** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ 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. ax year beginning JUL 1. 2019 and ending JUN 30.

Open to Public Inspection

	1010	ie 2019 Calendar year, of tax year beginning 0011 1, 2019 and	enumy (JON 30, 2020	,			
В	Check applica	C Name of organization		D Employer identif	fication number			
	Add							
	Nan Cha	Doing business as		7 36-13055	568			
	lnitia		E Telephone numb	er				
Ē	Fina		Room/suite	(317)876				
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 30,64								
Г		indianapolis, in 46268		H(a) Is this a group				
F	App	F Name and address of principal officer: ELIZABETH CORRIDAN		for subordinate				
_	pen	SAME AS C ABOVE		H(b) Are all subordinates				
$\overline{}$	Tay.a	xempt status:	or 52		a list. (see instructions)			
		ite: WWW.KAPPAALPHATHETA.ORG	JI LJ OL	H(c) Group exemption	•			
		of organization: X Corporation Trust Association Other	I Year		M State of legal domicile: IN			
		Summary	1 1 1 0 0 1	orioniation, = o · o	y out or logar domining, 221			
	1	Briefly describe the organization's mission or most significant activities: KAPP	A ALPI	HA THETA NUF	RTURES EACH			
Activities & Governance] .	MEMBER THROUGHOUT HER LIFETIME, OFFERING	OPPOI	RTUNITIES FO)R			
rna	2	Check this box if the organization discontinued its operations or dispos						
ĕ	3			3	7			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7			
οğ Oğ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			84			
itie	6	Total number of volunteers (estimate if necessary)			194			
햕		Total unrelated business revenue from Part VIII, column (C), line 12		7a				
ď		Net unrelated business taxable income from Form 990-T, line 39						
_	1	The difference backhood taxable frontier from the order of filled or		Prior Year	Current Year			
4	8	Contributions and grants (Part VIII, line 1h)		227,751.	903,538.			
nue	9	Program service revenue (Part VIII, line 2g)		6,190,975.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		908,068.				
ŭ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		748,252.	829,003.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,075,046.				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		143,528.	155,334.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,426,709.	3,260,942.			
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,877,725.	3,663,352.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,447,962.	7,079,628.			
	19	Revenue less expenses. Subtract line 18 from line 12		627,084.	572,483.			
oc				eginning of Current Year	End of Year			
ets or	20	Total assets (Part X, line 16)		38,611,483.	38,787,236.			
Net Asse Fund Bala	21	Total liabilities (Part X, line 26)		22,683,340.	23,720,802.			
ë jë	22	Net assets or fund balances. Subtract line 21 from line 20		15,928,143.	15,066,434.			
	art II							
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh						
		1 Shell of		1/3	1/2021			
Sig	n	Signature of officer		Date				
Her			FICEF	₹				
		Type or print name and title	ر۸ ،					
		Print/Type preparer's name Preparer's/signature //////	(PAT	Date Check	PTIN			
Paid	i	REBEKAH PAYNE, CPA	1	2/16/2020 if self-employ				
Prep	arer	Firm's name MCM CPAS & ADVISORS LLP	<u>-</u>	Firm's EIN	27-1235638			
Use Only Firm's address 9229 DELEGATES ROW, SUITE 250								
		INDIANAPOLIS, IN 46240		Phone no. (3	17)347-5200			
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

** 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)

Open to Public

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Inspection

OMB No. 1545-0047

B (Check if	C Name of organization		D Employer identific	cation number
	∏Addres	S VADDA AIDUA MUEMA EDAMEDNIMY INC			
H	_]chang∈ □Name			36-13055	6.8
H	_]chang∈ ∏Initial	<u> </u>			
H	return □Final	Number and street (or P.O. box if mail is not delivered to street address) 8740 FOUNDERS ROAD	n/suite	E Telephone number (317)876	
	/return termin				30,646,884.
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46268		G Gross receipts \$	
H	⊒return ∏Applic	-		H(a) Is this a group re	
	⊥tión pendir	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	······ — —
	Fav. av.	empt status:	527		
		e: WWW.KAPPAALPHATHETA.ORG	321	· ·	list. (see instructions)
		,	I Vaar o	H(c) Group exemption 1870	State of legal domicile: IN
	art I	Summary	L I Gai C	or iorniation. ±0 7 0 N	1 State of legal dofficile. 11
		Briefly describe the organization's mission or most significant activities: KAPPA A	търн	A THETA NUR	TURES EACH
Governance	' ;	MEMBER THROUGHOUT HER LIFETIME, OFFERING OF	PPOR	TUNITIES FO	R
ırı,	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets.
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es 6	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	84
Viti	6	Total number of volunteers (estimate if necessary)		6	194
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			145,655.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	124,770.
				Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		227,751.	903,538.
enn	9	Program service revenue (Part VIII, line 2g)		6,190,975.	6,237,398.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		908,068.	-317,828.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		748,252.	829,003.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,075,046.	7,652,111.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		143,528.	155,334.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,426,709.	3,260,942.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		2 662 252
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,877,725.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,447,962.	7,079,628.
. (0	19	Revenue less expenses. Subtract line 18 from line 12	_	627,084.	572,483.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		38,611,483.	38,787,236.
et A	21	Total liabilities (Part X, line 26)		22,683,340.	23,720,802.
		Net assets or fund balances. Subtract line 21 from line 20		15,928,143.	15,066,434.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	nas any knowledge.	
٥.		Signature of officer		I Date	
Sig		ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFI	CEB		
Her	е	Type or print name and title	СПК		
		Drint/Tuna pranararia nama	A ID	ate Check	TI PTIN
Paid	1	REBEKAH PAYNE, CPA	Λ"\	2/16/2020	
	parer	Firm's name MCM CPAS & ADVISORS LLP		our chiploye	27-1235638
	Only	Firm's address 9229 DELEGATES ROW, SUITE 250		I IIIII 3 LIIV	
J30	J.113	INDIANAPOLIS, IN 46240		Phone no (3	17)347-5200
Max	the I	RS discuss this return with the preparer shown above? (see instructions)		I Holle Ho. (5	X Yes No
ivia	/ LI IC II	io discuss this return with the preparer shown above: (see instructions)			163 180

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	7
_		_
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?	o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	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 \$	_)
	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.	<u>,</u>
	TRAINING TROORAND.	_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
	RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND	- ′
	CASUALTY.	
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
	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	_
44	Other program services (Describe on Schedule O.)	_
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	_
	Form 990 (201	10

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	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? 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	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment historic land green or historic structures 2 If "Ven " complete School to D. Bort II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	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	<u> </u>		
Ū	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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? 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	-21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	and the contract of the contra	- 114		
~	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	Х	
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

	1990 (2019) KAPPA ALPHA THETA FRATERNITY, INC. 36-1305	568	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		 -	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	22	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		25
b	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?	335		
30	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			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

(gambling) winnings to prize winners?

Form 990 (2019) KAPPA ALPHA THETA FRATERNITY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 84				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b lif Yes; The air filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b X 4a At any time during the calendar year, did the organization have an inferest 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 Y b lif Yes, "enter the name of the foreign country Who "so we a bank account securities account, or other financial accounts (FBAF). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Did any texabile party notify the organization that it was or is a party to a prohibitod at schilartor transaction. 5b Did any texabile party notify the organization file Form 8888 17? 5c Did any texabile party notify the organization file Form 8888 17? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive appretin excess of \$5' made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Di		filed for the calendar year ending with or within the year covered by this return 2a 84			
3a DX bit He organization have unrelated business gross income of \$1,000 or more during the year? 3b DX DX bit H*Yes*, has if tilled a Form 9807 for this year? H*Yes* to fix 8b, your owner during the year? 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; a foreign country (such as a bank account, provide an explanation on Schedule O. 5b If Y*es*, indicate the name of the foreign country. 5c If Y*es* to line Sar of Sb, did the foreign country. 5c If Y*es* to line Sar of Sb, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Y*es* to line Sar of Sb, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Y*es* to line Sar of Sb, did the organization for FinCEN Form 88867 c. 6c If Y*es* to line Sar of Sb, did the organization for Fine 88867 c. 6c If Y*es* to line Sar of Sb, did the organization the row shelter transaction at any time during the tax year? 6c If Y*es* to line Sar of Sb, did the organization the organization shelt is exhausted by the organization and the organization shelt any contributions that was not tax deductible? 6c If Y*es* to line Sar of Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Y*es* to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Y*es* in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Y*es* in did the organization include with every solicitation and express statement that such contributions or gifts were not tax expressed to solicitation and partly for goods and services provided to the person of the solicitation of the solicitati	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) and foreign country (such as a bank account, and the financial account) or other financial accounts (PBAP). 56 If "Yes," in the financial account is foreign country (such as a bank account, and the financial accounts (PBAP). 58 Was the organization has foreign country (such as a bank account, and the financial accounts (PBAP). 59 Was the organization in the organization that it was or is a party to a prohibited tax whether transaction? 50 If "Yes" to line Sar of 5b, did the organization the Financial account in the organization in the organization the financial account in the organization in the organization the financial account in the organization in the organization the financial account in the organization in the organization the financial account in the organization in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible? 6b X b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, and the organization state any receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of forms 8822 filed during the year. 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8822? 10 Did the organization review and unity the doesn of the value of the goods or services provided? 11 Did the organization review and contribution of qualified intellectual property, did the organization file Form 1989 or a required. 12 Did the organization review and contribution of the property of the organization file Form 1989 or a part of the organization file Form 1989 or a part of t	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					37
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	F	000	(0040)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
<u>Sec</u>	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	Х	
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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			
0	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 IN	\- · ·	A "	-1-1
18	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) avail	apie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	. ـ. ناع اند	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu tinai	ıcıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► ELIZABETH CORRIDAN - (317)876-1870			
	8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	Orga	111120		C)	прсі	iioai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			person is both an			compensation	compensation	amount of
	week (list any	_			10010	17 11 410	100,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	al trus	nal tru		loyee	ompo				and related
	below	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	line) 15.00	P.	lus	₩	Ke	E High	휸			
(1) MANDY WUSHINSKE	13.00	х		x				0.	0.	0
PRESIDENT (2) JANE DICK	8.00	^		^				0.	0.	0.
	8.00	х		x				0.	0.	0.
VICE PRESIDENT (3) HEATHER GRANATO	2.00	Δ		^				0.	0.	0.
	2.00	х		x				0.	0.	0.
VICE PRESIDENT (4) ERICA OCHS	8.00	^		^				0.	0.	0.
VICE PRESIDENT	0.00	Х		x				0.	0.	0.
(5) CATHERINE BIBB	5.00			<u> </u>				0.	0.	
VICE PRESIDENT	2.00	Х		x				0.	0.	0.
(6) MICHELLE GEIGER	5.00							0.		
VICE PRESIDENT	3733	x		x				0.	0.	0.
(7) CYNTHEA YESTAL	5.30									
VICE PRESIDENT		х		х				0.	0.	0.
(8) ELIZABETH CORRIDAN	40.00									
CHIEF EXECUTIVE OFFICER	10.00			Х				210,667.	0.	43,658.
(9) JEFFREY RISSER	20.00									
CHIEF FINANCIAL OFFICER	30.00			Х				151,424.	0.	17,530.
(10) JENNIFER SCHMALTZ	50.00									
CHIEF OPERATING OFFICER				Х				100,561.	0.	15,085.
										_
			_		_					

Page 8

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensation		on	an	nount (of
		week		cer ar	iu a u	irecu	Jr/trus	iee)	from	from relate			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	ee			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	nstee	trust		e e	npen		(W-2/1099-MISC)			•	anizati d relate	
		below	lual tr	tional		ploye	st con	_					anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				o, gc	i ii Latii	5110
			-	_		×	1 0	_						
							-				\longrightarrow			
	Subtotal								462,652.		0.	7	6,2	73.
	Total from continuation sheets to Part VI								0.		0.		• , _	0.
	Total (add lines 1b and 1c)								462,652.		0.	7	6,2	
2	Total number of individuals (including but n								<u> </u>	0.000 of reportat	ole			
	compensation from the organization						,		·	, ,				3
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	cey e	emp	love	e, o	r hic	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	=		-								4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services														
rendered to the organization? If "Yes," complete Schedule J for such person							5		X					
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithi <u>r</u>	n the organization's tax	year.				
	(A)								(B)		_	(C		
	Name and business	address							Description of s	services	l Co	ompei	nsatio	n

(A) Name and business address	(B) Description of services	(C) Compensation
BILLHIGHWAY	BILLING &	
363 W. BIG BEAVER RD., TROY, MI 48084	COLLECTIONS	270,671.
CHAPTER SPOT, 935 GRAVIER ST, SUITE 1350,		
NEW ORLEANS, LA 70112	WEBSITE PLATFORM	258,219.
TRENDY MINDS INC		
PO BOX 441594, INDIANAPOLIS, IN 46244	WEBSITE DESIGN	197,775.
TILSON MSO, INC., 1530 AMERICAN WAY, SUITE		
200, GREENWOOD, IN 46143	PAYROLL SERVICES	166,639.
ROYLE PRINTING		
PO BOX 750, SUN PRAIRIE, WI 53590	MAGAZINE PRINTING	152,416.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 5		

36-1305568 KAPPA ALPHA THETA FRATERNITY, INC. Page 9 Form 990 (2019) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 903,538 1f g Noncash contributions included in lines 1a-1f 903,538. h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIP DUES AND ASSESSMENTS 5,070,443 Program Service Revenue 900099 5,070,443. b RISK MANAGEMENT 900099 652,111 652,111 INTEREST ON LOANS 900099 370,775 370,775 d LIFE LOYAL PROGRAM 900099 102,864. 102,864 e FACILITY CORP. FEES 900099 31,691 31,691 900099 9,514 9,514. f All other program service revenue 6,237,398 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 380,027 111,572 268,455. other similar amounts) Income from investment of tax-exempt bond proceeds 335,039. 335,039, 5 Royalties (i) Real (ii) Personal 374,006 6 a Gross rents 339,923. **b** Less: rental expenses ... 6b 34,083. **c** Rental income or (loss) 34,083 34,083 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 21,758,512 assets other than inventory b Less: cost or other basis Other Revenue 22,427,091. 29,276 7b and sales expenses -668,579. -29,276 c Gain or (loss) -697,855 -697,855. d Net gain or (loss) 8 a Gross income from fundraising events (not 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 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns

12 To

b

Miscellaneous Revenue

Form 990 (2019)

-94,361.

145,655

222,383.

237,498

237,498

7,652,111.

420,866 198,483

Business Code

900099

e Total. Add lines 11a-11d

Total revenue. See instructions

11 a MISCELLANEOUS

and allowances

c Net income or (loss) from sales of inventory

d All other revenue

b Less: cost of goods sold

222,383.

237,498

6,697,279

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

Do 2	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
b, 8	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	F0 000			
	and domestic governments. See Part IV, line 21	50,000.			
	Grants and other assistance to domestic	105 224			
	individuals. See Part IV, line 22	105,334.			
	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,	260 055			
	trustees, and key employees	368,955.			
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 055 050			
	Other salaries and wages	1,877,359.			
	Pension plan accruals and contributions (include	E0 050			
	section 401(k) and 403(b) employer contributions)	72,070.			
	Other employee benefits	686,247.			
	Payroll taxes	256,311.			
	Fees for services (nonemployees):				
а	Management				
	Legal	11,718.			
C ,	Accounting	31,011.			
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,885.			
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	17,793.			
	Advertising and promotion	226,152.			
	Office expenses	181,268.			
	Information technology	797,386.			
	Royalties				
	Occupancy	124,588.			
	Travel	366,840.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	449,438.			
	Interest	97,180.			
	Payments to affiliates	·			
	Depreciation, depletion, and amortization	358,879.			
	Insurance	·			
	Other expenses. Itemize expenses not covered				
i	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) `´ 📗				
	FEDERAL & STATE UBTI TA	27,543.			
╸.	RISK MANAGEMENT	508,551.			
	TRAINING AND DEVELOPMEN	145,929.			
d	EDUCATION AND LEADERSHI	117,206.			
е ,	All other expenses	181,985.			
	Total functional expenses. Add lines 1 through 24e	7,079,628.			
	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)				

Га	IL A	balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,203,089.	1	3,724,196.
	2	Savings and temporary cash investments			12,431,844.	2	24,073,147.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			287,046.	4	423,489.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			3,680,144.	7	5,006,911.
Assets	8	Inventories for sale or use			32,377.	8	34,079.
Ř	9	5			260,221.	9	203,529.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,433,330.			
	b	Less: accumulated depreciation	10b	5,699,122.	3,855,881.	10c	3,734,208.
	11	Investments - publicly traded securities			13,559,685.	11	1,316,582.
	12	Investments - other securities. See Part IV, line 1		1,301,196.	12	271,095.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	38,611,483.	16	38,787,236.
	17	Accounts payable and accrued expenses		1,961,544.	17	1,888,470.	
	18	Grants payable		18			
	19	Deferred revenue			1,204,540.	19	1,408,784.
	20	Tax-exempt bond liabilities			10 600 105	20	44 222 222
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D	12,629,495.	21	14,339,208.
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes			0 505 100	22	0 200 051
_	23	Secured mortgages and notes payable to unrela			2,505,182.	23	2,322,851.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)). Complete Part X	4 202 570		2 761 400
		of Schedule D			4,382,579. 22,683,340.		3,761,489.
	26	Total liabilities. Add lines 17 through 25			44,003,340.	26	23,720,802.
S		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔼			
ũ		and complete lines 27, 28, 32, and 33.			15,767,396.		14,921,407.
Sala	27	Net assets without donor restrictions			160,747.	27	145,027.
<u>d</u>	28	Net assets with donor restrictions			100,747.	28	143,027.
Ψ		Organizations that do not follow FASB ASC 9	58, cne	eck nere			
ō	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds		Г		29	
\SS	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			15,928,143.	31	15,066,434.
Ź	32	Total net assets or fund balances			38,611,483.	32	38,787,236.
	33	Total liabilities and net assets/fund balances			JU,UII,403.	33	50,101,230.

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	7,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,07		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		L5,92		
5	Net unrealized gains (losses) on investments	5	-1,27	2,6	04.
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 on Schedule O)	9	-16	1,5	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	L5,06	6,4	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2019)

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

Name of the organization

Employer identification number

KAPPA ALPHA THETA FRATERNITY, INC.

36-1305568

Organization type (check one):				
Filers of:	S	ection:		
Form 990 or 990-EZ		K 501(c)(7) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990-PI	= [501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
•	•	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Ru	le			
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special Rul	es			
sed any	ctions 509(a)(1) and one contributor, d	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I 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 luring 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; e 1. Complete Parts I and II.		
yea	ar, total contribution	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ns of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the o children or animals. Complete Parts I, II, and III.		
yea is c pui	ar, contributions exc checked, enter here rpose. Don't comple	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the clusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is the total contributions that were received during the year for an exclusively religious, charitable, etc., etc any of the parts unless the General Rule applies to this organization because it received nonexclusively tc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$ \		
but it must a	aution: 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), ut 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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) Total contributions Type of contribution	
	Name, address, and ZIP + 4	\$ 426,941. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		\$ 1,650. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		\$ 1,111. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		\$ 1,268. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
6		\$ 1,062. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,002.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,144.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,708.	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	- Training, datal coop, direc En 1 1	\$1,200.	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		\$ <u>1,087.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,002 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$1,411.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$1,011.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$1,300.	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
16	- Training additions and En 11	\$\$	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
17		\$1,014.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

KAPPA ALPHA THETA FRATERNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$1,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>383,754.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hume, address, and Zn ++	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Name, address, and Zir + +	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

KAPPA ALPHA THETA FRATERNITY, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
(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
23453 11-06			990 990-F7 or 990-PF) (2

Employer identification number

Name of organization

KAPPA	ALPHA THETA FRATERNIT	Y, INC.	36-1305568			
Part III	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line entry. F s, charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations for the year. (Enter this info. once.) \$\sum_{\text{s}}\$			
(a) No	Use duplicate copies of Part III if addition	al space is needed.	<u> </u>			
(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			
1	FRATERNITY'S	PROGRAMMING	FOR EDUCATIONAL PURPOSES			
	EDUCATIONAL EFFORTS		-			
-		(e) Transfer of gift				
	(a) Italiano of grit					
-	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			
- r art r	SEE STATEMENT 3	SEE STATEMENT 1	SEE STATEMENT 2			
2						
			_			
Ī		(e) Transfer of gift				
	· · · · · · · · · · · · · · · · · · ·					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	SEE STATEMENT 6	SEE STATEMENT 4	SEE STATEMENT 5			
3						
			-			
Ī		(e) Transfer of gift				
	(6)					
}	Transferee's name, address, and ZIP + 4 Relations		Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	SEE STATEMENT 9	SEE STATEMENT 7	SEE STATEMENT 8			
4			-			
		-	-			
ļ	(e) Transfer of gift					
}	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			

Name of organization **Employer identification number** 36-1305568 KAPPA ALPHA THETA FRATERNITY, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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, 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 14 SEE STATEMENT 15 SEE STATEMENT 6 (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 18 SEE STATEMENT 17 SEE STATEMENT 7 (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 21 SEE STATEMENT 20 SEE STATEMENT 8 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization **Employer identification number** 36-1305568 KAPPA ALPHA THETA FRATERNITY, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I SEE STATEMENT 24 SEE STATEMENT 22 SEE STATEMENT 23 9 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I SEE STATEMENT 26 SEE STATEMENT 27 SEE STATEMENT 10 (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 30 SEE STATEMENT 29 SEE STATEMENT 11 (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 33 SEE STATEMENT 32 SEE STATEMENT 12 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 36-1305568 KAPPA ALPHA THETA FRATERNITY, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I SEE STATEMENT 36 SEE STATEMENT SEE STATEMENT 35 13 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I SEE STATEMENT 38 SEE STATEMENT 39 SEE STATEMENT 14 (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 42 SEE STATEMENT 41 SEE STATEMENT 15 (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 45 SEE STATEMENT 44 SEE STATEMENT 16 (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 36-1305568 KAPPA ALPHA THETA FRATERNITY, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I SEE STATEMENT 48 SEE STATEMENT 46 SEE STATEMENT 47 17 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I SEE STATEMENT 50 SEE STATEMENT 51 SEE STATEMENT 49 18 (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 54 SEE STATEMENT 52 SEE STATEMENT 53 19 (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 SUPPORTING THE EDUCATIONAL 20 FRATERNITY'S **PROGRAMMING**

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

EDUCATIONAL EFFORTS

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

5 SCHEDULE B STATEMENT

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

STATEMENT SCHEDULE B

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

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

STATEMENT 9 SCHEDULE B

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

STATEMENT 13 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

STATEMENT 15 SCHEDULE B

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

STATEMENT 17 SCHEDULE B

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

STATEMENT 18 SCHEDULE B

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

STATEMENT 19 SCHEDULE B

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

STATEMENT 20 SCHEDULE B

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

STATEMENT 21 SCHEDULE B

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

STATEMENT 22 SCHEDULE B

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

STATEMENT 23 SCHEDULE B

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

STATEMENT 24 SCHEDULE B

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

STATEMENT 25 SCHEDULE B

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

STATEMENT 26 SCHEDULE B

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

STATEMENT 29 SCHEDULE B

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

STATEMENT 30 SCHEDULE B

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

STATEMENT 31 SCHEDULE B

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

STATEMENT 32 SCHEDULE B

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

STATEMENT 33 SCHEDULE B

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

STATEMENT 37 SCHEDULE B

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

STATEMENT 38 SCHEDULE B

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

STATEMENT 39 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

STATEMENT 41 SCHEDULE B

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

STATEMENT 42 SCHEDULE B

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

STATEMENT 43 SCHEDULE B

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

STATEMENT 44 SCHEDULE B

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

STATEMENT 46 SCHEDULE B

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

STATEMENT 47 SCHEDULE B

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

STATEMENT 49 SCHEDULE B

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

SCHEDULE B STATEMENT 50

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

STATEMENT 51 SCHEDULE B

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

STATEMENT 52 SCHEDULE B

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

STATEMENT 53 SCHEDULE B

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

STATEMENT 54 SCHEDULE B

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY

Employer identification number 36-1305568

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of praints from (during year) 4 Aggregate value of praints from (during year) 5 Did the organization is property, subject to the organizations exclusive legal control? 9 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organizations exclusive legal control? 9 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring innormisoble private benefit? 9 Part II Conservation Essements. Complete if the organization (check all that apply). 9 Preservation of least for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of least for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of least property or public use (for example, recreation or education) Preservation of a certified historic structure Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation Pres	Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it hidds? 4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 5 Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization statements that describes the organization saccounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the orga		• •	or donor advisor, or for any other purpos	
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does and the value of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) 7 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the fotnote to the organization's financial statements that describes the organization's accounting for conservation easemen	D-1			
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Itel dat the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements included in conganization area a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. The part IIII of Organization answered "Yes" on Form 990, Part IV, line 8. It if the organization elected, as permitted under FASB ASC 958, not to report in its r	Pai			Part IV, line 7.
Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 26 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its f	1			
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Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	collections of A					r Simil	ar Asse	ts/contin		ige z
	Using the organization's acquisition, accessi				-				•	ucuj	
3	collection items (check all that apply):	on, and other record	15, CHEC	Carry or tine	ioliowing trial	. IIIane si	grillicarit	use or its			
	Public exhibition	A	. 🗀	oon or ove	hange progra	m					
a		d		Other	nange progra	111					
b	Scholarly research	е	• '	Other							
C	Preservation for future generations	- Un ations and avalat	مالة بينم ما منا		h				+ VIII		
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								٦٧		1
Dai	to be sold to raise funds rather than to be ma								」Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ii the	organizatio	n answered "	Yes" on I	-orm 990), Part IV,	line 9, or		
			-l: f			:					
па	Is the organization an agent, trustee, custodi								7	v	No
	on Form 990, Part X?								Yes	Λ	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	able:					•		
							 		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance							v	1,,		١
	Did the organization include an amount on Fo						y?	∟죠	Yes	X	No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									Δ]
Pai	T V Endowment Funds. Complete in										L I -
		(a) Current year	(b) P	rior year	(c) Two years	s back (a) Three y	ears back	(e) Four	years	раск
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ınd administer	red for th	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	c value)
		basis (investr	ment)		(other)		reciation				
1a	Land			21	8,375.				21	3,3	75.
	Buildings				4,125.	4,2	76,0	94.	3,43		
	Leasehold improvements					-					
	Equipment			1,50	0,830.	1,4	23,0	28.	7	7,8	02.
	Other				-	<u>, </u>	•				
	Add lines 1a through 1a (Column (d) must e		Y colum	on (D) line 1	100)				3 73	1 2	าล

Schedule D (Form 990) 2019

	THETA FRATER	NITY, INC.	36-1305568 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, I	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	INTO		2 611 600
(2) DISESTABLISHED CHAPTER FU	NDS		3,611,688.
(3) DEPOSITS			767.
(4) INTEREST RATE SWAP			149,034.
(5)			
(6)			
(7)			
(8)			
(9)			2 764 (22
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			3,761,489.
2 Liability for uncortain tay positions. In Part VIII. provide	a the text of the feetnests to	the organization's financia	l statements that reports the

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

	Form 990) 2019			
Deconciliation of Devenue ner Audited Financial Statements With Devenue ner Detur		4.5	A	

Pa	rt XI Reconciliation of R	evenue per Audited Financi	al Statements W	ith Revenue per R	Returi	n.	
	Complete if the organizati	ion answered "Yes" on Form 990, Pa	rt IV, line 12a.				
1	Total revenue, gains, and other s	support per audited financial stateme	nts		1	6,400,	079.
2	Amounts included on line 1 but r	not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on i	investments	2a	-1,272,604.			
b	Donated services and use of faci	ilities	2b				
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII.)		2d	-123,943.			
е	Add lines 2a through 2d				2e	-1,396,	
3					3	7,796	626.
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1:					
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b	4a	19,885.			
b	Other (Describe in Part XIII.)		4b	-164,400.			
С	Add lines 4a and 4b				4c	-144	
		c. (This must equal Form 990, Part I,			5	7,652,	<u> 111.</u>
Pa		xpenses per Audited Financ		Vith Expenses per	Retu	ırn.	
	Complete if the organizati	ion answered "Yes" on Form 990, Pa					
	· · · · · · · · · · · · · · · · · · ·						
1	Total expenses and losses per a	udited financial statements			1	7,261,	788.
1 2	Total expenses and losses per all Amounts included on line 1 but r	not on Form 990, Part IX, line 25:			1	7,261,	788.
-	Total expenses and losses per all Amounts included on line 1 but r				1	7,261,	788.
2	Total expenses and losses per all Amounts included on line 1 but r Donated services and use of faci	not on Form 990, Part IX, line 25:	2a		-	7,261,	788.
2 a	Total expenses and losses per all Amounts included on line 1 but in Donated services and use of facilities Prior year adjustments Other losses	not on Form 990, Part IX, line 25: ilities	2a 2b 2c			7,261,	788.
2 a b c	Total expenses and losses per all Amounts included on line 1 but in Donated services and use of facing Prior year adjustments Other losses Other (Describe in Part XIII.)	not on Form 990, Part IX, line 25: ilities	2a 2b 2c 2d	233,827.			
2 a b c	Total expenses and losses per all Amounts included on line 1 but r Donated services and use of facing Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	not on Form 990, Part IX, line 25: ilities	2a 2b 2c 2d	233,827.	2e	233,	827.
2 a b c	Total expenses and losses per all Amounts included on line 1 but r Donated services and use of facing Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	not on Form 990, Part IX, line 25: ilities	2a 2b 2c 2d	233,827.			827.
2 a b c d	Total expenses and losses per at Amounts included on line 1 but r Donated services and use of fact Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990,	not on Form 990, Part IX, line 25: ilities Part IX, line 25, but not on line 1:	2a 2b 2c 2d	233,827.	2e 3	233,	827.
2 a b c d e 3	Total expenses and losses per at Amounts included on line 1 but r Donated services and use of fact Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not included	Part IX, line 25, but not on line 1:	2a 2b 2c 2d	233,827.	2e 3	233,	827.
2 a b c d e 3 4 a b	Total expenses and losses per at Amounts included on line 1 but r Donated services and use of facility of Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not included Other (Describe in Part XIII.)	not on Form 990, Part IX, line 25: ilities Part IX, line 25, but not on line 1:	2a 2b 2c 2d	233,827.	2e 3	233, 7,027,	827.
2 a b c d e 3 4 a b	Total expenses and losses per at Amounts included on line 1 but r Donated services and use of fact Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not include Other (Describe in Part XIII.)	Part IX, line 25, but not on line 1:	2a 2b 2c 2d	19,885. 31,782.	2e 3	233, 7,027,	827.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART X, LINE 2:

THE FRATERNITY HAS EVALUATED TAX POSITIONS TAKEN IN THE TAX RETURNS FILED AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS DEFINED BY GENERALLY ACCEPTED ACCOUNTING STANDARDS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE

-111,192.

Schedule D (Form 990) 2019 KAPPA ALPHA THETA FRATERNITY, INC. Part XIII Supplemental Information (continued)	36-1305568 Page 5
PROCESSING FEE EXPENSE	-12,751.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-123,943.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED IN NET RENTAL	
ACTIVITIES ON 990	-35,344.
COST OF GOODS SOLD REPORTED ON LINE 10B	-198,483.
NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED	
CHAPTERS	50,396.
NON-MEMBER RENTAL INCOME	19,031.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-164,400.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED	35,344.
COST OF GOODS SOLD REPORTED ON LINE	198,483.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	233,827.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL INCOME NETTED WITH EXPENSES	19,031.
PROCESSING FEE EXPENSE	12,751.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	31,782.

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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

10.110	or the organization					Employer identili	cation nambor
KAP	PA ALPHA THE	TA FRATE	RNITY, I	NC.		36-130556	8
Part				tside the United States. Comple	ete if the organ		
	Form 990, Part IV	•					
				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes L No
•		" ' 5 ' ' ' '					
		ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	tner assistance outs	side the
	United States.	ho following Part	· L lino 3 tablo o	an be duplicated if additional space is r	acadad)		
3 /	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
	(-, 3	offices	employees	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				MEMBERSHIP DUES AND FEES,	MEMBERSHIP	DUES AND	
NORTH	H AMERICA -			RISK MANAGEMENT FEES, AND	FEES, RISK	MANAGEMENT	
CANAI	DA	0	0	JEWELRY SALES - \$82,765.	FEES, AND J	EWELERY SALES	0.
3 a	Subtotal	0	0				0.
	Total from continuation						
	sheets to Part I	0	0				0.
	Totals (add lines 3a and 3b)		0				0.
	ann sm						. U.

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Schedule F (Form 990) 2019

			Outside the United States. Cated if additional space is ne		rganization answere	d "Yes" on Form	990, Part IV, line 15, fo	r any
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)
			recognized as charities by the tion 501(c)(3) equivalency lett					

3 Enter total number of other organizations or entities ...

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 Part IV | Foreign Forms

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

Schedule F (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number 36-1305568 KAPPA ALPHA THETA FRATERNITY, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) FRATERNITY AND SORORITY ACTION TO SUPPORT THE FUTURE OF FUND - P.O. BOX 3348 - ALEXANDRIA FRATERNAL ORGANIZATIONS VA 22302 47-4906970 501(C)(3) 50,000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

0.

(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.	36	105,334.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
ALL GRANT AND SCHOLARSHIP REQUES	т аррытсат	TONS ARE R	EVIEWED AN	D APPROVED BY	
		101(0 11111 1		<u> </u>	
THE GRAND COUNCIL.					
ORGANIZATIONS CONSIDERED FOR GRA	NTS ARE EV	ALUATED TO	DETERMINE	THAT THE	
PAYMENTS REQUESTED QUALIFY FOR T	ue ellomueo		IE EDAMEDNIT	mv'c Evemon	
PAIMENIS REQUESTED QUALIFF FOR I	ne FURINER.	ANCE OF IR	IE FRAIERNI	11 9 EVEWEI	
PURPOSE.					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	, , , , , , , , , , , , , , , , , , , ,			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract			
	Independent compensation consultant			
	Three pendent compensation consultant Three pendent compensation consultant Three pendent compensation consultant Three pendent compensation consultant Three pendent compensation compensation committee Three pendent c			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
·	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	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:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		
a	Any related organization?	6b		
7	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			
7	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	,		
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33:4936-0(c):			

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Schedule J (Form 990) 2019

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 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ELIZABETH CORRIDAN	(i)	196,449.	0.	14,218.	9,941.	33,717.	254,325.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		
(2) JEFFREY RISSER	(i)	142,681.	0.	8,743.	7,205.	10,325.		
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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
2019
Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY, INC.

Employer identification number 36-1305568

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) (2019)

Name of the organization KAPPA ALPHA THETA FRATERNITY, INC.	Employer identification number 36-1305568
FORM 990, PART VI, SECTION B, LINE 15:	
THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE CHIEF	EXECUTIVE OFFICER
SALARY.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (IF APPLICABLE) AND
ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST.	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, C	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	IE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE	-111,192.
NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED	
CHAPTERS	-50,396.
TOTAL TO FORM 990, PART XI, LINE 9	-161,588.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S GRAND COUNCIL ASSUMES THE RESPONSIBILI	TY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 36-1305568

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
KAPPA ALPHA THETA FRATERNITY HOUSING	TO PROVIDE HOUSING FOR						
CORPORATION - 26-1430902, 8740 FOUNDERS	CHAPTER MEMBERS OF KAPPA						
ROAD, INDIANAPOLIS, IN 46268	ALPHA THETA FRATERNITY.	INDIANA	501(C)(7)				X
ETA LAMBDA FACILITIES CORPORATION OF KAPPA					KAPPA ALPHA THETA		
ALPHA THETA - 51-0513776, 8740 FOUNDERS					FRATERNITY		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		HOUSING		X
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY, INC 47-51780, 8740					FRATERNITY		
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(7)		HOUSING		X
KAPPA ALPHA THETA PHI HOUSE CORPORATION -					KAPPA ALPHA THETA		
94-6078694, 8740 FOUNDERS ROAD,	7				FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		HOUSING		Х

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

SEE PART VII FOR CONTINUATIONS

KAPPA ALPHA THETA FRATERNITY, INC.

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	cont	g) 512(b)(13) crolled ization?
or related organization		foreign country)	Section	501(c)(3))	entity	Yes	No
BETA EPSILON ALUMNI BUILDING ASSOCIATION OF	+				KAPPA ALPHA THETA	162	NO
KAPPA ALPHA THETA - 93-6035532, 8740	†				FRATERNITY		
FOUNDERS ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	OREGON	501(C)(7)		HOUSING		х
BETA RHO HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA - 56-1595629, 8740 FOUNDERS ROAD,	1				FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH CAROLINA	501(C)(7)		HOUSING		х
EPSILON LAMBDA HOUSE CORPORATION OF KAPPA					KAPPA ALPHA THETA		1
ALPHA THETA - 23-2221737, 8740 FOUNDERS	1				FRATERNITY		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	PENNSYLVANIA	501(C)(7)		HOUSING		Х
ALPHA EPSILON HOUSE CORPORATION OF KAPPA					KAPPA ALPHA THETA		
ALPHA THETA - 05-0427971, 8740 FOUNDERS	7				FRATERNITY		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NORTH CAROLINA	501(C)(7)		HOUSING		Х
CHI CHAPTER HOUSE ASSOCIATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA - 16-1200267, 8740 FOUNDERS ROAD,	7				FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	NEW YORK	501(C)(7)		HOUSING		Х
EPSILON ETA HOUSE CORPORATION - 61-0982125					KAPPA ALPHA THETA		
8740 FOUNDERS ROAD					FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(7)		HOUSING		X
MINNESOTA KAPPA ALPHA THETA ASSOCIATION -					KAPPA ALPHA THETA		
41-0835839, 8740 FOUNDERS ROAD,					FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	MINNESOTA	501(C)(7)		HOUSING		X
ZETA SIGMA FACILITY CORPORATION OF KAPPA					KAPPA ALPHA THETA		
ALPHA THETA - 34-1789690, 8740 FOUNDERS					FRATERNITY		
ROAD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	оніо	501(C)(7)		HOUSING		Х
	7						
	7						
	7						
	7						

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

	· · · ·		1	1					1	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportiona		Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	0
										\sqcup	
											

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
									<u> </u>

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or m	ore related organizations listed in Pa	arts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	X				
	Gift, grant, or capital contribution to related organization(s)			1b		X			
С	Gift, grant, or capital contribution from related organization(s)			1c	X				
d	d Loans or loan guarantees to or for related organization(s)			1d	Х				
е	Loans or loan guarantees by related organization(s)			1e		X			
f	Dividends from related organization(s)			1f		X			
g	g Sale of assets to related organization(s)			1g		X			
h	Purchase of assets from related organization(s)			1h		X			
i	Exchange of assets with related organization(s)			1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)			1j	Х				
k Lease of facilities, equipment, or other assets from related organization(s)									
-1	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х	-			
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses			1p	Х				
q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)			1r	Х				
s	S Other transfer of cash or property from related organization(s)			1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	ete this line, including covered relati	onships and transaction thresholds.						
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1)									
(2)									
(3)									
(4)									
(5)									
6)									
3216	63 09-10-19 98		Schedule F	R (For	n 990)	2019			

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.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										\vdash	
										\sqcup	
		ſ		1 I			1		I	1 I	1

Part VII | Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA

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

THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

BETA RHO HOUSE CORPORATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

EPSILON LAMBDA HOUSE CORPORATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

ALPHA EPSILON HOUSE CORPORATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

CHI CHAPTER HOUSE ASSOCIATION OF KAPPA ALPHA THETA

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

EPSILON ETA HOUSE CORPORATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

MINNESOTA KAPPA ALPHA THETA ASSOCIATION

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION

NAME OF RELATED ORGANIZATION:

ZETA SIGMA FACILITY CORPORATION OF KAPPA ALPHA THETA

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	non-profits.							
Auto	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts					
must u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.							
Type o	Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number									
print	KAPPA ALPHA THETA FRATERNI	36-1305568								
File by the due date for filing your return. See Number, street, and room or suite no. If a P.O. box, s 8740 FOUNDERS ROAD			tions.							
instructio	ns. City, town or post office, state, and ZIP code. For a for INDIANAPOLIS, IN 46268									
Enter t	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			<u> 0 1 </u>				
Applic	ation	Return	Application			Return				
Is For	00 5 000 57	Code	Is For			Code				
	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 9		02	Form 1041-A			08				
Form 9	720 (individual)	03	Form 4720 (other than individual) Form 5227			10				
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870						12				
Tele	books are in the care of \blacktriangleright 8740 FOUNDERS In aphone No. \blacktriangleright (317)876-1870 The organization does not have an office or place of business is for a Group Return, enter the organization's four digital organization. If it is for part of the group, check this box	s in the Ur Group Exe	Fax No. ▶	f this is for	r the whole group,					
t D	request an automatic 6-month extension of time untilhe organization named above. The extension is for the organization named above. X tax year beginning	anization's	d ending JUN 30, 2020	the exem	npt organization ref	turn for				
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$									
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
_	estimated tax payments made. Include any prior year overp			3b	\$	0.				
	Balance due. Subtract line 3b from line 3a. Include your pa	-	· · · · · · · · · · · · · · · · · · ·		6	0.				
	Ising EFTPS (Electronic Federal Tax Payment System). SeeIf you are going to make an electronic funds withdrawal tions.			3c 453-EO ar	\$ nd Form 8879-EO 1					

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

Form 8868 (Rev. 1-2020)