

Form **990**  
(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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>		<b>D</b> Employer identification number <b>36-1305568</b>
	Doing business as		<b>E</b> Telephone number <b>(317)876-1870</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>30,646,884.</b>
	<b>8740 FOUNDERS ROAD</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>INDIANAPOLIS, IN 46268</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H(c)</b> Group exemption number ▶
F Name and address of principal officer: <b>ELIZABETH CORRIDAN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>7</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.KAPPAALPHATHETA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1870</b> <b>M</b> State of legal domicile: <b>IN</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>KAPPA ALPHA THETA NURTURES EACH MEMBER THROUGHOUT HER LIFETIME, OFFERING OPPORTUNITIES FOR</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> <b>84</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>194</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>145,655.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> <b>124,770.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>227,751.</b> Current Year <b>903,538.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,190,975.</b> <b>6,237,398.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>908,068.</b> <b>-317,828.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>748,252.</b> <b>829,003.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,075,046.</b> <b>7,652,111.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b> <b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>3,426,709.</b> <b>3,260,942.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b> <b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>3,877,725.</b> <b>3,663,352.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,447,962.</b> <b>7,079,628.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>627,084.</b> <b>572,483.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>38,611,483.</b> End of Year <b>38,787,236.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>22,683,340.</b> <b>23,720,802.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,928,143.</b> <b>15,066,434.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date <b>1/21/2021</b>
	Type or print name and title <b>ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFICER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>REBEKAH PAYNE, CPA</b>	Preparer's signature	Date <b>12/16/2020</b>
	Firm's name ▶ <b>MCM CPAS &amp; ADVISORS LLP</b>	Firm's EIN ▶ <b>27-1235638</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00841956</b>
Firm's address ▶ <b>9229 DELEGATES ROW, SUITE 250</b> <b>INDIANAPOLIS, IN 46240</b>		Phone no. <b>(317) 347-5200</b>	

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

**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

**2019**

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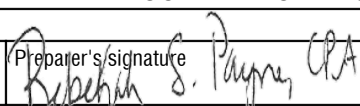
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ELIZABETH CORRIDAN, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>REBEKAH PAYNE, CPA</b>	Preparer's signature 	Date <b>12/16/2020</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00841956</b>
	Firm's name ▶ <b>MCM CPAS &amp; ADVISORS LLP</b>	Firm's EIN ▶ <b>27-1235638</b>			
	Firm's address ▶ <b>9229 DELEGATES ROW, SUITE 250</b> <b>INDIANAPOLIS, IN 46240</b>		Phone no. ( <b>317</b> ) <b>347-5200</b>		

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

Part III Statement of Program Service Accomplishments

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

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? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MEMBER SERVICES PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR ALL MEMBERS. THESE SERVICES INCLUDE THE EDUCATIONAL LEADERSHIP CONSULTANT PROGRAM, MEMBER ORIENTATION, SISTERS SUPPORTING SISTERS, EMERGING LEADERS INSTITUTE, LEADERSHIP ACADEMY, SERVICE TRIPS AND ALCOHOL SKILLS TRAINING PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND CASUALTY.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) GRAND CONVENTION IS HELD TO: 1. ELECT THE MEMBERS OF GRAND COUNCIL. 2. ESTABLISH THE BASIC OBJECTIVES AND POLICIES OF KAPPA ALPHA THETA, INCLUDING THE CHARITABLE, EDUCATIONAL, AND SERVICE OBJECTIVES THEREOF. 3. DETERMINE THE QUALIFICATIONS FOR FRATERNITY MEMBERSHIP. 4. SET THE STANDARDS GOVERNING THE CONDUCT AND DISCIPLINE OF MEMBERS AND CHAPTERS. 5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE PRINCIPAL FUNCTIONS, RESPONSIBILITIES, AND RELATIONSHIPS OF THE OFFICERS, DISTRICTS, CHAPTERS, CORPORATIONS, AND OTHER UNITS. 6. PROVIDE FOR THE CREATION OF REVENUES NECESSARY TO THE ATTAINMENT OF FRATERNITY OBJECTIVES AND THE PROPER CONDUCT OF ITS AFFAIRS, FIX

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH CORRIDAN - (317)876-1870 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MANDY WUSHINSKE PRESIDENT	15.00	X		X				0.	0.	0.
(2) JANE DICK VICE PRESIDENT	8.00	X		X				0.	0.	0.
(3) HEATHER GRANATO VICE PRESIDENT	2.00	X		X				0.	0.	0.
(4) ERICA OCHS VICE PRESIDENT	8.00	X		X				0.	0.	0.
(5) CATHERINE BIBB VICE PRESIDENT	5.00	X		X				0.	0.	0.
(6) MICHELLE GEIGER VICE PRESIDENT	5.00	X		X				0.	0.	0.
(7) CYNTHEA YESTAL VICE PRESIDENT	5.30	X		X				0.	0.	0.
(8) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER	40.00			X				210,667.	0.	43,658.
(9) JEFFREY RISSE CHIEF FINANCIAL OFFICER	20.00			X				151,424.	0.	17,530.
(10) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER	50.00			X				100,561.	0.	15,085.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							462,652.	0.	76,273.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							462,652.	0.	76,273.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BILLHIGHWAY 363 W. BIG BEAVER RD., TROY, MI 48084	BILLING & 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 listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	903,538.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			903,538.			
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES AND ASSESSMENTS	<b>Business Code</b>	900099	5,070,443.	5,070,443.		
	<b>b</b> RISK MANAGEMENT		900099	652,111.	652,111.		
	<b>c</b> INTEREST ON LOANS		900099	370,775.	370,775.		
	<b>d</b> LIFE LOYAL PROGRAM		900099	102,864.	102,864.		
	<b>e</b> FACILITY CORP. FEES		900099	31,691.	31,691.		
	<b>f</b> All other program service revenue		900099	9,514.	9,514.		
	<b>g Total.</b> Add lines 2a-2f			6,237,398.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			380,027.		111,572.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			335,039.		335,039.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	374,006.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		339,923.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		34,083.			
	<b>d</b> Net rental income or (loss)			34,083.		34,083.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	21,758,512.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		22,427,091.	29,276.		
<b>c</b> Gain or (loss)	<b>7c</b>		-668,579.	-29,276.			
<b>d</b> Net gain or (loss)			-697,855.		-697,855.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		420,866.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		198,483.				
<b>c</b> Net income or (loss) from sales of inventory			222,383.	222,383.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	237,498.	237,498.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			237,498.			
<b>12 Total revenue.</b> See instructions			7,652,111.	6,697,279.	145,655.	-94,361.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	105,334.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	368,955.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,877,359.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,070.			
9 Other employee benefits	686,247.			
10 Payroll taxes	256,311.			
11 Fees for services (nonemployees):				
a Management				
b Legal	11,718.			
c Accounting	31,011.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,885.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,793.			
12 Advertising and promotion	226,152.			
13 Office expenses	181,268.			
14 Information technology	797,386.			
15 Royalties				
16 Occupancy	124,588.			
17 Travel	366,840.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	449,438.			
20 Interest	97,180.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	358,879.			
23 Insurance				
24 Other expenses. Itemize expenses not covered 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.)				
a <b>FEDERAL &amp; STATE UBTI TA</b>	27,543.			
b <b>RISK MANAGEMENT</b>	508,551.			
c <b>TRAINING AND DEVELOPMEN</b>	145,929.			
d <b>EDUCATION AND LEADERSHI</b>	117,206.			
e All other expenses	181,985.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,079,628.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,203,089.	<b>1</b>	3,724,196.
	<b>2</b> Savings and temporary cash investments .....	12,431,844.	<b>2</b>	24,073,147.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	287,046.	<b>4</b>	423,489.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,680,144.	<b>7</b>	5,006,911.
	<b>8</b> Inventories for sale or use .....	32,377.	<b>8</b>	34,079.
	<b>9</b> Prepaid expenses and deferred charges .....	260,221.	<b>9</b>	203,529.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,433,330.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,699,122.		
	<b>11</b> Investments - publicly traded securities .....	3,855,881.	<b>10c</b>	3,734,208.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	13,559,685.	<b>11</b>	1,316,582.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,301,196.	<b>12</b>	271,095.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	38,611,483.	<b>15</b>	38,787,236.	
<b>17</b> Accounts payable and accrued expenses .....	1,961,544.	<b>16</b>	38,787,236.	
<b>18</b> Grants payable .....		<b>17</b>	1,888,470.	
<b>19</b> Deferred revenue .....	1,204,540.	<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	1,408,784.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	12,629,495.	<b>20</b>		
<b>22</b> Loans and other 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 .....		<b>21</b>	14,339,208.	
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,505,182.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	2,322,851.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,382,579.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	22,683,340.	<b>25</b>	3,761,489.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	23,720,802.
	<b>27</b> Net assets without donor restrictions .....	15,767,396.		
	<b>28</b> Net assets with donor restrictions .....	160,747.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>27</b>	14,921,407.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>	145,027.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>	
	<b>32</b> Total net assets or fund balances .....	15,928,143.	<b>30</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	38,611,483.	<b>31</b>	15,066,434.	
		<b>32</b>	38,787,236.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,652,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,079,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	572,483.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,928,143.
5	Net unrealized gains (losses) on investments	5	-1,272,604.
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	-161,588.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,066,434.

**Part XII Financial Statements and Reporting**

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

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**KAPPA ALPHA THETA FRATERNITY, INC.**

Employer identification number

**36-1305568**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>426,941.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,111.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,268.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,062.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>1,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>1,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>1,087.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>1,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>1,411.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>1,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>1,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>2,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>1,014.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>2,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 1,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 383,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	SUPPORTING THE FRATERNITY'S EDUCATIONAL EFFORTS	EDUCATIONAL PROGRAMMING	GIFT HAS BEEN DISBURSED FOR EDUCATIONAL PURPOSES
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
2	SEE STATEMENT 3	SEE STATEMENT 1	SEE STATEMENT 2
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
3	SEE STATEMENT 6	SEE STATEMENT 4	SEE STATEMENT 5
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
4	SEE STATEMENT 9	SEE STATEMENT 7	SEE STATEMENT 8
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
5	SEE STATEMENT 12	SEE STATEMENT 10	SEE STATEMENT 11
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
6	SEE STATEMENT 15	SEE STATEMENT 13	SEE STATEMENT 14
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
7	SEE STATEMENT 18	SEE STATEMENT 16	SEE STATEMENT 17
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
8	SEE STATEMENT 21	SEE STATEMENT 19	SEE STATEMENT 20
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
9	SEE STATEMENT 24	SEE STATEMENT 22	SEE STATEMENT 23
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
10	SEE STATEMENT 27	SEE STATEMENT 25	SEE STATEMENT 26
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
11	SEE STATEMENT 30	SEE STATEMENT 28	SEE STATEMENT 29
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
12	SEE STATEMENT 33	SEE STATEMENT 31	SEE STATEMENT 32
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
13	SEE STATEMENT 36	SEE STATEMENT 34	SEE STATEMENT 35
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
14	SEE STATEMENT 39	SEE STATEMENT 37	SEE STATEMENT 38
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
15	SEE STATEMENT 42	SEE STATEMENT 40	SEE STATEMENT 41
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
16	SEE STATEMENT 45	SEE STATEMENT 43	SEE STATEMENT 44
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Name of organization  <b>KAPPA ALPHA THETA FRATERNITY, INC.</b>	Employer identification number  <b>36-1305568</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
17	SEE STATEMENT 48	SEE STATEMENT 46	SEE STATEMENT 47
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
18	SEE STATEMENT 51	SEE STATEMENT 49	SEE STATEMENT 50
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
19	SEE STATEMENT 54	SEE STATEMENT 52	SEE STATEMENT 53
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
20	SUPPORTING THE FRATERNITY'S EDUCATIONAL EFFORTS	EDUCATIONAL PROGRAMMING	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



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SCHEDULE B

STATEMENT 1

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

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SCHEDULE B

STATEMENT 2

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

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SCHEDULE B

STATEMENT 3

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

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SCHEDULE B

STATEMENT 4

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

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SCHEDULE B

STATEMENT 5

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

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SCHEDULE B

STATEMENT 6

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

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SCHEDULE B

STATEMENT 7

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

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SCHEDULE B

STATEMENT 8

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



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SCHEDULE B

STATEMENT 9

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

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SCHEDULE B

STATEMENT 10

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

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SCHEDULE B

STATEMENT 11

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

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SCHEDULE B

STATEMENT 12

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

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SCHEDULE B

STATEMENT 13

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

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SCHEDULE B

STATEMENT 14

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

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SCHEDULE B

STATEMENT 15

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

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SCHEDULE B

STATEMENT 16

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



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SCHEDULE B

STATEMENT 17

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

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SCHEDULE B

STATEMENT 18

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

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SCHEDULE B

STATEMENT 19

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

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SCHEDULE B

STATEMENT 20

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

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SCHEDULE B

STATEMENT 21

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

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SCHEDULE B

STATEMENT 22

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

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SCHEDULE B

STATEMENT 23

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

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SCHEDULE B

STATEMENT 24

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



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SCHEDULE B

STATEMENT 25

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

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SCHEDULE B

STATEMENT 26

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

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SCHEDULE B

STATEMENT 27

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

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SCHEDULE B

STATEMENT 28

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

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SCHEDULE B

STATEMENT 29

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

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SCHEDULE B

STATEMENT 30

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

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SCHEDULE B

STATEMENT 31

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

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SCHEDULE B

STATEMENT 32

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



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SCHEDULE B

STATEMENT 33

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

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SCHEDULE B

STATEMENT 34

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

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SCHEDULE B

STATEMENT 35

---

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

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SCHEDULE B

STATEMENT 36

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

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SCHEDULE B

STATEMENT 37

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

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SCHEDULE B

STATEMENT 38

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

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SCHEDULE B

STATEMENT 39

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

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SCHEDULE B

STATEMENT 40

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



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SCHEDULE B

STATEMENT 41

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

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SCHEDULE B

STATEMENT 42

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

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SCHEDULE B

STATEMENT 43

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

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SCHEDULE B

STATEMENT 44

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

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SCHEDULE B

STATEMENT 45

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

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SCHEDULE B

STATEMENT 46

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

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SCHEDULE B

STATEMENT 47

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

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SCHEDULE B

STATEMENT 48

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



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SCHEDULE B

STATEMENT 49

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

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SCHEDULE B

STATEMENT 50

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

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SCHEDULE B

STATEMENT 51

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

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SCHEDULE B

STATEMENT 52

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

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SCHEDULE B

STATEMENT 53

---

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

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SCHEDULE B

STATEMENT 54

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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

2019

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about property control and private benefit.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		218,375.		218,375.
b Buildings		7,714,125.	4,276,094.	3,438,031.
c Leasehold improvements				
d Equipment		1,500,830.	1,423,028.	77,802.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>3,734,208.</b>



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DISESTABLISHED CHAPTER FUNDS</b>	<b>3,611,688.</b>
(3) <b>DEPOSITS</b>	<b>767.</b>
(4) <b>INTEREST RATE SWAP</b>	<b>149,034.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,761,489.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,400,079.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,272,604.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-123,943.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,396,547.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,796,626.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,885.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-164,400.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-144,515.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,652,111.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,261,788.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	233,827.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	233,827.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,027,961.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,885.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	31,782.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	51,667.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,079,628.

**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.

Part XIII Supplemental Information (continued)

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.







**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://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**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FRATERNITY AND SORORITY ACTION FUND - P.O. BOX 3348 - ALEXANDRIA, VA 22302	47-4906970	501(C)(3)	50,000.	0.			TO SUPPORT THE FUTURE OF FRATERNAL ORGANIZATIONS

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

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO MEMBERS EXPERIENCING EXTREME FINANCIAL HARDSHIPS.	36	105,334.	0.		

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

PART I, LINE 2:

ALL GRANT AND SCHOLARSHIP REQUEST APPLICATIONS ARE REVIEWED AND APPROVED BY THE GRAND COUNCIL.

ORGANIZATIONS CONSIDERED FOR GRANTS ARE EVALUATED TO DETERMINE THAT THE PAYMENTS REQUESTED QUALIFY FOR THE FURTHERANCE OF THE FRATERNITY'S EXEMPT PURPOSE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and 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**

**Part I Questions Regarding Compensation**

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER	(i)	196,449.	0.	14,218.	9,941.	33,717.	254,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY RISSER CHIEF FINANCIAL OFFICER	(i)	142,681.	0.	8,743.	7,205.	10,325.	168,954.	0.
	(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)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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.

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, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE 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 RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.





**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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



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

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

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

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

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

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



**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

**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

**Part VII** Supplemental Information

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

DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

CORPORATION

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

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

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

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

**ELIZABETH CORRIDAN**

- The books are in the care of ▶ **8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268**  
Telephone No. ▶ **(317) 876-1870** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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