	7,470,728.	6,190,975.
교		rogram service revenue (Part VIII, line 2g)	720,464.	908,068.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	744,078.	748,252.
ш.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,075,046.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,365,639.	143,528.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	164,237.	143,526.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	
s	15 0	plaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,692,487.	3,426,709.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	b T	otal fundraising expenses (Part IX, column (D), line 25)		
Ä	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,137,058.	3,877,725.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,993,782.	7,447,962.
	10 1	evenue less expenses. Subtract line 18 from line 12	371,857.	627,084.
- S		evertue less expenses. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	оо т	atal accets (Part V. line 16)	37,369,924.	38,611,483.
Sse	20 T	otal assets (Part X, line 16)	22,041,096.	22,683,340.
et A	21 T	otal liabilities (Part X, line 26)	15,328,828.	
		et assets or fund balances. Subtract line 21 from line 20		
Pa	art II	ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of n	y knowledge and belief, it is
Und	er penalt	and complete. Declaration of preparer (other than officer) is based on all information of which pre	narer has any knowledge.	· · · · · · · · · · · · · · · · · · ·
true	, correct,	and complete. Declaration of preparer julier than officer) is based on all information of which pro	1-23-	2020
		Signature of Afficer	Date	
Sig	n		ER	
Her	re	EDIZABETH CORREDAM, CHIZZI ZIZI	, ш.с	141414
		Type or print name and title	Date Check	PTIN
		Print/Type preparer's name	111212 1	D00841956
Paid	d F	REBEKAH PAYNE, CPA Kebelah Payne, CPA		27-1235638
Pre	parer	Firm's name MCM CPAS & ADVISORS LLP U'Firm's address 6840 EAGLE HIGHLANDS WAY	Firm's EIN ▶	21 1233030
Use	Only	/ .	317)347-5200	
		INDIANAPOLIS, IN 46254	Phone no. (3	
Mar	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	n 990 (2018) KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Page 2 int 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:
	KAPPA ALPHA THETA NURTURES EACH MEMBER THROUGHOUT HER LIFETIME,
	OFFERING OPPORTUNITIES FOR INTELLECTUAL AND PERSONAL GROWTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) MEMBER SERVICES PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR ALL
	MEMBERS. THESE SERVICES INCLUDE THE EDUCATIONAL LEADERSHIP CONSULTANT
	PROGRAM, MEMBER ORIENTATION, SISTERS SUPPORTING SISTERS, EMERGING
	LEADERS INSTITUTE, LEADERSHIP ACADEMY, SERVICE TRIPS AND ALCOHOL SKILLS
	TRAINING PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND
	CASUALTY.
	<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	GRAND CONVENTION IS HELD TO:
	1. ELECT THE MEMBERS OF GRAND COUNCIL.
	2. ESTABLISH THE BASIC OBJECTIVES AND POLICIES OF KAPPA ALPHA THETA,
	INCLUDING THE CHARITABLE, EDUCATIONAL, AND SERVICE OBJECTIVES THEREOF.
	3. DETERMINE THE QUALIFICATIONS FOR FRATERNITY MEMBERSHIP.
	4. SET THE STANDARDS GOVERNING THE CONDUCT AND DISCIPLINE OF MEMBERS
	AND CHAPTERS.
	5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE
	PRINCIPAL FUNCTIONS, RESPONSIBILITIES, AND RELATIONSHIPS OF THE
	OFFICERS, DISTRICTS, CHAPTERS, CORPORATIONS, AND OTHER UNITS.
	6. PROVIDE FOR THE CREATION OF REVENUES NECESSARY TO THE ATTAINMENT OF
	FRATERNITY OBJECTIVES AND THE PROPER CONDUCT OF ITS AFFAIRS, FIX
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ▶
	Form 990 (2018)
32002	SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2018) KAPPA ALPHA 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)?			
	If "Yes," complete Schedule A	1_1_	- 17	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		x	
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		├──
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	⊢		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		···· ·· · · · ·	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	if "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2 55%	A (0.52.5)
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	A44.83	95/2/9	10 a) ().
u	Part VI	 11a :	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			···········
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ę	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f			.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	· · · · · · · · · · · · · · · · · · ·
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			₹₽
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			y
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines	17		<u>X</u>
10	to and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	Х	
		_	000 ··	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, fine 3, 4, or 5 about compensation of the organization's current		 	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	† <u> </u>	†
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]	
	Schedule K. If "No, go to line 25a	24a		Х
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ь		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ļ
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		l	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
t	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			l
26	Schedule L, Part / Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		ļ
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		W.W.	
	instructions for applicable filing thresholds, conditions, and exceptions):	100000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3.		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31		
	Schedule N, Part II	32		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	33		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	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	₃₈	х	
Par	tV 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33	1.00		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1800 (1844 1800 (1866)
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		: []	
99999	(gambling) winnings to prize winners?	Form :	X One	2010
いいとしいり	147017 (0	The state of		A 1 1 1 26 1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			\$373
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Ο	3b	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6 b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$150°.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.		W. 100	NA.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	22 (3) A	W.W.	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a 1, 221, 300.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 260, 031.			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a	i	
ь	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.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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	\$3.58 \$3.58 \$3.58		
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16]	X

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018)

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
Sec	ction 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	7		3.30
	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 0.	1 (S) (S)		
b	Enter the number of voting members included in line 1a, above, who are independent to	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	L	Х
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	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u></u>	Х
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	Х	
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	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		i l	
	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:	10.00	(A)	55.40
а	The governing body?	8a	X	
b	-	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	**********		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	
ь	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7400		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	i financ	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELIZABETH CORRIDAN - (317)876-1870			
	8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268			

Form 990 (2018) 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated arnount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Г огтрг	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MANDY WUSHINSKE	14.00	.,		,,	i					
PRESIDENT	7 00	X	ļ	X	ļ	<u> </u>	ļ	0.	0.	0.
(2) JANE DICK	7.00			₹*				_		
VICE PRESIDENT	2 00	X	ļ	X		 	ļ	0.	0.	0.
(3) HEATHER GRANATO VICE PRESIDENT	2.00	x		x				0.	^	^
(4) ERICA OCHS	15.00	^		Δ		-	⊢	Ų•	0.	0.
VICE PRESIDENT	13.00	x		X				0.	0.	0.
(5) CATHERINE BIBB	5.00	-^-		Α	⊢			0.	0.	<u> </u>
VICE PRESIDENT		х		х				0.	0.	0.
(6) MICHELLE GEIGER	5.00	-						<u>_</u>		
VICE PRESIDENT		х		x		İ		0.	0.	0.
(7) CYNTHEA YESTAL	4.00									
VICE PRESIDENT		х		х				0.	0.	0.
(8) ELIZABETH CORRIDAN	40.00									
CHIEF EXECUTIVE OFFICER	10.00			X				238,809.	0.	43,215.
(9) JEFFREY RISSER	20.00									
CHIEF FINANCIAL OFFICER	30.00	Ì		Х				140,596.	0.	16,678.
(10) JENNIFER SCHMALTZ	50.00									
CHIEF OPERATING OFFICER				X				83,094.	0.	13,898.
							*****	······································		
		1						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

832007 12-31-18

Form 990 (20		LPHA THE								36-130)5568	<u>}</u> F	age £
Part VII S	ection A. Officers, Directors, Tr	ustees, Key Em	ploy	vees	, an	d H	ighe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	bax offi	not o t, unie	Pos heck ss pa	mora #800	n than is bot or/trus	th an	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) Estimat Imount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Difficer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	or a	mpensi from tir ganiza nd rela ganizat	ne tion ted
								!					
***************************************	ritrana n												
				<u> </u>									
	44.4.4.												

1b Sub-tot								▶	462,499.			3,7	
	om continuation sheets to Part \								0. 462,499.		7	3,7	0.
2 Total nu	dd lines 1b and 1c) mber of individuals (including but sation from the organization	not limited to th						o re			* '	<u> </u>	2
									· · · · · · · · · · · · · · · · · · ·			Yes	No
	organization list any former office if "Yes," complete Schedule J for		stee						lighest compensated er		3		X
•	ndividual fisted on fine 1a, is the s led organizations greater than \$19	•		•						he organization	4	X	W. 1972 W. 1972
	person listed on line 1a receive or I to the organization?							elate	ed organization or indivi	dual for services	5	Wa	X
Section B. In	dependent Contractors												
•	e this table for your five highest on ization. Report compensation for		•								nsation	from	
	(A) Name and busines		•						(B) Description of se		(Compe	C) Insatio	П
BILLHIGH	HWAY				_			В	ILLING AND				

(B) Description of services	(C) Compensation
BILLING AND	- \
COLLECTIONS	282,210.
WEBSITE DESIGN	280,044.
PAYROLL SERVICES	178,473.
MARKETING CONSULTANT	163,750.
MAGAZINB PRINTING	143,149.
ted above) who received more than	
	Description of services BILLING AND COLLECTIONS WEBSITE DESIGN PAYROLL SERVICES MARKETING CONSULTANT MAGAZINE PRINTING

Form 990 (2018)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 **(B)** Related or Unrelated Total revenue exempt function business revenue revenue ts, Grants Amounts 1 a Federated campaigns b Membership dues 16 c Fundraising events 10 Contributions, Gift and Other Similar d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 227,751 similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 227,751 h Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES AND ASSESSMENTS 900099 5,197,708 5,197,708 Program Service Revenue b RISK MANAGEMENT 900099 691,498 691,498 INTEREST ON LOANS 900099 185,249 185,249 LIFE LOYAL PROGRAM 900099 78,590 78,690 FACILITY CORP, FEES 900099 33,944 33,944 900099 3,885 3,886 All other program service revenue 6,190,975 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 751,974, 337,363, 414,611. Income from investment of tax-exempt bond proceeds 366,479, 366,479. Royalties (i) Real (ii) Personal 260,031, 6 a Gross rents 190,309 b Less: rental expenses _____ 69,722, c Rental income or (loss) 69,722 69,722 d Net rental income or (loss) (li) Other 7 a Gross amount from sales of (i) Securities 3,655,415, assets other than inventory b Less: cost or other basis 3,474,930. 24,391 and sales expenses 180,485. -24,391. c Gain or (loss) d Net gain or (loss) 156,094. 156,094. 8 a Gross income from fundralsing events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 443,130. and allowances 201,004. b Less: cost of goods sold c Net income or (loss) from sales of inventory 242,126 242,126 Miscellaneous Revenue Business Code MISCELLANEOUS 67,090 900099 67,090 11 a ADVERTISING 541800 2,835 2,835 d All other revenue 69,925 Total. Add lines 11a-11d 8,075,046, Total revenue. See instructions 5,500,191 409,920, 937,184,

832009 12-31-18

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (**D**) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 50,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 93,528 individuals. See Part IV, Ilne 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 338,003. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,027,114. Other salaries and wages Pension plan accruais and contributions (include 281,747. section 401(k) and 403(b) employer contributions) 541,253. Other employee benefits 238,592. Payroll taxes Fees for services (non-employees): a Management _____ 11,777. b Legal 42.023. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 32,185. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 115,347 column (A) amount, list line 11g expenses on Sch O.) 219.177. Advertising and promotion 12 181,800. Office expenses 873,050. Information technology 14 15 Royalties 202,556. 16 Occupancy 318,648. 17 Trave! Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 147,876. Conferences, conventions, and meetings 19 118,043. 20 Payments to affiliates 21 364,808. 22 Depreciation, depletion, and amortization 23 Insurance 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.) 58,147. FEDERAL & STATE UBTI TA RISK MANAGEMENT 624,349. 183,857. 173,101. TRAINING AND DEVELOPMEN **EDUCATION AND LEADERSHI** 210,981. e All other expenses Total functional expenses. Add lines 1 through 24e 7.447.962. 25 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)

Part X	Balance Sheet					
	Check if Schedule O contains a response or note to	o any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,025,171	1	3,203,089
2	Savings and temporary cash investments		13,009,437	2	12,431,844	
3	Pledges and grants receivable, net				3	i i
4	Accounts receivable, net			518,475.	4	287,046
5	Loans and other receivables from current and form				1483	
-	trustees, key employees, and highest compensated		· 13			
	Part II of Schedule L.				5	1
6	Loans and other receivables from other disqualified					
	section 4958(f)(1)), persons described in section 49					
	employers and sponsoring organizations of section					
<u>12</u>	employees' beneficiary organizations (see instr). Co				6	
Assets	Notes and loans receivable, net		F C	3,916,004.	7	3,680,144
8 🔻	Inventories for sale or use			37,419.	8	32,377
9				171,492.	9	260,221
10a	Land, buildings, and equipment: cost or other	1			803	
	basis. Complete Part VI of Schedule D1	Da	9,250,609.			
Ь	Less: accumulated depreciation	0b	5,394,728.	3,148,823.	10c	3,855,881
11	Investments - publicly traded securities		13,080,891.		13,559,685	
12	Investments - other securities. See Part IV, line 11			1,405,823.		1,301,196
13	Investments - program-related. See Part IV, line 11			**************************************	13	
14	Intangible assets		į.		14	
15	Other assets. See Part IV, line 11			56,389.	15	0.
16	Total assets. Add lines 1 through 15 (must equal lin	37,369,924.	16	38,611,483		
17	Accounts payable and accrued expenses			2,520,934.	17	1,961,544
18	Grants payable		Г		18	
19	Deferred revenue			329,921.	19	1,204,540
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part			12,984,005.	21	12,629,495
ဖွ 22	Loans and other payables to current and former off	icers, d	directors, trustees,			
≝∣	key employees, highest compensated employees, a	and dis	qualified persons.			
Liabilities 23	Complete Part II of Schedule L				22	
L 23	Secured mortgages and notes payable to unrelated	third (parties	2,841,897.	23	2,505,182.
24	Unsecured notes and loans payable to unrelated th	ird par	ties		24	
25	Other liabilities (including federal income tax, payab	les to	related third			
	parties, and other liabilities not included on lines 17	-24). C	omplete Part X of			
	Schedule D			3,364,339.		4,382,579.
26	Total liabilities. Add lines 17 through 25			22,041,096.	26	22,683,340.
	Organizations that follow SFAS 117 (ASC 958), c	heck h	ere▶ LXJand			
Θ	complete lines 27 through 29, and lines 33 and 3	4.	<u> </u>			
ဋ္ဌ 27	Unrestricted net assets			15,160,431.	27	15,767,396.
g 28	Temporarily restricted net assets	168,397.	28	160,747.		
달 29	Permanently restricted net assets				29	general and a broken the contract of the contr
2	Organizations that do not follow SFAS 117 (ASC					
ŏ	and complete lines 30 through 34.					
疑 30	Capital stock or trust principal, or current funds				30	
g 31	Paid-in or capital surplus, or land, building, or equip				31	
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Retained earnings, endowment, accumulated incom			15 300 000	32	1 - A A A A A A A A
2 33	Total net assets or fund balances			15,328,828.	33	15,928,143.
34	Total liabilities and net assets/fund balances			37,369,924.	34	38,611,483.

Forn	990 (2018) KAPPA ALPHA THETA FRATERNITY, INC.	36-1	305568	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,075	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,962.
3	Revenue less expenses. Subtract line 2 from line 1	3		,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,328	
5	Net unrealized gains (losses) on investments	5	227	,995.
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	-255	,764.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (8))	10	15,928	<u>,143.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> لتا</u>
			\	es No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Q.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	N(XX)	
	consolidated basis, or both:			
	Separate basis		- 1 2 3 5 S	
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?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		Visit I	AN WAS
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			
	Act and OMB Circular A-133?	-	30	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	····	\neg
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)
				,,

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Organization type (check one): Filers of: Section: 501(c)(7) (enter number) organization Form 990 or 990-EZ 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 1/9% 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. [X] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,282.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s <u>1,118.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,666.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s1,136.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,465.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,080.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions), Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 2,020.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ <u>1,525.</u>	Person X Payroil Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
10		\$1,582.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$1,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$1,071.	Person X Payroll		

Employer Identification number

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		s <u>1,502.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Poncash Payroll Poncash Part II for noncash contributions.)

Employer identification number

KAPPA ALPHA THETA FRATERNITY, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash prop er ty given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2453 11-08-1		\$	000 000 FT

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Name of organization Employer identification number KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 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 into, 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 SUPPORTING THE EDUCATIONAL GIFT HAS BEEN DISBURSED PROGRAMMING FRATERNITY'S FOR EDUCATIONAL PURPOSES EDUCATIONAL EFFORTS (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held SEE STATEMENT 3 SEE STATEMENT SEE STATEMENT 2 2 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I SEE STATEMENT 6 SEE STATEMENT SEE STATEMENT 5 3 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I SEE STATEMENT 9 SEE STATEMENT SEE STATEMENT 8 (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Employer identification number

art III	ALPHA THETA FRATERNI		36-1305568		
	from any one contributor. Complete column	s (a) through (e) and the following line entry. For	501(c)(7), (8), or (10) that total more than \$1,000 for organizations		
	completing Part III, enter the total of exclusively religi	ous, cheritable, etc., contributions of \$1,000 or less for	r the year. (Enter this info. once.) > \$		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Use duplicate copies of Part III if addition	onal space is needed.			
) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
_ [SEE STATEMENT 12	SEE STATEMENT 10	SEE STATEMENT 11		
5					
		(e) Transfer of gift			
	Transferee's name, addres:	e, and ZIP + 4	Relationship of transferor to transferee		
			· •		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
_ [SEE STATEMENT 15	SEE STATEMENT 13	SEE STATEMENT 14		
6		_			
		_			
L					
		(e) Transfer of gift			
L	Transferee's name, address	i, and ZIP + 4	Relationship of transferor to transferee		
a) No.		<u> </u>			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	SEE STATEMENT 18	SEE STATEMENT 16	SEE STATEMENT 17		
7	SEE STATEMENT TO	SEE STATEMENT TO	BEE STATEMENT I/		
İ					
	· · · · · · · · · · · · · · · · · · ·				
-	(e) Transfer of gift				
	Transferse's name address and ZID + 4		plating hip of tennelouse to tennelouse		
-	Transferee's name, address, and ZIP + 4 R		Relationship of transferor to transferee		
		······································			
ı					
) No. 1					
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
91(1	SEE STATEMENT 21	SEE STATEMENT 19	SEE STATEMENT 20		
8					
<u> </u>		-			
ŀ		-			
 		(a) Tennelos of nife	<u> </u>		
- [(e) Transfer of gift			
	Transference manner and the	and 710 ± 4	Inlationship of transfered to top of the		
	Transferee's name, address, and ZIP + 4 Re		lelationship of transferor to transferee		
-	manaretee a manne, address				
-	Transfere a name, address				
-	i ansiere s name, accress				

Employer identification number

	ALPHA THETA FRATERNIT	Y, INC.			36-1305568
Part III	from any one contributor. Complete columns	(a) through (e) and the following line e	entry. For	organizations	•
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	 cheritable, etc., contributions of \$1,000 c al space is needed. 	or less for	r the year. (Enter this info. once	») ► \$
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I	SEE STATEMENT 24		22		TEMENT 23
9					
	<u> </u>				
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	Tonoboo o marto, adaloso, and an in a			Readonship of transferor to transfer ee	

(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I	SEE STATEMENT 27	SEE STATEMENT	25	SEE STA	rement 26
10					
				<u></u>	
		(e) Transfer of gi	ift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
				•	
		······································	· · · · · · · · · · · · · · · · · · ·		
765 815			······		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
***************************************	SEE STATEMENT 30	SEE STATEMENT	28	SEE STA	TEMENT 29
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of tran	sferor to transferee	

(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how glft is held
	SEE STATEMENT 33	SEE STATEMENT	31	SEE STAT	EMENT 32
12		***************************************			
		(e) Transfer of gif	ft		
	Transferee's name, address, and ZIP + 4		R	Relationship of transferor to transferee	
			·	······································	

Employer identification number

completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition (b) Purpose of gift	nal space is needed.			
(b) Purpose of gift				
	(c) Use of gift	(d) Description of how gift is held		
SEE STATEMENT 36	SEE STATEMENT 34	SEE STATEMENT 35		
	(e) Transfer of gift			
Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee		
(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		
(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		
(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		
	(b) Purpose of gift Transferee's name, address (b) Purpose of gift Transferee's name, address (b) Purpose of gift	Transferee's name, address, and ZIP + 4 (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4		

STATEMENT 1 SCHEDULE B

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

SCHEDULE B STATEMENT

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

STATEMENT 3 SCHEDULE B

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

STATEMENT 4 SCHEDULE B

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

STATEMENT 5 SCHEDULE B

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

SCHEDULE B STATEMENT

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

STATEMENT 7 SCHEDULE B

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

SCHEDULE B STATEMENT 8

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

SCHEDULE B STATEMENT 9

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

STATEMENT 10 SCHEDULE B

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

STATEMENT 11 SCHEDULE B

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

STATEMENT 12 SCHEDULE B

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

SCHEDULE B

STATEMENT 13

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

SCHEDULE B STATEMENT

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

SCHEDULE B STATEMENT 15

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

STATEMENT 16

SCHEDULE B

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

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

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

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

SCHEDULE B

STATEMENT 20

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

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

SCHEDULE B

STATEMENT 22

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

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

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

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

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

STATEMENT 27 SCHEDULE B

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

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

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

SCHEDULE B

STATEMENT 30

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

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

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

SCHEDULE B

STATEMENT 33

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

STATEMENT 34 SCHEDULE B

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

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

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Tressury Internal Revenue Service

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

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

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

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

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

•	Section 50	1(c)(4), (5), or (6) organiz	ations: Complete Part III.					
Nan	ne of organ				1 '	loyer identification number		
-			ALPHA THETA FRAT			36-1305568		
Pa	art I-A	Complete if the or	ganization is exempt un	ider section 501(c	or is a section 527 o	rganization.		
2	Political c	ampaign activity expend	ization's direct and indirect poli itures aign activities		> \$	8,662.		
Pa	ırt I-B	Complete if the or	ganization is exempt un	der section 501(c	/(3).			
			k incurred by the organization u					
			cincurred by organization mana					
3	if the orga	nization incurred a secti	on 4955 tax, did it file Form 472	0 for this year?		Yes No		
b	If "Yes," d	escribe in Part IV.						
			ganization is exempt un		· "	·		
1	Enter the	amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities > \$			
2			nization's funds contributed to e	_				
_	exempt function activities							
3	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	ine 17b ► \$							
	4 Did the filing organization file Form 1t20-POL for this year? Yes No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization							
	made payı contributio	ments. For each organizations received that were p	ation listed, enter the amount particularly and directly delivered to additional space is needed, pro	aid from the filing organi a separate political org	zation's funds. Also enter th janization, such as a separa	e amount of political		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
4								
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Schedule C (Form 990 or 990-EZ) 2018 Part II-A Complete if the or section 501(h)).					305568 Page lection under
A Check if the filing organize expenses, and sha	are of excess lobbying	ffiliated group (and list i g expenditures). and "limited controf" pr		i group member's nan	ne, address, EfN,
Lim	nits on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to Inf	fluence nublic opinion	(grass roots (obbying)		<u> </u>	
b Total lobbying expenditures to int				: . <u></u>	
c Total lobbying expenditures (add					
d Other exempt purpose expenditu					
e Total exempt purpose expenditur	*171141741744744111.14714				
f_Lobbying nontaxable amount. En				· · · · · · · · · · · · · · · · · · ·	
If the amount on line 1e, column (a)		bbying nontaxable an			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17		000 plus 5% of the exce			
Over \$17,000,000	\$1,000				
	1 4.1,44				
 g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer 	ro or less, enter -0-				
j If there is an amount other than ze reporting section 4911 tax for this	ero an either line 1h o				Yes N
(Some organizations t	that made a section	veraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018 KAPPA ALPHA THETA FRATERNITY, INC. 36-130556 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(-	a)	(b)		
of th	e lobbying activity.	Yes	No	Am	ount	
1	During the year, did the fiting organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
a	Volunteers?					
t	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advert/sements?				···	
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?	334000000000000000000000000000000000000	aras rada da a			
i	Total. Add lines 1c through 1i	1000		Tubers of medical		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	7,7,7,4,25, 1, 3,27		\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	if "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			Transplantanian		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	/83	18.82 C. A.		
rai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on Sur(c)	(5), or se	ection		
	501(c)(6).				······································	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				ļ	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				ļ	
<u>3</u>	Did the organization agree to carry over lobbying and political campaign activity expenditures from talli-B Complete if the organization is exempt under section 501(c)(4), section 501(he prior year	? 3			
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			I III-A, III	ne 3, IS	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		W. S. S.			
-	expenses for which the section 527(f) tax was paid).	νμ.				
а	Current year					
b	Carryover from last year					
c	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		11//	·		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		··· (100)			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
			4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	***************	5			
Par			9			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lieth Dort II	A lines 1 s	and D (man		
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information. $T = I - A$, LINE 1:	o nav, Fart II·	A, iii es i a	aid 2 (see		
CHE	FRATERNITY IS REPRESENTED ON THE FINANCE COMMITTE	E OF T	HE			
'RA	TERNITY AND SORORITY POLITICAL ACTION COMMITTEE.					

SCHEDULE D

(Form 990)

Department of the Freasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization enswered "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.

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

OMB No. 1545-0047 8 Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number 36-1305568

Pε	rt 🔝 Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	r 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 w	riting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt Conservation Easements. Complete if the orga	inization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certifie	d historio structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c			
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
_	year >		• • • • • • • • • • • • • • • • • • • •
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	***************************************	
-	>		2 /
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
	▶\$		5 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(8)(i)
_	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	•	
Pa	1 III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	•	
1a	if the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibit	•	
	the text of the footnote to its financial statements that describe		or poons on moo, promoo, arr arram,
h	If the organization elected, as permitted under SFAS 116 (ASC		d hatance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, edu		
	•	cation, or research in the tricianos of public	service, provide the lonowing 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 treas		iin, provipe
	the following amounts required to be reported under SFAS 116		3
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		School to Different Cool Code
Ļ₩A	For Paperwork Reduction Act Notice, see the Instructions (or rorm 990.	Schedule D (Form 990) 2018

832051 10-29-18

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)	T		LPHA THETA			•					Page 2
technic all that apply): a Putule ortholition d	Pa										
Author exhibition d Loan or exchange programs	3										
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Schedule D (Form 990) 2018

Schedule D (Form 9	90) 2018 KAPPA AL	PHA THETA	FRATERNI	TY, INC.	36	-1305568	Page 3
	stments - Other Securitie						
Compl	ete if the organization answered	"Yes" on Form 990		. See Form 990,	Part X, line 12.	·····	
	scurity or category (including name of se		ok value	(c) Method of v	aluation: Cost or en	d-of-year market v	alue
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			 	4,131.			
	ST RATE SWAP			37,842.			
	AT VETE OMME			37,044.			
<u>(6)</u>							
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(8)			ı		komantralaritti billililik dala	era madalisan atalah antibah di dal	

4,382,579. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC. Part XIII Supplemental Information (continued)	36-1305568 Page 5
PROCESSING FEE EXPENSE	-12,950.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-95,692.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED IN NET RENTAL	
ACTIVITIES ON 990	-22,852.
COST OF GOODS SOLD REPORTED ON LINE 10B	-201,004.
NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED	
CHAPTERS	73,543.
NON-MEMBER RENTAL INCOME	19,031.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-131,282.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED	22,852.
COST OF GOODS SOLD REPORTED ON LINE	201,004.
INVESTMENT INCOME ALLOCATED TO DISESTABLISHED CHAPTERS	99,479.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	323,335.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL INCOME NETTED WITH EXPENSES	19,031.
PROCESSING FEE EXPENSE	12,950.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	31,981.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2018
Open to Public
Inspection

Name of the organization

Employer identification number

KAPPA ALPHA THE	TA FRATE	RNITY, 1	INC.	36-13055	68
		Activities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part I					
			ds to substantiate the amount of its gr		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? L	J Yes ☐ No
	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance ou	itside the
United States.					
			an be duplicated if additional space is		···· ·· ···
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
			MEMBERSHIP DUES AND FEES	VENDEDONIE DVIIG AND	
NORTH AMERICA -			1	MEMBERSHIP DUES AND FEES, RISK MANAGEMENT	
CANADA	l b	0	1	FEES, AND JEWELERY SALES	0.
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3 a Subtotal	0	0			0.
b Total from continuation					
sheets to Part I		0			0.
c Totals (add lines 3a					
and 3b)	<u> </u>	0 [0,

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2018

36-1305568

Page 2

KAPPA ALPHA THETA FRATERNITY, INC.

Schedule F (Form 990) 2018

Partill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, fine 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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							Account of the second	
							TO THE TAX AND ADDRESS OF THE TAX AND ADDRESS OF THE TAX ADDRESS OF THE TAX ADDRESS OF THE TAX ADDRESS OF THE TAX ADDRESS OF T	
 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities 	ecipient organizations that the grantee or coun other organizations, or	s listed above that are r isel has provided a sect entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, er	recognized as tax-ex	empt		Surface and the surface and th

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Schedule F (Form 990) 2018

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KAPPA ALPHA THETA FRATERNITY, INC.

Schedule F (Form 990) 2018

Pertill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 36-1305568

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, and another)	dyfraces, Outcil					***************************************	Schedule F (Form 990) 2018
(g) Description of noncash assistance							Scheduk
(f) Amount of noncash assistance							
(e) Manner of cash disbursement			Average and the second				
(d) Amount of cash grant						<u> </u>	F
(c) Number of recipients							
(b) Region				55 55 55 55 55 55			The same of the sa
(a) Type of grant or assistance							

Instructions for Form 5713; don't file with Form 990)

Part V	Supplementa Provide the informinvestments vs. e	I Information nation required by Part I,	line 2 (moni	itaniaa affaadah Dant	lino (1. ookumu (6. fe.	36-1305568	Page
	Provide the information	nation required by Part I,	line 2 (moni	Andreas and Assessment Process	line a setumo (A.A.		
	investments vs. e		, [toring of lunus); Part r,	ime 3, column (i) (ac	ccounting method; amounts of	
		xpenditures per region):	Part II, line 1	(accounting method):	Part III (accounting	method); and Part III, column (c))
	(estimated number	er of recipients), as applic	cable Alson	complete this part to pro	enoitibbe vas abiva	I information. See instructions.	,
	(ootimetod namo)	и от гоорготтод да дррж	Cabib. Pago C	omplate this part to pit	ovide any additiona	intermation. See instructions.	
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SCHEDULE (Form 990) Internal Revenue Service

Part

Part ...

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047	2018	Open to Public hspection

2 [] Employer identification number 36-1305568 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash graint INC. KAPPA ALPHA THETA FRATERNITY, (c) IRC section (if applicable) General Information on Grants and Assistance NI3 (Q) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization

TO SUPPORT THE FUTURE OF FRATERNAL ORGANIZATIONS

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47-4906970

FUND - P.O. BOX 3348 - ALEXANDRIA, FRATERNITY AND SORORITY ACTION

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Page 2

36-1305568

Schedule | (Form 990) (2018) KAPPA ALPHA THETA FRATERNITY, INC.

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
FINANCIAL ASSISTANCE TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIPS,	32		. 0		
Part IV Supplemental Information. Provide the Information required in Part 1, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
ALL GRANT AND SCHOLARSHIP REQUEST	APPLICATIONS	ARE	REVIEWED AND	D APPROVED BY	
THE GRAND COUNCIL.					
ORGANIZATIONS CONSIDERED FOR GRANTS	ARE	EVALUATED TO	DETERMINE	THAT THE	
PAYMENTS REQUESTED QUALIFY FOR THE	FURTHERANCE	ANCE OF THE	E FRATERNITY'S	PY'S EXEMPT	
PURPOSE.					
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Schedule I (Form 990) (2018)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

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

ab Check the appropriate box(ea) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, the 1st. Complete Part III to provide any relevant information regarding these terms. Travel for companions				Yes	No
First-class or charter fravel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	BO,		
Travel for companions Payments Payments Payments or business use of personal residence Health or social club dues or initiation fees Pharmination and gross-up payments Personal services (such as mald, chauffeur, cheń) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1b 1b 1b 1b 1b 1b 1b 1b 1b 1b 1b 1b		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for persona	luse		
Discretionary spending account		Travel for companions Payments for business use of personal resid	lence		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement 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. 3 Compensation committee 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee 3 Indicate which, if any, of the following the filing organization compensation committee 4 CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4 Receive a severance payment or change-of-control payment? 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 6 If "Yes" to any of lines 4a-c, list the persones and provide the applicable amounts for each item in Part III. 5 Only section 501(c)(3), 501(c)(4), and 501(c)(20) organizations must complete lines 5-9. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermines of: 6 Any related organization? 6 Any related organization? 6 Any related organization? 7 Any related organization? 8 Any related organization? 8 Any related organization? 8 Any related organization fro		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
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Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 7 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 8 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? 5 Any related organization? 1 "Yes" on line 5a or 5b. describe in Part III. 5 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? 1 "Yes" on line 6 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, section S3.4958-4(a)(3)? 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 S3.4958-4(a)(3)? 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 S3.4958-6(c)?		Independent compensation consultant Compensation survey or study			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4			mittee		
crganization 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? 5a b Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 1f "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. 7 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 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		•			13.000 13.000 13.000
crganization 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? 5a b Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 1f "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. 7 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 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
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. 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 6a or 5b, describe in Part III. 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. 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on fines 5 and 6? if "Yes," describe in Part III. Were any armounts 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 8 Were any armounts 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		· · · · · · · · · · · · · · · · · · ·			
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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. 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: The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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. 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. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	_				
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. 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: 1 The organization? 5 Any related organization? 16 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: 1 The organization? 1 The organization? 1 The organization? 1 "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. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	c	Participate in, or receive payment from an equity-based compensation arrangement?	4c		
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b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on fires 5 and 6? If "Yes," describe in Part III. 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)?	а		58		
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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? fi "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. 7 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. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			- ASS		7787°
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b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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. 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. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? Proposition of the section of the section of the part III. Regulations section 53.4958-6(c)?	а		- Sa		praise
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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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9			W. 5.43		2808
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initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9	8				988
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-	· · · · · · · · · · · · · · · · · · ·	1	200 AN	Y2.8064
Regulations section 53.4958-6(c)?	9				88% F
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KAPPA ALPHA THETA FRATERNITY, INC.

Schedule J (Form 990) 2018

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 890, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Tttle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(h-(D)	in column (B) reported as deferred on prior Form 990
(1) ELIZABETH CORRIDAN	=	222,277.	0	16.532.	11 114	30 101	ACO CSC	
CHIEF EXECUTIVE OFFICER		0		0		- 1	40,404	
(2) JEFFREY RISSER	≘	132,630.		7,966.	6,63	10.047.	157 274	
CHIEF FINANCIAL OFFICER	(B)	0	:	0	0	-1		
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Schedule J (Form 990) 2018

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SCHEDULE O

(Form 990 or 990-EZ)

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KAPPA ALPHA THETA FRATERNITY

Employer identification number

RAFFA ADFRA TRETA FRATERNITT, INC. 30-130308
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTELLECTUAL AND PERSONAL GROWTH.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GENERAL FRATERNITY FEES AND DUES, AND PROVIDE FOR THE MANAGEMENT OF
FRATERNITY FUNDS AND PROPERTIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LEADERSHIP CONFERENCES PROVIDE PROGRAMMING EDUCATION AND SUPPORT FOR
ITS MEMBERS TO ENHANCE THEIR INDIVIDUAL, INTELLECTUAL, CHARACTER, AND
LEADERSHIP SKILLS.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A:
THE CONVENTION DELEGATES ELECT THE FRATERNITY'S GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE REVIEWED BY THE GRAND COUNCIL PRIOR TO BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REVIEWS THE POLICY AND ANY CONFLICTS OF INTEREST ON AN
ANNUAL BASIS.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization KAPPA ALPHA THETA FRATERNITY, INC. FORM 990, PART VI, SECTION B, LINE 15: THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE CHIE SALARY. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T	Employer identification number 36-1305568 FEXECUTIVE OFFICER
THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE CHIESALARY. FORM 990, PART VI, SECTION C, LINE 18:	F EXECUTIVE OFFICER
FORM 990, PART VI, SECTION C, LINE 18:	F EXECUTIVE OFFICER
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS ANNITAL POPM(S) SON AND SON-T	
THE CHOINTENANTION MARKED THE ANNOAN POLICE, 370 AND 370-1	(IF APPLICABLE) AND
ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE	-82,742.
INVESTMENT INCOME ALLOCATED TO DISESTABLISHED CHAPTER FUL	NDS -99,479.
NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED	
CHAPTERS	-73,543.
TOTAL TO FORM 990, PART XI, LINE 9	-255,764.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S GRAND COUNCIL ASSUMES THE RESPONSIBILE	ITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SI	ELECTION OF AN
INDEPENDENT ACCOUNTANT.	
	44.44.4

SCHEDULE R (Form 990)

Name of the organization 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.

Open to Public Inspection 2018

OMB No. 1545-0047

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

Employer identification number 36-1305568

Part 1 | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. KAPPA ALPHA THETA FRATERNITY,

Direct controlling entity € End-of-year assets Ē Total income € Legal domicile (state or foreign country) E Primary activity ē Name, address, and EIN (if applicable) of disregarded entity

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

(b) Primary activity Legal dor	Legal dor foreig	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) confrolled entity?	2(b)(+3) led
				501(c)(3))		ķ	4
KAPPA ALPHA THETA FRATERNITY HOUSING	TO PROVIDE HOUSING FOR					3	2
CORPORATION - 26-1430902, 8740 FOUNDERS	CHAPTER MEMBERS OF KAPPA						
SL.	ALPHA THETA FRATERNITY.	INDIANA	501(C)(7)				×
ETA LAMBDA FACILITIES CORPORATION OF KAPPA					KADDA AT.DHE THEME	<u> </u>	
ALPHA THETA - 51-0513776, 8740 FOUNDERS				- 4	PD24/EDNT#V		
	HOUSE FACILITY CORPORATION CALIFORNIA	CALIFORNIA	501(C)(7)		HOUSING		×
ZETA XI HOUSE CORPORATION, INC 04-3222391					КАРРА АГРНА ТИВТА		
					FRATERITY		
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ETA IOTA HOUSE CORPORATION OF KAPPA ALPHA					карра атриа тикта		
THETA FRATERNITY, INC 47-51780, 8740					PRATERNITY		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	See the Instructions for Form 990.				Schedule R (Form 990) 2018	orm 990	12018

work Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

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KAPPA ALPHA THETA FRATERNITY, INC.

Schedule R (Form 990)

Partil Continuation of Identification of Related Tax-Exempt Organizations

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Frimary activity	Legal domicile (state or	Exampt Code	Public observe	The state of the s	Section 512(b)(13)	2(b)(13)
•	foreign country)	section	status (if section	oriect countrolling entity	crgenization?	led Hom?
			501(c)(3))		Yes	S S
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HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		OUSING		×
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Schedule R (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC.

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

(B)	the training the lax year.	k year.	17,		-							
Name, address, and EIN	(U) Primary activity	Legal	(o) Direct controlling	Predomina	(e)	(f) Share of total	(6)	Ē			5	(<u>K</u>)
of related organization	.	(state or foreign	entity	(related, c	(related, unrelated, excluded from tax under	income	end-of-year	Cisproportionate F attocations?		amount in box 7	General or mænæging partner?	Percentage ownership
		COUNTRY		sections	512-514)			Yes	No K-1 (For	m 1065)	Yes No	
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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.	ganizations Taxable a reporation or trust durin	is a Corp of the tax	oration or Trust. Co year.	omplete if the	e organizatíor	tanswered "Yex	:" on Form 990), Part IV, line	34, becaus	e it had or	ne or mo	ore related
(a)					9	$\overline{}$		€	9		Ξ	(0)
name, aodress, and Ein of related organizatio⊓		Ē	Primary activity	Legal domicite (state or foreign	Direct controlling entity	fing Type of entity (C corp., S corp.		Share of total income	Share of end-of-year		Percentage ownership	512(b)(13) controlled entity?
				country)		5	(10)	******	deseria			Yes No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule	****			H
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations that is Barbar in Barbar	s with one or more a	Lotell excitations of Later		Yes No
a Receipt of (i) Interest, (ii) amulties, (iii) royaties, or (iv) rent from a controlled entity				•
b Gift, grant, or capital contribution to related organization(s)				4
0				+
d Loans or loan guarantees to or for related organization(s)				+
				t X
e Loans of roat guarantees by related organization(s)				1e X
Thirtigates from reference according to the				
Prince I of I chared Organization(s)				
g Sale of assets to related organization(s)				×
				+
i Lease of facilities, equipment, or other assets to related organization(s)				>
				F (
k Lease of facilities, equipment, or other assets from related organization(s)				>
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ ;
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization (s)	ion(e)			+
Sharkto of baid employees with related ornanization(s)	(chip)	***************************************		In A
				To X
n Baimburramont naid to estated				
Principal series to relate organization(s) for expenses				Tp X
q Reimbursement paid by related organization(s) for expenses				t _q X
Object transfer of court of contract of the co				
Other transfer of cash or proposity to related organization(s)				4 X
				X X
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.	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Wethod of determining amount involved	volved
(1)			Annual Control of the	
(3)				
(A)				
(5)				
(9)			The state of the s	
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Schedule H (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inv	sin investment partnerships.					o ciones mini f	200	ever rate)
(a)	(q)	3	(5)	3	97					
Name address and Elk	Colombia Colombia	·	9	(a)	E		Ξ	€	9	€
of entity	FIRITIALLY ACTIVITY	Legar comicile	(related unrelated	partners sec.	Share of		Dispropor-	Code V-UBI	Generalo	Percentage
		(state of loreign country)	excluded from tax under	0.008.7	total	L	allocations?	allocations? of Schedule K-1 P	partrer?	partrer? ownership
			(+1 C-2) & STUDING	Yes No	9115311	assers	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Page 5
Part VIII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
ZETA XI HOUSE CORPORATION, INC.
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA THETA
FRATERNITY, INC.
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
KAPPA ALPHA THETA PHI HOUSE CORPORATION
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
BETA EPSILON ALUMNI BUILDING ASSOCIATION OF KAPPA ALPHA
ТНЕТА
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION 832165 10-02-18 Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 KAPPA ALPHA THETA FRATERNITY, INC. 36-1305568 Page 5
Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
7 TO VIGE AUGIDORIAL MICHIGANICAL TOUR TESPOTISES TO QUESTIONS OF SCHEDULE R. See Instructions.
NAME OF RELATED ORGANIZATION:
BETA LAMBDA FACILITY CORPORATION OF KAPPA ALPHA THETA
FRATERNITY
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
KAPPA ALPHA THETA ALUMNAE BUILDING CORPORATION
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
CORPORATION
NAME OF RELATED ORGANIZATION:
BETA RHO HOUSE CORPORATION OF KAPPA ALPHA THETA
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
POSTION LANDDA HOUSE CORPORATION OF MADDA AND WARDS
EPSILON LAMBDA HOUSE CORPORATION OF KAPPA ALPHA THETA
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION