** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A</u>	ror the	e 2020 calendar year, or tax year beginning $00LL$, 2020 and	ں enaing	UN 30, 2021	
В	Check if applicabl	KAPPA ALPHA THETA FRATERNITY		D Employer identific	cation number
	chang Name	e GROUP RETURN		26 61252	0.77
	chang	e Doing business as		36-61352	
	return Final return	8740 FOUNDERS ROAD	Room/suite	E Telephone numbe 317-876-	1870
	termir ated			G Gross receipts \$	24,649,329.
	Amen return	INDIANAPOLIS, IN 40200		H(a) Is this a group re	eturn STMT 2
	Application	F Name and address of principal officer: ELIZABETH CORRIDAN		for subordinates	? X Yes No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes X No	
L	Tax-ex	empt status: $501(c)(3)$ \boxed{X} $501(c)$ (7) \blacktriangleleft (insert no.) 4947(a)(1) \leftarrow	or 527	If "No," attach a	list. See instructions
J	Websi	te: ► WWW.KAPPAALPHATHETA.ORG		H(c) Group exemptio	n number ▶ 0154
K	Form of	organization: Corporation Trust Association X Other	L Year	of formation:	■ State of legal domicile:
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$ A CHAPTERS.	ADMINI	STRATION OF	LOCAL
an	2	Check this box if the organization discontinued its operations or dispos	od of more	than 25% of its not ass	note .
Jerr 1	3				7
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
ø	4	Total number of individuals employed in calendar year 2020 (Part V, line 1a)			198
ies	5				7993
Activities & Governance	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	B	Net unrelated business taxable income from Form 990-1, Fart I, line 11		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)		1,100,072.	926,201.
e	8	Contributions and grants (Part VIII, line 1h)		39,748,374.	23,722,968.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	160.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-199,054.	-105,484.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,649,392.	24,543,845.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		741,981.	606,016.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		741,961.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		4,193,880.	2,931,252.
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>4,193,660.</u>	2,931,232.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	U •	0.
Q X	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	33,096,831.	22 162 266
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			22,163,266.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,032,692. 2,616,700.	25,700,534. -1,156,689.
_	19 	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	j	T. I. (D. I.V.). 40)	Ве	ginning of Current Year 15,513,269.	End of Year 13,480,386.
SSe	20	Total assets (Part X, line 16)			
et A	21	Total liabilities (Part X, line 26)		4,763,502. 10,749,767.	3,885,511. 9,594,875.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,749,707.	3,334,073.
			and statem	anta and to the best of m	Unaviladas and balisf it is
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules			kilowieuge aliu bellei, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	licii preparer	las any knowledge.	
۵.		Signature of officer		I Date	
Sig		ļ [*]	D	Duto	
He	re	JEFFREY RISSER, CHIEF FINANCIAL OFFICE Type or print name and title			
			0 11	Date Check	PTIN
Pai	d	Print/Type preparer's name CHRISTINE KEITH, CPA Preparer's signature	ans	2/07/2021 if self-employ	P00963290
Pre	parer	Firm's name MCM CPAS & ADVISORS LLP		Firm's EIN ▶	27-1235638
Use	Only	Firm's address > 9229 DELEGATES ROW, SUITE 250			
		INDIANAPOLIS, IN 46240		Phone no. (3	17)347-5200
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
		LUA Esperante De de Visa Ast National de la constitución de la constit			Farm 990 (2020)

EXTENDED TO MAY 16, 2022

Form **990**

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

Department of the Treasury Internal Revenue Service

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A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021 Open to Public Inspection

B Check if applicable: Address change		C Name of organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN		D Employer ident		umber
	Name change	Doing business as		36-6135	287	
Initial return Final return/ termin-		Number and street (or P.O. box if mail is not delivered to street address) 8740 FOUNDERS ROAD	Room/suite	E Telephone numb		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24	,649,329.
	Amended return			H(a) Is this a group		STMT 2
	Applica- tion pending	F Name and address of principal officer: ELIZABETH CORRIDAN SAME AS C ABOVE		for subordinate H(b) Are all subordinate	es? 🖸	
_		pt status: 501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See	instructions
JV	Vebsite:	▶ WWW.KAPPAALPHATHETA.ORG		H(c) Group exempt	tion numbe	r ▶ 0154
	-	ganization: Corporation Trust Association X Other ▶	L Year	of formation:	M State of	legal domicile:
Pa	rt I S	Summary			11.55	
Activities & Governance	100	riefly describe the organization's mission or most significant activities: $\begin{tabular}{c} THE & I \\ HAPTERS & \bullet \end{tabular}$	ADMINI	STRATION O	F LOCA	AL.
rua	2 Ch	neck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	assets.	
ove				The state of the s	3	7
Ö		umber of independent voting members of the governing body (Part VI, line 1b)			4	7
oğ (n	5 To	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			5	198
iţ		otal number of volunteers (estimate if necessary)		The state of the s	6	7993
ţį		otal unrelated business revenue from Part VIII, column (C), line 12			a	0.
¥		et unrelated business taxable income from Form 990-T, Part I, line 11			b	0.
\exists	2 11	at an edited because testable moonie nomi on 500 1,1 at 1, mie 11		Prior Year		urrent Year
	8 C	ontributions and grants (Part VIII, line 1h)		1,100,072		926,201.
Revenue	A	(B) (1.00) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		39,748,374		,722,968.
Ver		vestment income (Part VIII, line 2g)		0		160.
Re	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-199,054		-105,484.
ill		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,649,392		,543,845.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	1000000	741,981		606,016.
		enefits paid to or for members (Part IX, column (A), line 4)		4 103 990		0.
Ses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,193,880		,931,252.
ens		rofessional fundraising fees (Part IX, column (A), line 11e)		0	•	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	0.	33 006 931	22	162 266
-	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,096,831		,163,266.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,032,692		,700,534.
	19 R	evenue less expenses. Subtract line 18 from line 12	1	2,616,700		,156,689.
ts o	00 T	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Ве	ginning of Current Yea	1 E	nd of Year
Assets or Balances	20 To	otal assets (Part X, line 16)	inana -	15,513,269		,480,386.
Net A		otal liabilities (Part X, line 26)		4,763,502		,885,511.
		et assets or fund balances. Subtract line 21 from line 20		10,749,767	. 9	,594,875.
Unde	er penalti	Signature Block es of perjury + declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of wh			my knowled	ge and belief, it is
				129	1317	021
Sign	1	Signature of officer		Date	,	
Her	e)	JEFFREY RISSER, CHIEF FINANCIAL OFFICE	R			
		Type or print name and title				
	F	Print/Type preparer's name Preparer's stomature	4	Date A Check	P	TIN
Paid		HRISTINE KEITH, CPA	h, CPA	2/8/202 /self-em	ployed PO	0963290
	_	irm's name MCM CPAS & ADVISORS LLP	1			235638
Use	Only F	irm's address 9229 DELEGATES ROW, SUITE 250 INDIANAPOLIS, IN 46240			College	
Mar	the IDC	6 discuss this return with the preparer shown above? See instructions		J Phone no. (47-5200
rviay	uie ins	DISCUSS this return with the preparer shown above? See instructions		vienumana numerius	X	Yes No

Pa	rt III	Statement of Program Service Accomp	olishments	
		Check if Schedule O contains a response or note to	any line in this Part III	
1		y describe the organization's mission:	OF WHE KIRRI II NO.	
	TO	ADMINISTER LOCAL CHAPTERS	OF THE KAPPA ALPHA T	HETA FRATERNITY.
2	Did tl	ne organization undertake any significant program s	ervices during the year which were not lis	
				Yes X No
		s," describe these new services on Schedule O.		
3		ne organization cease conducting, or make significa is," describe these changes on Schedule O.	nt changes in how it conducts, any progra	am services? Yes X No
4	Desc	ribe the organization's program service accomplishr	nents for each of its three largest program	n services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grants and alloca	ations to others, the total expenses, and
		ue, if any, for each program service reported.		\
4a	(Code:)(Expenses \$	including grants of \$ 7.TNG AND ADMINISTERT) (Revenue \$) NG IOCAL CHAPTER
		CIVITIES ON COLLEGE CAMPUSE		G, ROOM AND BOARD,
		DERSHIP AND DEVELOPMENT, S		
		•	,	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
اء ۾	OH	r program continos (Describe en Cabadada CA)		
4d	Otne (Expen	r program services (Describe on Schedule O.)) (Revenue \$	1
4e		program service expenses) (nevenue \$	J
•				Form 990 (2020)

36-6135287

Form 990 (2020) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ . ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	, .	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the appropriation projection of the control of the Heiland Oletes O			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

36-6135287

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c 29		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
31 32	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	, ,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ_		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
033004	(gambling) winnings to prize winners?	1c Form	990	(2020)
JJ2UU4	12-20-20	i Oilil		(

Form 990 (2020) GROUP RETURN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continuo

ıaı	Statements negarding other instrinings and tax compliance (continued)			
0-	Establishment and containing from WO Towns World (Wasser and To Obstance)		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 198			
h	filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	71	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Х
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	76		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities 10a 839,660.			
	Gross receipts, included on a only only coo, a circumstance of cools admitted			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
J	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
	•	Form	990	(2020)

GROUP RETURN Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on scriedule O. see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal Nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	-110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b		10b	Х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		X	
11a		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	1 , 39 to	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		23
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	availa	ble
	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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KAPPA ALPHA THETA FRATERNITY - 317-876-1870			
	8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268			
	· ·		000	

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.

(A) Name and title Average hours per week (list any hours for related organizations below line) (1) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER (2) JEFFREY RISSER CHIEF FINANCIAL OFFICER CHIEF FINANCIAL OFFICER (B) Average hours per week (list any hours for related organizations below line) (1) JENISPER SCHMALTZ CHIEF OPERATING OFFICER (B) Average hours per week (list any hours for related organizations below line) (I) ELIZABETH CORRIDAN (I) JEFFREY RISSER (I) O (I) Ont check more than one box, unless person is both an officer and a director/trustee) (II) ELIZABETH CORRIDAN (II) ELIZABETH CORRIDAN (II) JEFFREY RISSER (II) O (III) CHIEF SCHMALTZ (III) Average hours per week (Iist any hours for related organizations (W-2/1099-MISC) (II) ELIZABETH CORRIDAN (I	(F) Estimated amount of other compensation from the organization and related organizations
Average hours per week (list any hours for related organizations below line) 1.00 2.18,664.	amount of other compensation from the organization and related organizations
hours per week (list any hours for related organizations below line) (1) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER (2) JEFFREY RISSER CHIEF FINANCIAL OFFICER CHIEF FOPERATING OFFICER (3) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER CHIEF OPERATING OFFICER Dox, unless person is both an officer and a director/trustee) box, unless person is both an officer and a director/trustee) page 1	other compensation from the organization and related organizations
(list any hours for related organizations below line) (1) ELIZABETH CORRIDAN CHIEF EXECUTIVE OFFICER (2) JEFFREY RISSER CHIEF FINANCIAL OFFICER (3) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER (Iist any hours for related organizations below line) (1) ELIZABETH CORRIDAN To hour phylix line) (Iist any hours for related organization (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	from the organization and related organizations
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	organization and related organizations
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	and related organizations
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	organizations
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	44,100.
(1) ELIZABETH CORRIDAN 1.00 CHIEF EXECUTIVE OFFICER 50.00 (2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	44,100.
(2) JEFFREY RISSER 1.00 CHIEF FINANCIAL OFFICER 50.00 (3) JENNIFER SCHMALTZ 50.00 CHIEF OPERATING OFFICER X 0. 101,884.	44,100.
CHIEF FINANCIAL OFFICER 50.00 X 0. 147,200. (3) JENNIFER SCHMALTZ 50.00 0. 101,884.	
(3) JENNIFER SCHMALTZ CHIEF OPERATING OFFICER SO.00 X 0. 101,884.	
CHIEF OPERATING OFFICER X 0. 101,884.	16,448.
	14,555.
(4) MANDY WUSHINSKE 14.00	l
PRESIDENT X X 0. 0.	0.
(5) JANE DICK 5.00	_
VICE PRESIDENT X X 0. 0.	0.
(6) HEATHER GRANATO 5.00	
VICE PRESIDENT X X 0. 0.	0.
(7) ERICA OCHS 5.00	
VICE PRESIDENT X X 0. 0.	0.
(8) CATHERINE BIBB 5.00	•
VICE PRESIDENT X X 0. 0.	0.
(9) MICHELLE GEIGER 5.00	0
VICE PRESIDENT X X 0. 0.	0.
(10) CYNTHEA YESTAL VICE PRESIDENT X X X 0.	0
VICE PRESIDENT X X 0. 0.	0.

Form 990 (2020)

<u> Page</u> **7**

Page 8

	T VII Section A. Officers, Directors, Trus	(B)	ПОУ	ees,	and (C		ynes	τC			$\overline{}$		(E)	
	(A)	(B) Average			رر Posi	•	1		(D)	(E)		Г-	(F)	d
	Name and title	hours per		not c	neck r	more	than d s both		Reportable compensation	Reportable compensation		Estimated amount of		
		week					r/trus		from	from related			other	٠.
		(list any	3ctor						the	organizations	s		pensa	tion
		hours for	or dire	gu.			ated		organization	(W-2/1099-MIS	iC)		om the	
		related organizations	ustee	truste		gy.	bens		(W-2/1099-MISC)			•	anizati	
		below	lual tri	tional		ploye	st com	_					d relate Inizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	a nzaci	5110
				_		×		_			\neg			
											\neg			
											\rightarrow			
											\rightarrow			
											\dashv			
								_	0.	467,74	-	7	F 1 (12
	Subtotal							>	0.	407,74	0.		5,10	0.
	Total from continuation sheets to Part V								0.	467,74		7	5,10	
2	Total (add lines 1b and 1c) Total number of individuals (including but i							2 10		•			J, I	
2	compensation from the organization	iot iiiiited to tii	036	11516	u ab	ove) WII	016	ceived more than \$100,	000 of reportable				0
	Compensation from the organization												Yes	No
3	Did the organization list any former officer	r. director, trust	ee. k	ev e	mpl	ove	e. or	hia	hest compensated emp	lovee on				
_	line 1a? If "Yes," complete Schedule J for			•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the s													
-	and related organizations greater than \$15											4	х	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." con	mplete Schedule	J fo	or su	ich r	oers	on .					5		Х
$\overline{}$	tion B. Independent Contractors	•												
Sec	-			ndar	nt cc	+		o +h	at received more than \$	100 000 - (ensatio	on fro	m	
Sec 1	Complete this table for your five highest co	ompensated inc	epe	liuei	it CC	niri	actor	5 ti	iat received more than ¢	100,000 of comp	onioaci			
	Complete this table for your five highest co													
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.		(C		
	the organization. Report compensation for	the calendar ye	ear e		ig w				the organization's tax y	ear.			;) nsatior	า
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				า
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				า
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				า
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				า
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				n
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				n
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				1
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				1
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w				the organization's tax y	ear.				n
	the organization. Report compensation for (A) Name and business	the calendar yes	NC	ONE	g wi	ith c	or wi	thin	the organization's tax y (B) Description of s	ear.				1
	the organization. Report compensation for (A)	the calendar yes address	NC	ONE	g wi	ith c	se lis	thin	the organization's tax y (B) Description of s	ear.				1

Form 990 (2020) GROUP R
Part VIII Statement of Revenue

			Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts									
S S			Fundraising events		87,984.				
fts,			Related organizations		0,,001,				
ij gi									
ons,			Government grants (contributions						
utio er (T	All other contributions, gifts, grants, a		020 217				
ĕŧ			similar amounts not included above .		838,217.				
ont		_	Noncash contributions included in lines 1a-1f			026 201			
<u>0</u> 8		n	Total. Add lines 1a-1f			926,201.			
			20122 2224		Business Code	0.000 554	0.000.554		
<u>c</u> e	2	а	BOARD FEES		900099	8,928,574.	8,928,574.		
erv		b	DUES		900099	8,906,163.	8,906,163.		
ı S.		С	CHAPTER FEES		900099	5,732,097.	5,732,097.		
ran 3ev		d							
Program Service Revenue		е							
Ē		f	All other program service revenue		900099	156,134.	156,134.		
		g	Total. Add lines 2a-2f		<u></u>	23,722,968.			
	3		Investment income (including divi						
			other similar amounts)			160.			160.
	4		Income from investment of tax-ex	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Şe			Net gain or (loss)		•				
e			Gross income from fundraising events		,				
퉏	_		including \$ 87,98	I					
			contributions reported on line 1c).	_					
			Part IV, line 18	I .	0.				
		b	Less: direct expenses		105,484.				
			Net income or (loss) from fundrais		•	-105,484.			-105,484.
			Gross income from gaming activit	-					
	•	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less retu						
	10	u	and allowances						
		h	Less: cost of goods sold	I .					
			Net income or (loss) from sales of						
$\overline{}$			THE INCOME OF 11033/ 110111 SaleS OF	voiltory	Business Code				
sn	11	_							
ee ne	11								
Miscellaneous Revenue		b							
Sce		C	All other revenue						
Ž			All other revenue						
		e	Total Add lines 11a-11d			24 542 045	22 722 060	0	_105 224
	12		Total revenue. See instructions			24,543,845.	23,722,968.	0.	-105,324.

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 (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 606,016. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,648,605. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 58,390. Other employee benefits 9 224,257. 10 Payroll taxes Fees for services (nonemployees): Management Legal 33,330. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 266,310. Office expenses 13 8,782. Information technology 14 Royalties 15 6,740,210. 16 Occupancy 6,192. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 76,222. Conferences, conventions, and meetings 19 15,374. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 3,636,666. FOOD/KITCHEN PER CAPITA FEE 1,721,463. 1,333,292. MEMBER SUPPLIES 1,269,589. FEES SEE SCH O 7,055,836. e All other expenses 25,700,534. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020) Part X Balance Sheet

rar	τX	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,484,560.	1	9,327,518
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		880,670.	4	986,415
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
ĕ	9	Prepaid expenses and deferred charges		2,030,017.	9	837,683
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets	0.110.000	14		
	15	Other assets. See Part IV, line 11		2,118,022.	15	2,328,770
	16	Total assets. Add lines 1 through 15 (must ed		15,513,269.	16	13,480,386
	17	Accounts payable and accrued expenses		2,037,117.	17	844,783
	18	Grants payable	000 680	18	006 415	
	19	Deferred revenue		880,670.	19	986,415
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, suk				
힐		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	•			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	1,845,715.	25	2,054,313
	06	of Schedule D		4,763,502.	26	3,885,511
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hock hore	4,705,502.	20	3,003,311
န္တ		and complete lines 27, 28, 32, and 33.	leck liefe			
2	27			10,749,767.	27	9,594,875
<u> </u>	28	Net assets with donor restrictions		20//15//0/1	28	3,331,013
	20	Organizations that do not follow FASB ASC			20	
ᆵ		and complete lines 29 through 33.	556, check here			
ō	29	Capital stock or trust principal, or current fund	le.		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
488	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		10,749,767.	32	9,594,875
z	33	Total liabilities and net assets/fund balances		15,513,269.	33	13,480,386

Form **990** (2020)

Pai	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,	543	8,8	<u>45.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,	700	, 5	34.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	156	, 6	89.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	749	7,7	67.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,797				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9,	594	۱,8'	75.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>				
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t					
	Act and OMB Circular A-133?		L	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization		Employer identification number		
KAPPA	ALPHA	THETA	FRATERNITY	
GROUP	RETURN	1		36-6135287

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-E2	$\overline{\mathbf{X}}$ 501(c)($\overline{7}$) (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					
, ,	nization is covered by the General Rule or a Special Rule . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	panization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 5 any one c	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer	ization 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), "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 't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

KAPPA ALPHA THETA FRATERNITY

GROUP RETURN

Employer identification number

36-6135287

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hame, dudi ess, diid Zii + +	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Haine, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Employer identification number
36-6135287

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

Name of organization **Employer identification number** KAPPA ALPHA THETA FRATERNITY GROUP RETURN 36-6135287 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	LIST OF AFFILIATED CLUDED IN GROUP RETURN	STATEMENT 2
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALPHA CHAPTER OF KAPPA ALPHA THETA	904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951	35-0867562
BETA CHAPTER OF KAPPA ALPHA THETA	441 N. WOODLAWN AVENUE - BLOOMINGTON, IN 47408-3932	35-0432050
GAMMA CHAPTER OF KAPPA ALPHA THETA	825 W. HAMPTON DRIVE - INDIANAPOLIS, IN 46208	35-0867363
DELTA CHAPTER OF KAPPA ALPHA THETA	611 EAST DANIEL STREET - CHAMPAIGN, IL 61820-6213	37-0359350
THETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	201 WILSON COMMONS - ROCHESTER, NY 14627	47-4974828
IOTA CHAPTER OF KAPPA ALPHA THETA	519 STEWART AVENUE - ITHACA, NY 14850	16-1164377
KAPPA CHAPTER OF KAPPA ALPHA THETA	1433 TENNESSEE ST - LAWRENCE, KS 66044-3481	48-0543691
LAMBDA CHAPTER OF KAPPA ALPHA THETA	215 S PROSPECT ST - BURLINGTON, VT 05401-3519	46-2452857
GAMMA DEUTERON CHAPTER OF KAPPA ALPHA THETA	179 W. WINTER STREET - DELAWARE, OH 43015	31-4389978
MU CHAPTER OF KAPPA ALPHA THETA	ALLEGHENY COLLEGE, 520 N MAIN ST., BOX 178 - MEADVILLE, PA 16335	25-6086538
NU CHAPTER OF KAPPA ALPHA THETA	PO BOX 159 HANOVER COLLEGE - HANOVER, IN 47243	35-1041334
OMICRON CHAPTER OF KAPPA ALPHA THETA	653 W. 28TH STREET - LOS ANGELES, CA 90007	95-0890340
PI CHAPTER OF KAPPA ALPHA THETA	CAMPUS PROGRAMS & ORGANIZATIONS - ALBION, MI 49224	38-2510011
RHO CHAPTER OF KAPPA ALPHA THETA		47-0207480
	24 2020.05010 KAPPA ALPHA THETA	STATEMENT(S) FRATERN 10000

TAU CHAPTER OF KAPPA ALPHA THETA	619 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2191771
UPSILON CHAPTER OF KAPPA ALPHA		41-0345972
THETA PHI CHAPTER OF KAPPA ALPHA	637 PRESIDENT'S DRIVE -	94-1490664
THETA CHI CHAPTER OF KAPPA ALPHA THETA	STOCKTON, CA 95211 306 WALNUT PLACE - SYRACUSE, NY 13210	15-0354780
PSI CHAPTER OF KAPPA ALPHA	108 LANGDON ST MADISON, WI	39-0385840
THETA OMEGA CHAPTER OF KAPPA ALPHA THETA	53703 2723 DURANT AVE - BERKLEY, CA 94704	94-1158472
ALPHA GAMMA CHAPTER OF KAPPA	1861 INDIANOLA AVE	31-4221872
ALPHA EPSILON CHAPTER OF KAPPA	COLUMBUS, OH 43201 42 CHARLESFIELD ST, BOX 2002 -	05-0401170
ALPHA THETA ALPHA ETA CHAPTER OF KAPPA	2308C VANDERBILT PLACE -	62-1316998
ALPHA THETA CHAPTER OF KAPPA	NASHVILLE, TN 37212 2401 PEARL STREET - AUSTIN, TX	74-1135209
	78705 4521 17TH AVENUE NE - SEATTLE,	91-0277810
ALPHA THETA ALPHA MU CHAPTER OF KAPPA	WA 98105 603 KENTUCKY BOULEVARD -	43-0349100
ALPHA THETA ALPHA NU CHAPTER OF KAPPA	COLUMBIA, MO 65201 1020 GERALD AVE MISSOULA,	81-0230943
	655 EAST 11TH AVE EUGENE,	93-0202225
ALPHA THETA ALPHA OMICRON CHAPTER OF KAPPA		73-0308390
ALPHA THETA ALPHA PI CHAPTER OF KAPPA		45-0173340
ALPHA RHO CHAPTER OF KAPPA	FORKS, ND 58203 725 E. CLARK ST - VERMILLION,	46-0224824
	850 NE MONROE ST PULLMAN,	91-0123837
ALPHA THETA ALPHA TAU CHAPTER OF KAPPA	WA 99163 2711 CLIFTON AVE	31-0539242
ALPHA PHI CHAPTER OF KAPPA	CINCINNATI, OH 45220 928 BROADWAY STREET - NEW	72-0804517
ALPHA CHI CHAPTER OF KAPPA	ORLEANS, LA 70118-5137 607 N RUSSELL ST - WEST	35-1578646
ALPHA PSI CHAPTER OF KAPPA	LAFAYETTE, IN 47906-2826 711 E. BOLDT WAY SPC 229 -	39-1251208
	APPLETON, WI 54911 1050 N. MOUNTAIN AVENUE -	86-0031005
ALPHA THETA	TUCSON, AZ 85719 465 NW 23RD STREET -	
ALPHA THETA	CORVALLIS, OR 97330 1323 W. UNIVERSITY AVENUE -	
ALPHA THETA BETA ETA CHAPTER OF KAPPA	STILLWATER, OK 74074 130 SOUTH 39TH STREET -	23-2496933
ALPHA THETA BETA THETA CHAPTER OF KAPPA	PHILADELPHIA, PA 19104 630 ELM STREET - MOSCOW, ID	82-0200817
ALPHA THETA	83843 1333 UNIVERSITY AVE	
ALPHA THETA BETA KAPPA CHAPTER OF KAPPA	BOULDER, CO 80302-6213	
ALPHA THETA	50311	42-0331493

		
BETA LAMBDA CHAPTER OF KAPPA	155 RICHMOND ROAD -	54-0819839
ALPHA THETA	WILLIAMSBURG, VA 23185-3627 863 N. SIERRA STREET - RENO,	00 0024267
THETA	NV 89503	88-0034267
BETA NU CHAPTER OF KAPPA ALPHA		59-0636363
THETA	TALLAHASSEE, FL 32301	33 0030303
	736 HILGARD AVENUE - LOS	95-0890350
THETA	ANGELES, CA 90024	
BETA OMICRON CHAPTER OF KAPPA		42-0351500
ALPHA THETA	CITY, IA 52240-5113	
BETA PI CHAPTER OF KAPPA ALPHA	303 OAKHILL AVENUE - EAST	38-0706010
THETA	LANSING, MI 48823-3243	FC C00C400
BETA RHO CHAPTER OF KAPPA ALPHA THETA	006 BRYAN CENTER BOX 90840 - DURHAM, NC 27708-0840	56-6086402
GAMMA NU CHAPTER OF KAPPA	1262 12TH STREET NORTH -	45-0226532
ALPHA THETA	FARGO, ND 58102	45 0220552
DELTA EPSILON CHAPTER OF KAPPA		86-6030844
ALPHA THETA	85281	
DELTA OMEGA CHAPTER OF KAPPA	1503 ATHENS DRIVE - COLLEGE	74-2107148
ALPHA THETA	STATION, TX 77840	
EPSILON RHO CHAPTER OF KAPPA	106 HILL DRIVE - BETHLEHEM, PA	23-2319235
ALPHA THETA	18015	22 0000000
	1014 ARROYO DRIVE - IRVINE, CA 92617	33-0087836
	15 HIGH STREET - NEW HAVEN, CT	62-1252143
ALPHA THETA	06510	02-1232143
EPSILON UPSILON CHAPTER OF	534 W 114TH ST - NEW YORK, NY	06-1164535
KAPPA ALPHA THETA	10025-7804	
EPSILON PHI CHAPTER OF KAPPA	534 W 114TH ST - NEW YORK, NY 10025-7804 REYNOLDS CLUB, ROOM 001, 5706	36-3497845
ALPHA THETA	S. UNIVERSITY AVE CHICAGO,	
	IL 60637	
EPSILON PSI CHAPTER OF KAPPA	28 WESTHAMPTON WAY - RICHMOND,	54-1411448
	VA 23173	
ALPHA THETA		25 1565046
EPSILON OMEGA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 -	25-1565046
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812	
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F -	25-1565046 57-0876739
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS	57-0876739 93-0987363
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS	57-0876739 93-0987363
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EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA	57-0876739 93-0987363 74-2422871
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512	57-0876739 93-0987363 74-2422871 94-2747663
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EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE KY 40422	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125
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	JOI REIGH	30 013320
DELTA ETA CHAPTER OF KAPPA	1517 MCCAIN LANE - MANHATTAN, KS 66502	48-0673098
DELTA THETA CHAPTER OF KAPPA	715 SW 10TH STREET -	59-0968099
DELTA IOTA CHAPTER OF KAPPA	GAINESVILLE, FL 32601 1119 WHEELOCK STUDENT CENTER -	91-6057588
ALPHA THETA DELTA KAPPA CHAPTER OF KAPPA	715 SW 10TH STREET - GAINESVILLE, FL 32601 1119 WHEELOCK STUDENT CENTER - TACOMA, WA 98416 4030 W. LAKESHORE DR BATON	72-0626670
DELTA OMICRON CHAPTER OF KAPPA ALPHA THETA	ROUGE, LA 70808 PO BOX 866629 - TUSCALOOSA, AL 35486 0060	63-0514585
DET.TA HOSTION CHADTED OF KADDA	δήτη. Κάρρα αιρμά πμέτα _—	61-1060002
DELTA CHI CHAPTER OF KAPPA	RICHMOND, KY 40475 127 CHANCELLOR STREET - CHARLOTTESVILLE, VA 22903 2239 KNAPP STREET - AMES, IA 50014	54-1086861
ALPHA THETA GAMMA PI CHAPTER OF KAPPA	CHARLOTTESVILLE, VA 22903 2239 KNAPP STREET - AMES, IA	42-0681123
ALPHA THETA GAMMA RHO CHAPTER OF KAPPA	50014 6551 EL COLEGIO ROAD - GOLETA, CA 93117	95-3467067
ALPHA THETA GAMMA TAU CHAPTER OF KAPPA	CA 93117 3210 E 5TH PL - TULSA, OK 74104-3115	73-6112078
ALPHA THETA GAMMA UPSILON CHAPTER OF KAPPA	74104-3115 2026 ARMSTRONG STUDENT CENTER,	23-7109591
ALPHA THETA	2026 ARMSTRONG STUDENT CENTER, 550 E. SPRING ST - OXFORD, OH 45056	
GAMMA PHI CHAPTER OF KAPPA	19 GREEK CIRCLE - LUBBOCK, TX	75-6061280
GAMMA CHI CHAPTER OF KAPPA	5317 N. MILLBROOK AVENUE - FRESNO CA 93710-7315	94-1376051
GAMMA PSI CHAPTER OF KAPPA	TCU BOX 294515 - FT. WORTH, TX	75-1510946
GAMMA MU CHAPTER OF KAPPA	79416-5815 5317 N. MILLBROOK AVENUE - FRESNO, CA 93710-7315 TCU BOX 294515 - FT. WORTH, TX 76129 7407 PRINCETON AVE - COLLEGE PARK, MD 20740-3304 201 WIRE RD., THE VILLAGE, BOX #14 - AUBURN, AL 36849 280 BOYER AVE - WALLA WALLA	52-0608426
GAMMA OMEGA CHAPTER OF KAPPA	201 WIRE RD., THE VILLAGE, BOX	23-7094288
DELTA DELTA CHAPTER OF KAPPA	280 BOYER AVE - WALLA WALLA,	36-3195441
BETA SIGMA CHAPTER OF KAPPA	280 BOYER AVE - WALLA WALLA, WA 99362-2044 3108 UNIVERSITY BLVD - DALLAS, TX 75205	75-0834624
BETA TAU CHAPTER OF KAPPA	200 N. MULBERRY ST -	31-6077958
ALPHA THETA BETA PHI CHAPTER OF KAPPA	GRANVILLE, OH 43023 400 LYONS HALL - UNIVERSITY	23-7097425
BETA OMEGA CHAPTER OF KAPPA	PARK, PA 16802 1015 N NEVADA AVE – COLORADO	84-0405198
ALPHA THETA GAMMA DELTA CHAPTER OF KAPPA	SPRINGS, CO 80903-2469 338 S. MILLEDGE AVENUE -	58-0595274
ALPHA THETA GAMMA ZETA CHAPTER OF KAPPA	ATHENS, GA 30605-1048 U OF CONNECTICUT, HUSKY	51-0243424
ALPHA THETA	VILLAGE, A2 - STORRS MANSFIELD, CT 06269	
GAMMA THETA CHAPTER OF KAPPA ALPHA THETA	1077 MOREWOOD AVE - PITTSBURGH, PA 15213	25-1309163
GAMMA IOTA CHAPTER OF KAPPA	408 PENNSYLVANIA COURT -	61-0450152
ZETA MU CHAPTER OF KAPPA ALPHA THETA	350 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-3098428
	200 PARKWAY CIRCLE - DAVIS, CA 95616	68-0291571
	10 ARROW ST - CAMBRIDGE, MA 02138-5102	04-3177955

ZETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1834 WAKE FOREST ROAD - CBOX 7243 - WINSTON SALEM, NC 27109	46-2468733
ZETA RHO CHAPTER OF KAPPA ALPHA THETA	9500 GILMAN DRIVE, DEPT 0077 - LA JOLLA, CA 92093-0077	31-1469417
ZETA SIGMA CHAPTER OF KAPPA ALPHA THETA	402 W. COLLEGE AVE, UNIT 1077 - ADA, OH 45810	34-1770652
ZETA TAU CHAPTER OF KAPPA ALPHA THETA	301 DAVID HOLLOWELL DRIVE - NEWARK, DE 19717	31-1469420
ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	800 W. CAMPBELL RD, SU 1.610 - RICHARDSON, TX 75080	31-1469422
ETA ETA CHAPTER OF KAPPA ALPHA THETA	2112 CLEVELAND BOULEVARD - CALDWELL, ID 83605	82-0525909
ETA THETA CHAPTER OF KAPPA ALPHA THETA	4400 GREEK COURT - ORLANDO, FL 32816	59-3671767
ETA IOTA CHAPTER OF KAPPA ALPHA THETA	5998 ALCALA PARK, SLP301 - SAN DIEGO, CA 92110	91-2078836
ETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1 JOHN CARROLL BLVD - CLEVELAND, OH 44118	34-1968556
ETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	981 FREMONT ST SANTA CLARA, CA 95050	04-3777901
ETA MU CHAPTER OF KAPPA ALPHA THETA	4873 STRATFORD RD - LOS ANGELES, CA 90042	32-0126362
ETA NU CHAPTER OF KAPPA ALPHA THETA	555 N SHERIDAN ROAD - LAKE FOREST, IL 60045	33-1104233
ETA XI CHAPTER OF KAPPA ALPHA THETA	275 MOUNT CARMEL AVE. BOX #31 - HAMDEN, CT 06518-1733	20-5477391
ETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1 UNF DRIVE - JACKSONVILLE, FL 32224	
ETA RHO CHAPTER OF KAPPA ALPHA THETA	- HARRISONBURG, VA 22807	51-0645634
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY DRIVE - ORANGE, CA 92866	61-1551175
ETA TAU CHAPTER OF KAPPA ALPHA THETA	TAMPA, FL 33606	
ETA UPSILON CHAPTER OF KAPPA ALPHA THETA	2130 FULTON ST, UNIVERSITY CENTER 4TH FLOOR, ATTN: SLE - SAN FRANCISCO, CA	45-3013965
THETA	1900 BELMONT BLVD - NASHVILLE, TN 37212-3757	
THETA	11921 CARLTON ROAD - CLEVELAND, OH 44106	
	LEADERSHIP - LOS ANGELES, CA	
ZETA PHI CHAPTER OF KAPPA ALPHA THETA	CAMPUS LIFE OFFICE, 24255 PACIFIC COAST HWY - MALIBU, CA 90263	91-1829440
ZETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	COLLEGE OF CHARLESTON/97 WENTWORTH ANX - CHARLESTON, SC 29424	57-0904066
ZETA IOTA CHAPTER OF KAPPA ALPHA THETA		54-1489157
ETA CHI CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY ROAD - BOSTON, MA 02215	46-0648516
BETA GAMMA CHAPTER OF KAPPA ALPHA THETA		47-3250290

KAPPA ALIPHA INDIA PRAIDRIIII GRO	JOP RETOR	30-0133207
	3301 N. CHARLES ST, CHARLES COMMONS, STE 216 - BALTIMORE, MD 21218	
ETA PSI CHAPTER OF KAPPA ALPHA THETA	25 WHITFIELD ROAD -	46-3379272
ETA OMEGA CHAPTER OF KAPPA ALPHA THETA	SOMERVILLE, MA 02144 20 N. GRAND BLVD MSC #1280 - ST. LOUIS, MO 63103	46-3485657
THETA THETA CHAPTER OF KAPPA ALPHA THETA	RALETCH NC 27606	
THETA IOTA CHAPTER OF KAPPA ALPHA THETA	TATA CITENTAMONT DA 20027 0206	46-4555348
THETA KAPPA CHAPTER OF KAPPA ALPHA THETA	2100 S. FLOYD ST., SAC W310 - LOUISVILLE, KY 40292	47-3139896
GAMMA KAPPA CHAPTER OF KAPPA ALPHA THETA	800 21ST ST NW, SUITE 409 GREEK LIFE OFFICE - WASHINGTON, DC 20052	81-4703970
GAMMA SIGMA CHAPTER OF KAPPA ALPHA THETA		81-3334108
EPSILON THETA CHAPTER OF KAPPA ALPHA THETA	421 N. WOODLAND BLVD, UNIT 6484 - DELAND, FL 32723	81-3327176
EPSILON NU CHAPTER OF KAPPA ALPHA THETA	3025 OAK LANE, SPECIAL PURPOSE HOUSING N - BLACKSBURG, VA 24061	
THETA MU CHAPTER OF KAPPA ALPHA THETA	1500 ILLINOIS STREET - GOLDEN, CO 80401	81-3370721
THETA NU CHAPTER OF KAPPA ALPHA THETA	129 FIFTH STREET NW - ATLANTA, GA 30313	81-3394663
THETA XI CHAPTER OF KAPPA ALPHA THETA	1500 ILLINOIS STREET - GOLDEN, CO 80401 129 FIFTH STREET NW - ATLANTA, GA 30313 SOAR REDWOOD BLDG, 2ND FLOOR - SANTA CRUZ, CA 95064	81-3384530
ALPHA THETA	CHARLOTTE NC 28262	82-1313675
THETA PI CHAPTER OF KAPPA ALPHA THETA	5151 PARK AVENUE - FAIRFIELD, CT 06825	82-3048551

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	visec	l funds	((b) Fun	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets	s hel	d in donor advis	ed fund	ds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose	conferri	ing	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, I	⊃art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of	a histo	orically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribu	tion in the form	of a co	nserva	tion easement on the last
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not	on a	a historic structu	ire		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele				organi	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas	sement is located	_				
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ecti	on, handling of			
	violations, and enforcement of the conservation easements it	holds?					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and	d enforcing cons	ervatio	n ease	ments during the year
							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enf	orcing conservat	tion eas	sement	ts during the year
	> \$						
8	Does each conservation easement reported on line 2(d) above	•		•			
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	eveni	ue and expense	statem	ent an	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's t	financial stateme	ents tha	at desc	ribes the
Dav	organization's accounting for conservation easements.	Ant Historical T			<u> </u>	::I	Annata
Par	t III Organizations Maintaining Collections of		rea	isures, or Ot	ner 5	IIIIIIa	Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pub	•				nce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide the following amounts relating to these items:						_
	(i) Revenue included on Form 990, Part VIII, line 1						\$
_							\$
2	If the organization received or held works of art, historical treating to the control of the con				gain, p	orovide	•
	the following amounts required to be reported under FASB A						•
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

032051 12-01-20

Schedule D (Form 990) 2020

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

Sche	dule D (Form 990) 2020 GROUP R						36-61			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tı	reasures, or Oth	ner Si	milar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that make	e signifi	icant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	C	d Loan or ex	kchange program						
b	Scholarly research	6	e Dther							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt ¡	ourpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other sim	ilar ass	ets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes"	on For	m 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ons or other assets n	ot inclu	ıded		_		,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		Г					
					-			Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		1
	Did the organization include an amount on Fo				-			Yes		│ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in]
ı aı	Endownient i dilds: Complete					Throny	aara baak	(a) Four		hool:
4	Danissis a of war halance	(a) Current year	(b) Prior year	(c) Two years bac	K (a)	mee y	ears back	(e) Four	years i	Jack
1a	Beginning of year balance									
D	Contributions									
C	Net investment earnings, gains, and losses									
u	Grants or scholarships Other expenditures for facilities									
-										
f	and programs Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the curr	ent year end halanc	e (line 1a, column	(a)) held as:						
a	Board designated or quasi-endowment	•	%	(a)) Held as.						
h	Permanent endowment									
·	The percentages on lines 2a, 2b, and 2c sho	,* =								
За	Are there endowment funds not in the posse		ation that are held	and administered fo	r the or	naniza	tion			
-	by:	colori or the organiza		aria aariii ilotoroa 10		gamea		Γ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line	10.				
	Description of property	(a) Cost or obasis (investr		st or other (c	Accur deprec		d	(d) Book	value	;
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line	10c.)			>			0.

36-6135287 Page **3**

· art vii	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
•	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (I	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(8) (9) otal. (Col. (l	o) must equal Form 990, Part X, col. (B) line 13.)			
(8)	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(8) (9) otal. (Col. (l	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I	Other Assets. Complete if the organization answered "Yes" of the organization and the organization	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) otal. (Col. (I	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I Part IX	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) (otal. (Col. (I Part IX) (1) SE (2)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I Part IX (1) SE (2) (3)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I Part IX (1) SE (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I Part IX (1) SE (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I Part IX (1) SE (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	(b) Book value 2,328,770.
(8) (9) (otal. (Col. (I Part IX) (1) SE (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of the organization and the organization	Description	11d. See Form 990, Part X, line 15.	2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line	Description 15.)	•	2,328,770.
(8) (9) (otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu) Part X	Other Assets. Complete if the organization answered "Yes" (a) [CURITY DEPOSITS CURITY DEPOSITS The control of the control	Description 15.)	•	2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered "Yes" of (a) I CURITY DEPOSITS The property of the organization answered or organization and organiz	Description 15.)	•	2,328,770
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X . (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)	•	2,328,770. 2,328,770. (b) Book value
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X . (1) Fed (2) RE	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X . (1) Fed (2) RE (3)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colu Part X . (1) Fed (2) RE (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X . (1) Fed (2) RE (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X . (1) Fed (2) RE (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770.
(8) (9) (otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) RE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770.
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X . (1) Fed (2) RE (3) (4) (5) (6) (7) (8) (9) (1) Fed (1) Fed (2) RE (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.)	•	2,328,770. 2,328,770. (b) Book value
(8) (9) otal. (Col. (I) Part IX (1) SE (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) RE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) I CURITY DEPOSITS mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	2,328,770. 2,328,770. (b) Book value

Schedule D (Form 990) 2020

36-6135287 Page 4

	dule D (Form 990) 2020 GROUP RETURN		36-6135287 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pai	t XII Reconciliation of Expenses per Audited Financial St		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8.)	
Provi		4. Part IV lines 1b and 2b. P	art V_line 4· Part X_line 2· Part XI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b: and Part XII. lines 2d and 4b. Also complete this part to provide a		art V, line 4; Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,
	• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X, line 2; Part XI,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY

Employer identification number

GROUP R	FIOKN				30-0133	407				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
- Total			•							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration				

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1 VARIOUS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CHAPTER FUND			col. (c))
4			(event type)	(event type)	(total number)	Coi. (C)
Revenue						
eve	1	Gross receipts	87,984.			87,984.
ш						
	2	Less: Contributions	87,984.			87,984.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_					
S	5	Noncash prizes				
Direct Expenses	6	Pont/facility costs				
xpe	0	Rent/facility costs				
ΉË	7	Food and beverages				
je	′	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses	105,484.			105,484.
	10				•	105,484.
		Net income summary. Subtract line 10 from li				-105,484.
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	_
		\$15,000 on Form 990-EZ, line 6a.				.
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,)	bingo/progressive bingo		col. (a) through col. (c))
₹						
	1	Gross revenue				
		Ocal colons				
es	2	Cash prizes				
Direct Expenses	2	Noncoch prizes				
Εχρ	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	7	Tiend lability code				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	if "	No," explain:				
	_					
10-	\\/c	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax v		Yes No
		Yes," explain:	•		ou:	163 . 140
		, 				
	_					_
	_					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

KAPPA ALPHA THETA FRATERNITY

Sch	edule G (Form 990 or 990-EZ) 2020 GROUP RETURN	36-62	<u> 1352</u>	<u> 287</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				_
	to administer charitable gaming?		,	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100		
14	Title the flame and address of the person who prepares the organization's gaming/special events books and record	5.			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□ ,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
c	If "Yes," enter name and address of the third party:				
_	The fact of the first and address of the time party.				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	vatain the state gaming licenses		П,	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	 the			
	organization's own exempt activities during the tax year > \$	1110			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III line	- Q (h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait	, <u>.</u>	,,,,,	<i>7</i> D, 10D,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.				
_					

KAPPA ALPHA THETA FRATERNITY

Schedule (G (Form 990 or 990-EZ)	GROUP RETURN		36-6135287 F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
·			 		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. KAPPA ALPHA THETA FRATERNITY

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization KAPPA ALP GROUP RET		FRATERNITY					Employer identification number $36-6135287$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records or criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on X Yes No
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	5,000. Part II car	be duplicated if additi	ional space is neede	ed.	(2) 14		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CASA INC.							
982 EASTERN PKWY, BOX 9							
LOUISVILLE, KY 40217	61-1066568	501(C)(3)	6,079.	0.			CHARITABLE CONTRIBUTION
CASA OF MCLENNAN COUNTY 1208 N 5TH ST WACO, TX 76707	45-5401776	501(C)(3)	24,102.	0.			CHARITABLE CONTRIBUTION
CASA OF TARRANT COUNTY, INC. 101 SUMMIT AVE, SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	29,845.	0.			CHARITABLE CONTRIBUTION
CASA OF THE SOUTH PLAINS, INC. 24 BRIERCROFT OFFICE PARK LUBBOCK, TX 79412	75-2482631	501(C)(3)	17,068.	0.			CHARITABLE CONTRIBUTION
CASA OF SANTA BARBARA COUNTY 2125 SOUTH BROADWAY, SUITE 106 SANTA MARIA, CA 93454	33-0662734	501(C)(3)	6,892.	0.			CHARITABLE CONTRIBUTION
CASA SUPPORT COUNCIL FOR PIMA COUNTY, INC P.O. BOX 36017 - TUCSON, AZ 85740	83-0410169	501(C)(3)	19,382.	0.			CHARITABLE CONTRIBUTION
2 Enter total number of section 501(c)(3) a	nd government or		· · · · ·				▶ 30.
3 Enter total number of other organizations	-	-					1.

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CHAMPAIGN COUNTY CASA INC							
301 S VINE LINCOLN SQUARE, STE 210							
URBANA, IL 61801	37-1325204	501(C)(3)	28,499.	0.			CHARITABLE CONTRIBUTION
GUILD ADVOGAMING IT OF MALLAVIAGED							
CHILD ADVOCATES II OF TALLAHASSEE,							
INC P.O. BOX 3992 -	F0 2020CF0	E01/G)/2)	15 775	0			
TALLAHASSEE, FL 32315	59-2928659	501(C)(3)	15,775.	0.			CHARITABLE CONTRIBUTION
CHILDREN'S FIRST INC							
693 NORTH POPE STREET							
ATHENS, GA 30601	58-2100852	501(C)(3)	18,421.	0.			CHARITABLE CONTRIBUTION
DOUGLAS COUNTY CASA PROGRAM INC.							
1009 NEW HAMPSHIRE ST #B							
LAWRENCE, KS 66044	48-1104657	501(C)(3)	7,603.	0.			CHARITABLE CONTRIBUTION
KAPPA ALPHA THETA FOUNDATION, INC.							
8740 FOUNDERS ROAD							
INDIANAPOLIS, IN 46268	36-6066531	501(C)(3)	101,042.	0.			CHARITABLE CONTRIBUTION
MONROE COUNTY CASA							
201 N MORTON ST							
BLOOMINGTON, IN 47404	26-3994368	501(C)(3)	7,607.	0.			CHARITABLE CONTRIBUTION
NATIONAL COURT APPOINTED SPECIAL							
ADVOCATE ASSOCIATION - 100 WEST							
HARRISON STREET, SUITE 500 -							
SEATTLE, WA 98119	91-1255818	501(C)(3)	12,682.	0.			CHARITABLE CONTRIBUTION
SCOTTY'S HOUSE BRAZOS VALLEY CHILD							
ADVOCACY CENTER, INC 2424 KENT							
STREET - BRYAN, TX 76102	74-2650616	501(C)(3)	13,652.	0.			CHARITABLE CONTRIBUTION
- DRIAN, IA /UIUZ	74 2030010	501(6)(3)	13,032.	0.			CIMENTIADDE CONTRIBUTION
HEART OF MISSOURI CASA							
105 E ASH ST. SUITE 102							
COLUMBIA, MO 65203	20-2408567	501(C)(3)	8,148.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNFLOWER CASA PROJECT INC.							
P.O. BOX 158							
MANHATTAN, KS 66505	48-1061447	501(C)(3)	24,311.	0.			CHARITABLE CONTRIBUTION
VOICES FOR CHILDREN							
920 NORTH VANDEVENTER							
ST. LOUIS, MO 63108	43-1807059	501(C)(3)	36,307.	0.			CHARITABLE CONTRIBUTION
VOLGEG FOR GULLDREN. ING							
VOICES FOR CHILDREN, INC BOULDER - 6672 GUNPARK DR, STE 100							
- BOULDER, CO 80301	84-0984449	501(C)(3)	21,355.	0.			CHARITABLE CONTRIBUTION
BOOLDIN, CO COSCI	01 0301113	501(0)(0)	21,333.	· ·			emmillibil contribution
SEMINOLE COUNTY FRIENDS OF ABUSED							
CHILDREN, INC - P.O. BOX 161351 -							
ALTAMONTE SPRINGS, FL 32716	59-3044327	501(C)(3)	10,767.	0.			CHARITABLE CONTRIBUTION
BETA THETA PI FRATERNITY							
5134 BONHAM ROAD							
OXFORD, OH 45056	31-0531047	501(C)(7)	6,207.	0.			CHARITABLE CONTRIBUTION
DI MEDITOGE							
BLUERIDGE 119 WEST FREDERICK ST							
STAUNTON, VA 24401	54-1721227	501(C)(3)	10,557.	0.			CHARITABLE CONTRIBUTION
DIMONION, VII 24401	34 1/2122/	501(0)(3)	10,337.	· ·			CIMICITADES CONTRIBUTION
CAPITAL AREA CASA ASSOCIATION							
848 LOUISIANA AVE							
BATON ROUGE, LA 70802	91-1255818	501(C)(3)	24,176.	0.			CHARITABLE CONTRIBUTION
CASA FOR LANCASTER COUNTY							
1141 H STREET, STE C							
LINCOLN, NE 68508	47-0833799	501(C)(3)	11,249.	0.			CHARITABLE CONTRIBUTION
CASA OF COLLIN COUNTY							
101 E DAVIS ST							
MCKINNEY, TX 75069	75-2391961	501(C)(3)	10,208.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF FRESNO & MADERA COUNTIES 0300 TULARE ST, STE 210 0300 CA 93721	77-0401361	501(C)(3)	10,669.	0.			CHARITABLE CONTRIBUTION
CASA OF LEXINGTON 1245 LOCH NESS DR			,				
EXINGTON, KY 40517	61-1339185	501(C)(3)	7,559.	0.			CHARITABLE CONTRIBUTION
CASA OF SOUTHWEST CT .57 CHURCH STREET, FL 19 IEW HAVEN, CT 65101	82-3707349	501(C)(3)	5,332.	0.			CHARITABLE CONTRIBUTION
CASA PROGRAM OF PRINCE GEORGE'S COUNTY - 6811 KENILWORTH AVENUE, SUITE 402 - RIVERDALE, MD 20737	52-1772617	501(C)(3)	15,442.	0.			CHARITABLE CONTRIBUTION
COURT APPOINTED SPECIAL ADVOCATES .00 W HARRISON, NORTH TOWER, STE 50 SEATTLE, WA 98119	91-1255818	501(C)(3)	29,889.	0.			CHARITABLE CONTRIBUTION
PRIENDS OF WAKE GALA			,				
CARY, NC 27519	58-1930264	501(C)(3)	5,648.	0.			CHARITABLE CONTRIBUTION
CHIRD DISTRICT GUARDIAN							
CALDWELL, ID 83606	81-1368126	501(C)(3)	5,599.	0.			CHARITABLE CONTRIBUTION

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE INDIVIDUAL CHAPTER BOARDS ARE	RESPONSIB	LE FOR THE	E GRANTING	OF FUNDS TO	
CHARITABLE ORGANIZATIONS.					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	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	1	ı

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

Schedule J (Form 990) 2020

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			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ELIZABETH CORRIDAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	218,664.	0.	0.	8,322.	35,778.		0.
(2) JEFFREY RISSER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	147,200.	0.	0.	5,596.	10,852.	163,648.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	1(11)				<u> </u>		I	L

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

SCHEDULE O

(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 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

FORM 990, PART V, LINE 3B: THE GROUP RETURN IN TOTAL HAS UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE BUT THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T AT THE GROUP LEVEL. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7A: THE CONVENTION DELEGATES ELECT THE FRATNERITY'S GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED. FORM 990, PART VI, SECTION B, LINE 12: THE CENTRAL ORGANIZATION FILING THE GROUP RETURN HAS A CONFLICT OF INTEREST POLICY, WHICH IS REVIEWED ON AN ANNUAL BASIS. HOWEVER, EACH OF THE CHAPTERS INCLUDED IN THE GROUP RETURN DOES NOT HAVE A CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS INCLUDED IN THIS 990 DO NOT MAKE THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC. THE ORGANIZATIONS' EXEMPTION DOCUMENTS AND TAX RETURNS ARE AVAILABLE UPON

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN	Employer identification number 36-6135287
REQUEST THROUGH CONTACT OF THE KAPPA ALPHA THETA FRATERNIT	Υ.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	
FRATERNITY BILLING	1,224,518.
NEW MEMBER PROGRAMS	1,195,220.
CHAPTER PROGRAMMING	1,116,925.
SOCIAL EVENTS	1,030,781.
FACILITY FEES	1,030,578.
BANK & CREDIT CARD FEES	824,083.
OPERATIONS	493,547.
MISCELLANEOUS	139,964.
NEWSLETTER	220.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	7,055,836.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RESTATEMENT OF NET ASSETS	1,797.
	-

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

(c)

Legal domicile (state or

foreign country)

Open to Public Inspection

(d)

Total income

(e)

End-of-year assets

KAPPA ALPHA THETA FRATERNITY Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

GROUP RETURN

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

(b)

Primary activity

Employer identification number 36-6135287

(f)

Direct controlling

entity

OMB No. 1545-0047

							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	I tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	Decause it had one	or more related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)	(f)	(!	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes	No
KAPPA ALPHA THETA FRATERNITY HOUSING	TO PROVIDE HOUSING FOR					165	NO
CORPORATION - 26-1430902, 8740 FOUNDERS	CHAPTER MEMBERS OF KAPPA						
ROAD, INDIANAPOLIS, IN 46268	ALPHA THETA FRATERNITY	INDIANA	501(C)(7)				Х
						-	
For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	I	1	I	Schedule R	(Form 99	90) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	ortionata		General	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									-
-									

1a

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	b Gift, grant, or capital contribution to related organization(s)				1b				
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	d Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
	•								
f	f Dividends from related organization(s)				1f		Х		
g	g Sale of assets to related organization(s)				1 g		X		
h	h Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		_X_		
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		_X_		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		_X_		
0	Sharing of paid employees with related organization(s)				10		X		
р	p Reimbursement paid to related organization(s) for expenses				1 p		_X_		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>		
	S Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	is line, including covered re	elationships and transaction thresholds.					
	(a) (b Name of related organization type	action	(c) Amount involved	(d) Method of determining amount inv	olved				
1)									
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2)									
2)									
3)									
۸۱									
4)									
5)									
<u>~,</u>									
6)									
	63 10-28-20			Schedule	R (Forn	າ 990)	2020		
	-	- ^							

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	NIO	(Form 1065)	Yes N	<u> </u>
		•	000110110 0 12 0 1 1)	res No			res	NO	(1 01111 1000)	resin	<u> </u>
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KAPPA ALPHA THETA FRATERNITY

Schedule R	(Form 990) 2020	GROUP	RETURN	36-6135287	Page 5
Part VII	(Form 990) 2020 Cupplemental Inform	ation			
			onses to questions on Schedule R. See instructions.		
		on for respi	shoot to quodificito on confound H. Occ matructions.		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or KAPPA ALPHA THETA FRATERNITY print 36-6135287 GROUP RETURN File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 8740 FOUNDERS ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For 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 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KAPPA ALPHA THETA FRATERNITY The books are in the care of ► 8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268 Telephone No. ► 317-876-1870 Fax No. • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0154 . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🛣 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2021 ► X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)

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

	F AFFILIATED CLUDED IN GROUP RETURN	STATEMENT 1
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALPHA CHAPTER OF KAPPA ALPHA THETA	904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951	35-0867562
BETA CHAPTER OF KAPPA ALPHA THETA	441 N. WOODLAWN AVENUE - BLOOMINGTON, IN 47408-3932	35-0432050
GAMMA CHAPTER OF KAPPA ALPHA THETA	825 W. HAMPTON DRIVE - INDIANAPOLIS, IN 46208	35-0867363
DELTA CHAPTER OF KAPPA ALPHA THETA	611 EAST DANIEL STREET - CHAMPAIGN, IL 61820-6213	37-0359350
THETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	201 WILSON COMMONS - ROCHESTER, NY 14627	47-4974828
IOTA CHAPTER OF KAPPA ALPHA THETA	519 STEWART AVENUE - ITHACA, NY 14850	16-1164377
KAPPA CHAPTER OF KAPPA ALPHA THETA	1433 TENNESSEE ST - LAWRENCE, KS 66044-3481	48-0543691
LAMBDA CHAPTER OF KAPPA ALPHA THETA	215 S PROSPECT ST - BURLINGTON, VT 05401-3519	46-2452857
GAMMA DEUTERON CHAPTER OF KAPPA ALPHA THETA	179 W. WINTER STREET - DELAWARE, OH 43015	31-4389978
MU CHAPTER OF KAPPA ALPHA THETA	ALLEGHENY COLLEGE, 520 N MAIN ST., BOX 178 - MEADVILLE, PA 16335	25-6086538
NU CHAPTER OF KAPPA ALPHA THETA	PO BOX 159 HANOVER COLLEGE - HANOVER, IN 47243	35-1041334
OMICRON CHAPTER OF KAPPA ALPHA THETA	653 W. 28TH STREET - LOS ANGELES, CA 90007	95-0890340
PI CHAPTER OF KAPPA ALPHA THETA	CAMPUS PROGRAMS & ORGANIZATIONS - ALBION, MI 49224	38-2510011
RHO CHAPTER OF KAPPA ALPHA THETA		47-0207480
301207 758005 1000006805.TAX9	2 2020.05010 KAPPA ALPHA THETA	STATEMENT(S) FRATERN 10000

TAU CHAPTER OF KAPPA ALPHA THETA	619 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2191771
UPSILON CHAPTER OF KAPPA ALPHA THETA		41-0345972
PHI CHAPTER OF KAPPA ALPHA	637 PRESIDENT'S DRIVE -	94-1490664
	STOCKTON, CA 95211 306 WALNUT PLACE - SYRACUSE, NY 13210	15-0354780
	108 LANGDON ST MADISON, WI 53703	39-0385840
OMEGA CHAPTER OF KAPPA ALPHA	2723 DURANT AVE - BERKLEY, CA 94704	94-1158472
ALPHA GAMMA CHAPTER OF KAPPA	1861 INDIANOLA AVE COLUMBUS, OH 43201	31-4221872
	42 CHARLESFIELD ST, BOX 2002 -	05-0401170
ALPHA ETA CHAPTER OF KAPPA	2308C VANDERBILT PLACE - NASHVILLE, TN 37212	62-1316998
ALPHA THETA CHAPTER OF KAPPA	2401 PEARL STREET - AUSTIN, TX 78705	74-1135209
ALPHA LAMBDA CHAPTER OF KAPPA	4521 17TH AVENUE NE - SEATTLE,	
ALPHA MU CHAPTER OF KAPPA	603 KENTUCKY BOULEVARD -	43-0349100
ALPHA NU CHAPTER OF KAPPA ALPHA THETA	COLUMBIA, MO 65201 1020 GERALD AVE MISSOULA, MT 59801	81-0230943
ALPHA XI CHAPTER OF KAPPA ALPHA THETA	655 EAST 11TH AVE EUGENE, OR 97401	93-0202225
ALPHA OMICRON CHAPTER OF KAPPA ALPHA THETA		73-0308390
ALPHA PI CHAPTER OF KAPPA		45-0173340
ALPHA RHO CHAPTER OF KAPPA	725 E. CLARK ST - VERMILLION, SD 57069	46-0224824
	850 NE MONROE ST PULLMAN, WA 99163	91-0123837
ALPHA TAU CHAPTER OF KAPPA	2711 CLIFTON AVE CINCINNATI, OH 45220	31-0539242
ALPHA PHI CHAPTER OF KAPPA	928 BROADWAY STREET - NEW ORLEANS, LA 70118-5137	72-0804517
ALPHA CHI CHAPTER OF KAPPA	607 N RUSSELL ST - WEST LAFAYETTE, IN 47906-2826	35-1578646
ALPHA PSI CHAPTER OF KAPPA	711 E. BOLDT WAY SPC 229 - APPLETON, WI 54911	39-1251208
BETA DELTA CHAPTER OF KAPPA	1050 N. MOUNTAIN AVENUE - TUCSON, AZ 85719	86-0031005
BETA EPSILON CHAPTER OF KAPPA	465 NW 23RD STREET - CORVALLIS, OR 97330	93-0202220
BETA ZETA CHAPTER OF KAPPA	1323 W. UNIVERSITY AVENUE -	
BETA ETA CHAPTER OF KAPPA	130 SOUTH 39TH STREET -	23-2496933
BETA THETA CHAPTER OF KAPPA ALPHA THETA	PHILADELPHIA, PA 19104 630 ELM STREET - MOSCOW, ID 83843	82-0200817
BETA IOTA CHAPTER OF KAPPA	1333 UNIVERSITY AVE BOULDER, CO 80302-6213	84-0241230
BETA KAPPA CHAPTER OF KAPPA	1335 34TH ST DES MOINES, IA 50311	42-0351495

		
BETA LAMBDA CHAPTER OF KAPPA	155 RICHMOND ROAD -	54-0819839
ALPHA THETA	WILLIAMSBURG, VA 23185-3627 863 N. SIERRA STREET - RENO,	00 0024267
THETA	NV 89503	88-0034267
BETA NU CHAPTER OF KAPPA ALPHA		59-0636363
THETA	TALLAHASSEE, FL 32301	33 0030303
	736 HILGARD AVENUE - LOS	95-0890350
THETA	ANGELES, CA 90024	
BETA OMICRON CHAPTER OF KAPPA	823 E. BURLINGTON ST IOWA	42-0351500
ALPHA THETA	CITY, IA 52240-5113	
BETA PI CHAPTER OF KAPPA ALPHA	303 OAKHILL AVENUE - EAST	38-0706010
THETA	LANSING, MI 48823-3243	FC C00C400
BETA RHO CHAPTER OF KAPPA ALPHA THETA	006 BRYAN CENTER BOX 90840 - DURHAM, NC 27708-0840	56-6086402
GAMMA NU CHAPTER OF KAPPA	1262 12TH STREET NORTH -	45-0226532
ALPHA THETA	FARGO, ND 58102	45 0220552
DELTA EPSILON CHAPTER OF KAPPA		86-6030844
ALPHA THETA	85281	
DELTA OMEGA CHAPTER OF KAPPA	1503 ATHENS DRIVE - COLLEGE	74-2107148
ALPHA THETA	STATION, TX 77840	
EPSILON RHO CHAPTER OF KAPPA	106 HILL DRIVE - BETHLEHEM, PA	23-2319235
ALPHA THETA	18015	22 0000000
	1014 ARROYO DRIVE - IRVINE, CA 92617	33-0087836
	15 HIGH STREET - NEW HAVEN, CT	62-1252143
ALPHA THETA	06510	02-1232143
EPSILON UPSILON CHAPTER OF	534 W 114TH ST - NEW YORK, NY	06-1164535
KAPPA ALPHA THETA	10025-7804	
EPSILON PHI CHAPTER OF KAPPA	534 W 114TH ST - NEW YORK, NY 10025-7804 REYNOLDS CLUB, ROOM 001, 5706	36-3497845
ALPHA THETA	S. UNIVERSITY AVE CHICAGO,	
	IL 60637	
EPSILON PSI CHAPTER OF KAPPA	28 WESTHAMPTON WAY - RICHMOND,	54-1411448
	VA 23173	
ALPHA THETA		25 1565046
EPSILON OMEGA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 -	25-1565046
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812	
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F -	25-1565046 57-0876739
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS	57-0876739 93-0987363
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS	57-0876739 93-0987363
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS	57-0876739 93-0987363
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798	57-0876739 93-0987363 74-2422871
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA	57-0876739 93-0987363 74-2422871
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512	57-0876739 93-0987363 74-2422871 94-2747663
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE KY 40422	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE KY 40422	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125
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EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE KY 40422	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER -	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544 201 COLLEGE AVENUE - ASHLAND, VA 23005 BUCKNELL UNIVERSITY BOX C3945	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA EPSILON PI CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544 201 COLLEGE AVENUE - ASHLAND, VA 23005 BUCKNELL UNIVERSITY BOX C3945 - LEWISBURG, PA 17837	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141 54-1264288 23-2343442
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA ZETA ETA CHAPTER OF KAPPA ALPHA THETA ZETA THETA CHAPTER OF KAPPA ALPHA THETA EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA EPSILON ETA CHAPTER OF KAPPA ALPHA THETA EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA EPSILON MU CHAPTER OF KAPPA ALPHA THETA EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA EPSILON PI CHAPTER OF KAPPA ALPHA THETA EPSILON PI CHAPTER OF KAPPA ALPHA THETA EPSILON PI CHAPTER OF KAPPA ALPHA THETA	WASHINGTON, PA 15301-4812 429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663 180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405 PO BOX 85615 - WACO, TX 76798 585 COWELL LANE - STANFORD, CA 94305-8512 600 W. WALNUT STREET - DANVILLE, KY 40422 501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660 34 S. WEST STREET - CARLISLE, PA 17013-2896 0816 FIRST CAMPUS CENTER - PRINCETON, NJ 08544 201 COLLEGE AVENUE - ASHLAND, VA 23005 BUCKNELL UNIVERSITY BOX C3945	57-0876739 93-0987363 74-2422871 94-2747663 61-0982125 43-1238588 23-2237448 22-2547141 54-1264288 23-2343442

4 STATEMENT(S) 1 2020.05010 KAPPA ALPHA THETA FRATERN 10000061

	701 KB10K	30 013320
DELTA ETA CHAPTER OF KAPPA	1517 MCCAIN LANE - MANHATTAN, KS 66502	48-0673098
DELTA THETA CHAPTER OF KAPPA	715 SW 10TH STREET -	59-0968099
DELTA IOTA CHAPTER OF KAPPA	GAINESVILLE, FL 32601 1119 WHEELOCK STUDENT CENTER -	91-6057588
ALPHA THETA DELTA KAPPA CHAPTER OF KAPPA	715 SW 10TH STREET - GAINESVILLE, FL 32601 1119 WHEELOCK STUDENT CENTER - TACOMA, WA 98416 4030 W. LAKESHORE DR BATON	72-0626670
DELTA OMICRON CHAPTER OF KAPPA ALPHA THETA	ROUGE, LA 70808 PO BOX 866629 - TUSCALOOSA, AL	63-0514585
DET.TA HOSTION CHADTED OF KADDA	δήτη, Κάρρα διώμα πάμτα –	61-1060002
DELTA CHI CHAPTER OF KAPPA	RICHMOND, KY 40475 127 CHANCELLOR STREET - CHARLOTTESVILLE, VA 22903 2239 KNAPP STREET - AMES, IA 50014	54-1086861
ALPHA THETA GAMMA PI CHAPTER OF KAPPA	CHARLOTTESVILLE, VA 22903 2239 KNAPP STREET - AMES, IA	42-0681123
ALPHA THETA GAMMA RHO CHAPTER OF KAPPA	50014 6551 EL COLEGIO ROAD - GOLETA, CA 93117	95-3467067
GAMMA TAU CHAPTER OF KAPPA	3210 E 5TH PL - TULSA, OK 74104-3115	73-6112078
GAMMA UPSILON CHAPTER OF KAPPA ALPHA THETA	74104-3115 2026 ARMSTRONG STUDENT CENTER, 550 E. SPRING ST - OXFORD, OH 45056	23-7109591
GAMMA PHI CHAPTER OF KAPPA	19 GREEK CIRCLE - LUBBOCK, TX	75-6061280
GAMMA CHI CHAPTER OF KAPPA	5317 N. MILLBROOK AVENUE -	94-1376051
GAMMA PSI CHAPTER OF KAPPA	TCU BOX 294515 - FT. WORTH, TX	75-1510946
ALPHA THETA GAMMA CHI CHAPTER OF KAPPA ALPHA THETA GAMMA PSI CHAPTER OF KAPPA ALPHA THETA GAMMA MU CHAPTER OF KAPPA ALPHA THETA GAMMA OMEGA CHAPTER OF KAPPA ALPHA THETA DELTA DELTA CHAPTER OF KAPPA	7407 PRINCETON AVE - COLLEGE	52-0608426
GAMMA OMEGA CHAPTER OF KAPPA	201 WIRE RD., THE VILLAGE, BOX	23-7094288
DELTA DELTA CHAPTER OF KAPPA	280 BOYER AVE - WALLA WALLA,	36-3195441
BETA SIGMA CHAPTER OF KAPPA	280 BOYER AVE - WALLA WALLA, WA 99362-2044 3108 UNIVERSITY BLVD - DALLAS,	75-0834624
BETA TAU CHAPTER OF KAPPA	200 N. MULBERRY ST -	31-6077958
BETA PHI CHAPTER OF KAPPA	GRANVILLE, OH 43023 400 LYONS HALL - UNIVERSITY	23-7097425
BETA OMEGA CHAPTER OF KAPPA	PARK, PA 16802 1015 N NEVADA AVE – COLORADO	84-0405198
GAMMA DELTA CHAPTER OF KAPPA	SPRINGS, CO 80903-2469 338 S. MILLEDGE AVENUE -	58-0595274
GAMMA ZETA CHAPTER OF KAPPA	ATHENS, GA 30605-1048 U OF CONNECTICUT, HUSKY	51-0243424
ALPHA THETA	VILLAGE, A2 - STORRS MANSFIELD, CT 06269	
GAMMA THETA CHAPTER OF KAPPA ALPHA THETA	1077 MOREWOOD AVE - PITTSBURGH, PA 15213	25-1309163
GAMMA IOTA CHAPTER OF KAPPA	408 PENNSYLVANIA COURT -	61-0450152
ZETA MU CHAPTER OF KAPPA ALPHA THETA	350 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-3098428
	200 PARKWAY CIRCLE - DAVIS, CA 95616	68-0291571
	10 ARROW ST - CAMBRIDGE, MA 02138-5102	04-3177955

		
ALPHA THETA	1834 WAKE FOREST ROAD - CBOX 7243 - WINSTON SALEM, NC 27109	46-2468733
ZETA RHO CHAPTER OF KAPPA	9500 GILMAN DRIVE, DEPT 0077 -	31-1469417
ZETA SIGMA CHAPTER OF KAPPA ALPHA THETA	LA JOLLA, CA 92093-0077 402 W. COLLEGE AVE, UNIT 1077 - ADA, OH 45810	34-1770652
ZETA TAU CHAPTER OF KAPPA ALPHA THETA	301 DAVID HOLLOWELL DRIVE - NEWARK, DE 19717	31-1469420
ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	800 W. CAMPBELL RD, SU 1.610 - RICHARDSON, TX 75080	31-1469422
ETA ETA CHAPTER OF KAPPA ALPHA THETA	2112 CLEVELAND BOULEVARD - CALDWELL, ID 83605	82-0525909
ETA THETA CHAPTER OF KAPPA ALPHA THETA		59-3671767
ETA IOTA CHAPTER OF KAPPA ALPHA THETA	5998 ALCALA PARK, SLP301 - SAN DIEGO, CA 92110	91-2078836
ALPHA THETA ETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1 JOHN CARROLL BLVD - CLEVELAND, OH 44118	34-1968556
ETA LAMBDA CHAPTER OF KAPPA ALPHA THETA		04-3777901
ETA MU CHAPTER OF KAPPA ALPHA THETA	ANGELES, CA 90042	32-0126362
ETA NU CHAPTER OF KAPPA ALPHA THETA	FOREST, IL 60045	33-1104233
ETA XI CHAPTER OF KAPPA ALPHA THETA	- HAMDEN, CT 06518-1733	20-5477391
ETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1 UNF DRIVE - JACKSONVILLE, FL 32224	
ETA RHO CHAPTER OF KAPPA ALPHA THETA	- HARRISONBURG, VA 22807	51-0645634
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY DRIVE - ORANGE, CA 92866	61-1551175
ETA TAU CHAPTER OF KAPPA ALPHA THETA	TAMPA, FL 33606	
ETA UPSILON CHAPTER OF KAPPA ALPHA THETA	2130 FULTON ST, UNIVERSITY CENTER 4TH FLOOR, ATTN: SLE - SAN FRANCISCO, CA	45-3013965
THETA	1900 BELMONT BLVD - NASHVILLE, TN 37212-3757	
THETA	11921 CARLTON ROAD - CLEVELAND, OH 44106	
ALPHA THETA	1 LMU DR., STUDENT PROG. & LEADERSHIP - LOS ANGELES, CA 90045-2623	95-4839344
ZETA PHI CHAPTER OF KAPPA	CAMPUS LIFE OFFICE, 24255 PACIFIC COAST HWY - MALIBU, CA 90263	91-1829440
ALPHA THETA	COLLEGE OF CHARLESTON/97 WENTWORTH ANX - CHARLESTON, SC 29424	57-0904066
ZETA IOTA CHAPTER OF KAPPA		54-1489157
ETA CHI CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY ROAD - BOSTON, MA 02215	46-0648516
BETA GAMMA CHAPTER OF KAPPA	708 CITY PARK AVENUE - FT. COLLINS, CO 80521	47-3250290

SOMERVILLE, MA 02144	46-3379272
RALEIGH, NC 27606	
WAGUTNOM DO 20027-0286	
2100 S. FLOYD ST., SAC W310 - LOUISVILLE, KY 40292	
GREEK LIFE OFFICE - WASHINGTON, DC 20052	
DIEGO, CA 92115	
6484 - DELAND, FL 32723	81-3327176
3025 OAK LANE, SPECIAL PURPOSE HOUSING N - BLACKSBURG, VA 24061	
1500 ILLINOIS STREET - GOLDEN, CO 80401	81-3370721
129 FIFTH STREET NW - ATLANTA, GA 30313	81-3394663
SOAR REDWOOD BLDG, 2ND FLOOR - SANTA CRUZ, CA 95064	81-3384530
CHARLOTTE, NC 28262	82-1313675
	82-3048551
	25 WHITFIELD ROAD - SOMERVILLE, MA 02144 20 N. GRAND BLVD MSC #1280 - ST. LOUIS, MO 63103 2600 STEWARDSHIP PARK - RALEIGH, NC 27606 ARRUPE RHO HENLE 72 - WASHINGTON, DC 20027-0286 2100 S. FLOYD ST., SAC W310 - LOUISVILLE, KY 40292 800 21ST ST NW, SUITE 409 GREEK LIFE OFFICE - WASHINGTON, DC 20052 5720 MONTEZUMA ROAD - SAN DIEGO, CA 92115 421 N. WOODLAND BLVD, UNIT 6484 - DELAND, FL 32723 3025 OAK LANE, SPECIAL PURPOSE HOUSING N - BLACKSBURG, VA 24061 1500 ILLINOIS STREET - GOLDEN, CO 80401 129 FIFTH STREET NW - ATLANTA, GA 30313 SOAR REDWOOD BLDG, 2ND FLOOR - SANTA CRUZ, CA 95064 1531 DARRYL MCCALL CIRCLE - CHARLOTTE, NC 28262 5151 PARK AVENUE - FAIRFIELD,