\*\* PUBLIC DISLCOSURE COPY \*\*
Return of Organization Exempt From Income Tax

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A I	For the	$2022$ calendar year, or tax year beginning $\mathrm{JUL}1,2022$	ending ເ	<u>JUN 30, 2023</u>	<u> </u>				
B	Check if applicable	C Name of organization		D Employer identif	ication number				
Г	Addres	KAPPA ALPHA THETA FRATERNITY INC.							
F	Name change			36-13055	68				
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final return/	8740 FOUNDERS ROAD		(317)876					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	<b>G</b> Gross receipts \$ 10,583,102.				
	Amend	INDIANAPOLIS, IN 40208		H(a) Is this a group					
	Applica tion pendin	F Name and address of principal officer. OBMNIFER SCHEME 12		for subordinate	·····= =				
		SAME AS C ABOVE		H(b) Are all subordinates					
		empt status: $\square$ 501(c)(3) $\square$ 501(c) ( 7 ) (insert no.) $\square$ 4947(a)(1) or	or 52		a list. See instructions				
	Websit		T	H(c) Group exempti					
		organization: X Corporation Trust Association Other  Summary	L Yea	r of formation: 1870	M State of legal domicile: IN				
Г		<u> </u>	7 7 T D I	מוווג גיים אים	MIIDEC EXCU				
ė	1 .	Briefly describe the organization's mission or most significant activities: <u>KAPPA</u> MEMBER THROUGHOUT HER LIFETIME, OFFERING							
Governance	2	Check this box if the organization discontinued its operations or dispos							
Veri	3	-		3	7				
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			62				
ij	6	Total number of volunteers (estimate if necessary)			183				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1,159,589.				
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11							
				Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		292,244.					
ž	9	Program service revenue (Part VIII, line 2g)		5,818,927.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		619,513.					
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,307,087.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,037,771.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,139.	+				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,390,539.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă X	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.	2 517 025	4 005 000				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,517,035. 6,039,713.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,998,058.					
	19	Revenue less expenses. Subtract line 18 from line 12	R	eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	ا ا	35,578,476.					
ASSE	21	Total liabilities (Part X, line 16)		21,221,530.					
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		14,356,946.					
Pa	art II	Signature Block							
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.					
Sig		Signature of officer		Date					
Her	re e	JENNIFER SCHMALTZ, CHIEF EXECUTIVE OFFICE	R						
		Type or print name and title		-					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	The state of the s	REBEKAH PAYNE, CPA Millie & floth, CPA	V	12/13/2023   IT   self-emplo					
	parer	Firm's name MCM CPAS & ADVISORS LLP		Firm's EIN	27-1235638				
Use	Only	Firm's address 9229 DELEGATES ROW, SUITE 250			17/2/7 5000				
		INDIANAPOLIS, IN 46240  St discuss this return with the preparer shown above? See instructions		Phone no. ( 3	317)347-5200 X Yes No				
11/121	v tne il-	(> discuss this ratium with the preparer shown above? See instructions			LALYES I INO				

### EXTENDED TO MAY 15, 2024 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	or the	e 2022 calendar year, or tax year beginning JULII, ZUZZ and	enaing i	<u>UUN 30, 202</u> .	<u> </u>
В	Check if applicabl	C Name of organization		D Employer identi	fication number
	Addre chang Name				
	chang	e Doing business as		36-1305	568
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
	☐Final return	8740 FOUNDERS ROAD		(317)87	6-1870
	termir ated			<b>G</b> Gross receipts \$	10,583,102.
	Amen return	INDIANAPOLIS, IN 40208		H(a) Is this a group	
	Application	F Name and address of principal officer: OENNIFER SCHMALIZ		for subordinate	es? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
1	Tax-ex	empt status: 501(c)(3) X 501(c) ( 7 ) (insert no.) 4947(a)(1) (	or 52	7 If "No," attach	a list. See instructions
	Websi			H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Yea	r of formation: 1870	<b>M</b> State of legal domicile; ${ extbf{I}}{ extbf{N}}$
P	art I	Summary			
ď	1	Briefly describe the organization's mission or most significant activities: KAPPA			
Š		MEMBER THROUGHOUT HER LIFETIME, OFFERING	<u>OPPOR</u>	TUNITIES FO	<u>R</u>
rna	2	Check this box if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net a	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	
<u>ن</u> ~	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Ϋ́	6	Total number of volunteers (estimate if necessary)			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
			_	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		292,244	
	9	Program service revenue (Part VIII, line 2g)		5,818,927	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		619,513	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,307,087	
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,037,771	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,139	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,390,539	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0	. 0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		4 225 222
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,517,035	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,039,713	7,622,433.
_	19	Revenue less expenses. Subtract line 18 from line 12		1,998,058	
Net Assets or			В	eginning of Current Year	
sset	20	Total assets (Part X, line 16)		35,578,476	
etA	21	Total liabilities (Part X, line 26)		21,221,530	. 20,356,979.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		14,356,946	. 15,582,205.
					and the first of the first of the
		alties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	er nas any knowledge.	
٥.		Signature of officer		I Date	
Sig			D	Duto	
Hei	e	JENNIFER SCHMALTZ, CHIEF EXECUTIVE OFFICE Type or print name and title			
				Date Check	PTIN
Da:	4	Print/Type preparer's name  REBEKAH PAYNE, CPA  Preparer's signature		if	
Pai				self-emp	27-1235638
	parer Only	Firm's name MCM CPAS & ADVISORS LLP Firm's address 9229 DELEGATES ROW, SUITE 250		Firm's EIN	71 - T722000
USE	Only	INDIANAPOLIS, IN 46240		Dhone no /	317)347-5200
Mar	v the II	RS discuss this return with the preparer shown above? See instructions		FIIOHE HO. (	X Yes No
ivid	y un <del>e</del> II	TO GROUPS THIS TOTALLY WITH THE PREPARE SHOWN ADOVE! SEE HISHUULIONS			1 03 140

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KAPPA ALPHA THETA NURTURES EACH MEMBER THROUGHOUT HER LIFETIME,
	OFFERING OPPORTUNITIES FOR INTELLECTUAL AND PERSONAL GROWTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
•	<u> </u>
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	MEMBER SERVICES PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR ALL
	MEMBERS. THESE SERVICES INCLUDE THE EDUCATIONAL LEADERSHIP CONSULTANT
	PROGRAM, MEMBER ORIENTATION, SISTERS SUPPORTING SISTERS, EMERGING
	LEADERS INSTITUTE, LEADERSHIP ACADEMY, SERVICE TRIPS AND ALCOHOL SKILLS
	TRAINING PROGRAMS.
	INTINITIO I ROOMIND.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	RISK MANAGEMENT PROVIDES INSURANCE PROTECTION AGAINST LIABILITY AND
	CASUALTY.
4c	(Code:) (Expenses \$ including grants of \$)         ) (Revenue \$)
	GRAND CONVENTION IS HELD TO:
	1. ELECT THE MEMBERS OF GRAND COUNCIL.
	INCLUDING THE CHARITABLE, EDUCATIONAL, AND SERVICE OBJECTIVES THEREOF.
	3. DETERMINE THE QUALIFICATIONS FOR FRATERNITY MEMBERSHIP.
	4. SET THE STANDARDS GOVERNING THE CONDUCT AND DISCIPLINE OF MEMBERS
	AND CHAPTERS.
	5. ESTABLISH THE ORGANIZATIONAL STRUCTURE OF THE FRATERNITY AND THE
	PRINCIPAL FUNCTIONS, RESPONSIBILITIES, AND RELATIONSHIPS OF THE
	OFFICERS, DISTRICTS, CHAPTERS, CORPORATIONS, AND OTHER UNITS.
	6. PROVIDE FOR THE CREATION OF REVENUES NECESSARY TO THE ATTAINMENT OF
	FRATERNITY OBJECTIVES AND THE PROPER CONDUCT OF ITS AFFAIRS, FIX
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses
	Form <b>990</b> (2022)

## 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? See instructions	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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		
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?		Х	
40	If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Δ.

Pa	rt IV Checklist of Required Schedules (continued)			
	· nonanaay		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	Х	
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	Х	
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			3,7
	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 the 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			<b>₩</b>
	"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		^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," complete Schedule M	31		X
32	Did the organization required by Part I	31		1
32	· · ·	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Ц		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form **990** (2022)

(gambling) winnings to prize winners?

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	CCOL	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country CANADA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccou	nts (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	ction	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	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 ser	vices	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	as red	quired			
	to file Form 8282?	i		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by t	ne			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	, , , , , , , , , , , , , , , , , , , ,			9a		
10				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10-	1,131,283.			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k	222			
11	Section 501(c)(12) organizations. Enter:	IOL	7 230 7 3 2 0 1			
	Gross income from members or shareholders	112	J			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>	'			
	amounts due or received from them.)	11k				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12k	1			
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		
	<b>Note:</b> 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	13b	)			
С	Enter the amount of reserves on hand	130	;			
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	es			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

232005 12-13-22

KAPPA ALPHA THETA FRATERNITY INC. 36-1305568 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				
		_ (		Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_			
b	Enter the number of voting members included on line 1a, above, who are independent	-7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	y other			
	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct so	upervision			
			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	iled?	4		_ <u>X</u> _
5			5	7,7	_X_
6	Did the organization have members or stockholders?		6	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholded				37
	persons other than the governing body?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	* I	_	37	
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		_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		1	
		1	40	Yes X	No
	Did the organization have local chapters, branches, or affiliates?		10a	^	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a		401	x	
44-		::::	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?	11a	^	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10-	х	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descriptions of the organization regularly and consistently monitor and enforce compliance with the policy?		120	-25	
C	,		12c	x	
13	on Schedule O how this was done		13	X	
14			14	X	
	•		14		
15	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	portuerit			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a			
.ou	taxable entity during the year?		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
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) a	availab	ole
	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 Sche	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	•	financ	ial	
	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 re	ecords			
	JEFFREY RISSER - (317) 876-1870				

8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				C)	•		(D)	(E)	(F)
Name and title	Average	<b> </b>		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than o	n an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		90	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldı	st com	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER SCHMALTZ	50.00	-	_			1				
CHIEF EXECUTIVE OFFICER				Х				162,583.	0.	20,425.
(2) JEFFREY RISSER	20.00									-
CHIEF FINANCIAL OFFICER	30.00			Х				161,168.	0.	20,032.
(3) JULIANNE BUTLER	40.00									
CHIEF MARKETING OFFICER				Х				126,528.	0.	17,140.
(4) MELINDA YOUNG	40.00									
CHIEF ADMINISTRATION OFFICER				X				118,309.	0.	16,661.
(5) ERICA D'ANGELO OCHS	18.00	1						_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(6) JANE SHEPHERD DICK	10.00	1						_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) NICOLE FRANK	10.00	1						_		
VICE PRESIDENT		Х		X				0.	0.	0.
(8) TINA VILLARETE TRAN	10.00	J								
VICE PRESIDENT	0.50	Х		X				0.	0.	0.
(9) CATHERINE LOCK BIBB	10.00	l		l						•
VICE PRESIDENT	10.00	Х		Х				0.	0.	0.
(10) LAURA RICHARDSON BRIGHT	10.00	٠,,		,,					_	•
VICE PRESIDENT	10.00	Х		Х				0.	0.	0.
(11) CYNTHEA STRUBE YESTAL	10.00	.,		37					0	0
VICE PRESIDENT		Х		Х				0.	0.	0.
	-	1								
	+									
		1								
		1								
		<del>                                     </del>								
		1								
		1								
		1								
		•				_		•		000

36-1305568

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(C Pos	(ز			(D)	(E)	(F)
Name and title	Average hours per		not cl	neck i	more	than c s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trust		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		99	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona		Key employee	st cor	er	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Form			3
1b Subtotal								568,588.	0.	74,258.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)				<u></u>				568,588.	0.	74,258.
2 Total number of individuals (including but n	at limited to th	000	licto	d ah	OVA	\ wh	o ro	ceived more than \$100	000 of reportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **Section B. Independent Contractors**

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

the diganization. Heport compensation for the calcinating year chains with or with	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	<u>'</u>	Compensation
BILLHIGHWAY	BILLING &	
363 W. BIG BEAVER RD., TROY, MI 48084	COLLECTIONS	287,256.
CHAPTER SPOT, 935 GRAVIER ST, SUITE 1350,		
NEW ORLEANS, LA 70112	WEBSITE PLATFORM	258,254.
TILSON MSO, INC., 1530 AMERICAN WAY, SUITE		
200, GREENWOOD, IN 46143	PAYROLL SERVICES	131,382.
VORYS SATER SEYMOUR AND PEASE		
PO BOX 373487, CLEVELAND, OH 44193	LEGAL SERVICES	114,988.
ROYAL PRINTING CO	MAGAZINE PRINTING	
PO BOX 750, SUN PRAIRIE, WI 53590	SERVICES	114,356.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 5		
		- 000 ()

Form 990 (2022) KAPPA A
Part VIII Statement of Revenue

		Check if Schedule O cont	ains 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		Membership dues						
چ <u>و</u>		Fundraising events						
ffs, r A		d Related organizations						
nila		Government grants (contribut						
Sir		All other contributions, gifts, gran						
uti		similar amounts not included abo		431,804.				
g ţ		Noncash contributions included in lines		,				
Son		Total. Add lines 1a-1f			431,804.			
<u> </u>		Totally lad miles fa fi		Business Code	,			
o l	2 :	MEMBERSHIP DUES AND ASS	SESSMENTS	900099	4,990,610.	4,990,610.		
, vic		LEADERSHIP AND CONVENT		900099	760,296.	760,296.		
Ser		RISK MANAGEMENT	_	900099	518,743.	518,743.		
an Ve		INTEREST ON LOANS		900099	179,252.	179,252.		
Program Service Revenue		LIFE LOYAL PROGRAM		900099	50,561.	50,561.		
Pro	1	All other program service reve	enue	900099	28,745.	28,745.		
		Total. Add lines 2a-2f			6,528,207.	,		
	3	Investment income (including						
			, 		718,596.		718,596.	
	4	Income from investment of ta						
	5	Royalties			332,187.		332,187.	
		,	(i) Real	(ii) Personal				
	6 a	a Gross rents 6a	298,916.					
	ŀ	Less: rental expenses 6b	190,110.					
	(	Rental income or (loss) 6c	108,806.					
	(	Net rental income or (loss)			108,806.		108,806.	
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	1,747,063.					
	ŀ	Less: cost or other basis						
ıne		and sales expenses <b>7b</b>		343.				
Ver		Gain or (loss)		-343.				
her Revenue		Net gain or (loss)			-329,033.			-329,033.
the l	8 8	Gross income from fundraising ev	vents (not					
Ò		including \$	of					
		contributions reported on line	, I					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fund	-					
	9 8	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		<ul><li>Net income or (loss) from gam</li><li>Gross sales of inventory, less</li></ul>						
	10 6	and allowances		399,288.				
		Less: cost of goods sold						
		Net income or (loss) from sale		, , ,	228,297.	228,297.		
$\neg$		The state of the seal and the state of the s		Business Code	,			
Snc	11 a	MISCELLANEOUS		900099	127,041.	127,041.		
nec	ı	·			·			
Miscellaneous Revenue								
lisc	(	All other revenue						
		Total. Add lines 11a-11d			127,041.			
	12	Total revenue. See instructions			8,145,905.	6,883,545.	1159589.	-329,033.

232009 12-13-22

#### 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) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 5,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 76,250. 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, 677,580. 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) 1,738,009. Other salaries and wages 7 Pension plan accruals and contributions (include 320,604 section 401(k) and 403(b) employer contributions) 574,519. Other employee benefits 9 224,589. 10 Payroll taxes Fees for services (nonemployees): Management 100,767. Legal 33,328. Accounting Lobbying Professional fundraising services. See Part IV, line 17 55,684. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 26,405 column (A), amount, list line 11g expenses on Sch O.) 175,647. Advertising and promotion 12 124,541. Office expenses 13 862,177. Information technology 14 Royalties 15 68,815. 16 Occupancy 902,895. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 461,969. Conferences, conventions, and meetings 19 79,303. 20 Payments to affiliates 21 109,543. 22 Depreciation, depletion, and amortization 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.) 252,267. FEDERAL & STATE UBTI TA RISK MANAGEMENT 384,543. 98,315. TRAINING AND DEVELOPMEN 95,499. EDUCATION AND LEADERSHI 174,184.e All other expenses 7,622,433. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,716,875.	1	3,101,231.
	2	Savings and temporary cash investments		7,479,842.	2	4,988,638.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	319,676.	4	303,711.	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia	al contributor, or 35%			
		controlled entity or family member of any of these pe		5		
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in s		6		
ţ	7	Notes and loans receivable, net		3,573,016.	7	5,387,858
Assets	8	Inventories for sale or use		48,811.	8	72,807.
Ŕ	9	Prepaid expenses and deferred charges	460,172.	9	246,809.	
	10a	Land, buildings, and equipment: cost or other	4 744 000			
		basis. Complete Part VI of Schedule D10	4,711,908. b 3,252,108.	1 504 010		1 150 000
	b	Less: accumulated depreciation10	1,504,310.	10c	1,459,800.	
	11	Investments - publicly traded securities		19,098,959.	11	20,022,378.
	12	Investments - other securities. See Part IV, line 11	298,946.	12	320,872.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	77 060	14	25 000	
	15	Other assets. See Part IV, line 11		77,869. 35,578,476.	15	35,080.
	16	Total assets. Add lines 1 through 15 (must equal lin		2,324,031.	16	35,939,184. 2,475,809.
	17	Accounts payable and accrued expenses	2,324,031.	17	2,4/3,009	
	18 19	Grants payable	1,735,136.	18 19	1,174,122.	
	20	Deferred revenue		1,733,130.	20	1,1/4,122
	21	Tax-exempt bond liabilities		13,815,008.	21	13,374,481.
	22	Loans and other payables to any current or former o		13/013/0001	21	13/3/1/101
Liabilities		trustee, key employee, creator or founder, substantia				
Ξ		controlled entity or family member of any of these pe			22	
E.	23	Secured mortgages and notes payable to unrelated		927,538.	23	719,470.
	24	Unsecured notes and loans payable to unrelated thir		,	24	- ,
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2				
		of Schedule D		2,419,817.	25	2,613,097.
	26	<b>-</b>		21,221,530.	26	20,356,979.
		Organizations that follow FASB ASC 958, check h	ere X			
ces		and complete lines 27, 28, 32, and 33.				
<u>a</u> n	27	Net assets without donor restrictions	14,282,169.	27	15,497,193. 85,012.	
Ва	28	Net assets with donor restrictions	<u></u>	74,777.	28	85,012.
pur		Organizations that do not follow FASB ASC 958, or	check here			
ī		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipr	nent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom		44.056.55	31	45 500 00=
Š	32			14,356,946.	32	15,582,205.
	33	Total liabilities and net assets/fund balances		35,578,476.	33	35,939,184.

Га	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	8	<u>,14</u>	<u>5,9</u>	<u>05.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,62		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	, 35		
5	Net unrealized gains (losses) on investments	5		85	1,0	78.
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		-14	9,2	<u>91.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 15</u>	,58	2,2	05.
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>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

# Schedule B

## Schedule of Contributors

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**2022** 

**Employer identification number** 

36-1305568 KAPPA ALPHA THETA FRATERNITY INC. Organization type (check one): Filers of: Section: X 501(c)( 7) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. X For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

### KAPPA ALPHA THETA FRATERNITY INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 343,575.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,815.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,432.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 2,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,044.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

### KAPPA ALPHA THETA FRATERNITY INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,015.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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KAPPA	ALPHA	THETTA	PRATERNITY	I NC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$1,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### KAPPA ALPHA THETA FRATERNITY INC.

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

Page 4

Schedule B (Form 990) (2022)

lame of or	rganization				Employer identification number				
ZAPPA	ALPHA THETA FRATERNITY	TNC			36-1305568				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a	tions to organizations described in a	ntry. For or	ganizations	at total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	r less for th	e year. (Enter this info. or	nce.) \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
Part I			70		·				
1	SUPPORTING THE FRATERNITY'S EDUCATIONAL EFFORTS	EDUCATIONAL PROGRAMMIN	NG	EDUCATIONAL	N DISBURSED FOR				
	BOOMIOMIL BITOKID				TONE ODED				
		(e) Transfer of g	jift						
-	Transferee's name, address,	and ZIP + 4	Re	elationship of tran	nsferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
2	SEE STATEMENT 3	SEE STATEMENT	1	SEE STA	TEMENT 2				
	(e) Transfer of gift								
	Transferee's name, address,	and ZIP + 4	Re	elationship of tran	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
3	SEE STATEMENT 6	SEE STATEMENT	4	SEE STA	TEMENT 5				
}		(e) Transfer of g	jift						
	Transferee's name, address,	elationshin of trar	nsferor to transferee						
Ī	- Transfer de d'iname, address,			olutionomp or trui					
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
Part I									
}		(e) Transfer of g	jift						
	Transferee's name, address,	and ZIP + 4	Re	elationship of trar	nsferor to transferee				
	,								

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

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

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

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

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

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY INC.

Employer identification number 36-1305568

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</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	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	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					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	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 treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

Schedule D (Form 990) 2022

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

30 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection letines (mexic all that apply):  a Public exhibition d Loan or exchange program  b Cholarly research  c Prevale a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.  a is the organization an agent, funds, except an amount on Form 990, Part X, line 21.  a is the organization an agent, funds, except an amount on Form 990, Part X, line 21.  b If Yes, explain the arrangement in Part XIII and complete the following table:  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Beginning balance  C Beginning balance  Beginning balance  C Beginning balance  Beginning balance  C Beginning balance  C Beginning balance  Beginning balance  C Beginning balance  C Beginning balance  Beginning balance  C Begi	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Sir	nilar	Assets	(contin	ued)	.gc –
Public exhibition   d	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make s	ignific	cant us	e of its			
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization's collection?  Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Bistributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Care Distributions and the presentation of the organization has been provided on Part XIII  Care Distributions (a) In Yes' Septian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Care Distributions (a) Distributions or Care Distributions and programs  Care No Care Distributions (a) Distributions or Care Distributions and programs  Care No Care Distributions (a) Distributions or Care Distributi		collection items (check all that apply):											
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization's collection?  Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Bistributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Care Distributions during the year  Bistributions during the year  Care Distributions during the year  Care Distributions and the presentation of the organization has been provided on Part XIII  Care Distributions (a) In Yes' Septian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Care Distributions (a) Distributions or Care Distributions and programs  Care No Care Distributions (a) Distributions or Care Distributions and programs  Care No Care Distributions (a) Distributions or Care Distributi	а	Public exhibition	d		Loan or exc	hange progra	am						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be sold to raise funds a rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X line 21.   1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.   1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 1 line	b	Scholarly research	е										
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be sold to raise funds a rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X line 21.   1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.   1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 1 line	С	Preservation for future generations											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		ollections and explain	n how th	ey further th	ne organizatio	n's exe	mpt p	urpose	in Part	XIII.		
To be sold for raise funds rather than to be maintained as part of the organization's collection?   Yes   No	5												
Section and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Form 990, Part X?   Yes   X   No				-		•				$\square$	Yes		No
reported an amount on Form 990, Part X, line 21.    a   stee organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   yes   X   No	Par										ine 9, or		
on Form 990, Part X?    Ves   X No									·	,			
on Form 990, Part X?    Ves   X No	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other ass	ets not	inclu	ded				
b if "Yes," explain the arrangement in Part XIII and complete the following table:    C											Yes	X	No
Amount	b												
d Additions during the year		, ,	•	Ü				Γ			Amount		
d Additions during the year	С	Beginning balance							1c				
e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for three years back)  (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for three years back)  (a) Current year (b) Prior year (c) Two years back (for three years back)  (b) Prior year (c) Two years back (for three years back)  (c) Three years back (for three years back)  (d) Three years back (for three years back)  (e) Four years back (for three years back)  (for three years back (for three years back)  (for three years back (for three yea													
f Ending balance	e												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Control of the explanation has been provided on Part IV, line 10.	f												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII IX  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years   (e) Four										X	Yes		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-						-				X	
Column year blance   Column year blance   Column year back   Column													
1a Beginning of year balance									hree yea	ars back	(e) Four	vears !	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g End of year balance 7 Permanent endowment 9 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 1 Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  1a Land 9 92,868 92	1a	Beginning of year balance	, ,	,				<u> </u>			,		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c												
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as:  a Board designated or quasi-endowment	4												
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment	-												
g End of year balance													
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	' ~												
a Board designated or quasi-endowment	_		ant voor and balance	l lina 1 a		\\ bold oo:							
b Permanent endowment			ent year end balance		j, column (a)	)) neid as.							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Unrelated organizations (iv) Pervi on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) depreciation (b) Cost or other depreciation  1a Land (b) Sea	_		0/	_%									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (c) Accumulated depreciation  1a Land  92,868.  92,868.  92,868.  b Buildings  3,668,039.  2,526,892.  1,141,147.  c Leasehold improvements  d Equipment  951,001.  725,216.  225,785.  e Other													
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:    (i)   Unrelated organizations   3a(i)	С												
Ves   No   (i)   Unrelated organizations   3a(i)	0-	, ,	•										
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land (d) Book value  92,868.  92,868.  b Buildings 3,668,039. 2,526,892. 1,141,147.  c Leasehold improvements d Equipment 951,001. 725,216. 225,785. e Other	за		ssion of the organiza	uon ma	t are neid ar	ia administer	ea for tr	ie			Г	Vac	No.
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  92,868.  92,868.  92,868.  b Buildings  3,668,039.  2,526,892.  1,141,147.  c Leasehold improvements  d Equipment  951,001.  725,216.  225,785.  e Other		-											
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  92,868.  92,868.  92,868.  b Buildings  1 Leasehold improvements  d Equipment  Other												$\rightarrow$	
A Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  92,868.  92,868.  92,868.  b Buildings  c Leasehold improvements d Equipment e Other												$\rightarrow$	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  Buildings  C Leasehold improvements  d Equipment  Other  Ot	D 4		· ·								3D		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  Buildings  Leasehold improvements  d Equipment  Other  Other	Par			wment ii	unas.								
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	· u	, , , , , , , , , , , , , , , , , , , ,		) Dart IV	line 11a S	See Form 990	Dart Y	line '	10				
basis (investment)         basis (other)         depreciation           1a Land         92,868.         92,868.           b Buildings         3,668,039.         2,526,892.         1,141,147.           c Leasehold improvements         951,001.         725,216.         225,785.           e Other         951,001.         725,216.         225,785.						T					(-I) DI		
1a Land       92,868.       92,868.         b Buildings       3,668,039.       2,526,892.       1,141,147.         c Leasehold improvements       951,001.       725,216.       225,785.         e Other       951,001.       725,216.       225,785.		Description of property	1 ' '			I					(a) Book	value	,
b Buildings 3,668,039. 2,526,892. 1,141,147. c Leasehold improvements 951,001. 725,216. 225,785. e Other		Land	<u> </u>	nent)		` '	ue	PIECI	atiOH		0.7	) 04	50
c Leasehold improvements         951,001.         725,216.         225,785.           e Other         951,001.         725,216.         225,785.							2	E 2.6	0.0	2	92 1 1 1 1	1,00	17
d Equipment 951,001. 725,216. 225,785.  e Other					3,00	0,039.	۷,	<i>3</i> ∠ 0	, 09	4 •	<b>1,14</b> 1	., 14	<u> </u>
e Other	_				٥٦	1 001		7 2 5	21	_	225	. 70	<u></u>
e Utner 1 450 000					95	I,001.		145	, 41	0.	445	, / 6	) ) .
											1 / 5 0	0 (	10

Schedule D (Form 990) 2022

	THETA FRATER	NITY INC.	36-1305568 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DISESTABLISHED CHAPTER FUNDS	2,613,097.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,613,097.

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

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	8,934,490.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	851,078.		
<b>b</b> Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)		41,931.		
e Add lines 2a through 2d			2e	893,009.
3 Subtract line 2e from line 1			3	8,041,481.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,684.		
b Other (Describe in Part XIII.)	4b	48,740.		
c Add lines 4a and 4b			4c	104,424. 8,145,905.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		· <u>··</u> ·····	5	
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Returr	າ.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
Total expenses and losses per audited financial statements			1	7,709,231.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	191,222.		
e Add lines 2a through 2d			2e	191,222.
3 Subtract line 2e from line 1			3	7,518,009.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,684.		
<b>b</b> Other (Describe in Part XIII.)	4b	48,740.		
c Add lines 4a and 4b			4c	104,424.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	7,622,433.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part >	K, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inforn	nation.		
DADE IV IINE OD.				
PART IV, LINE 2B:				
THE ORGANIZATION HOLDS FUNDS ON BEHALF ON	TMC DXDM1	CTDAMM EAC	TT.T	rv
THE ORGANIZATION HODDS FONDS ON BEHALF ON	IID FARII	CIFANI PAC	тит.	L T
CORPORATIONS AS WELL AS ITS CHAPTERS. FUN	וחם אסב חו	אסיבוס זאז מיביס	וייו ע כו	Z ACCOUNTE
CORPORATIONS AS WELL AS ITS CHAPTERS. FOR	IDS AKE HE	TIN SEPA	KAII	ACCOUNTS
FOR WHICH THE ORGANIZATION HAS SIGNATURE A	VTT GOUTIL			
FOR WHICH THE ORGANIZATION HAS SIGNATURE A	OTHORITI.	ı		
PART X, LINE 2:				
INKI A, DIND Z.				
THE FRATERNITY HAS EVALUATED TAX POSITIONS	TAKEN T	тинг тах в	ETH	RNS FILED
THE TRUTH INDESTRUCTION OF THE TOP TOP TO THE TOP TOP TO THE TOP T	, 1111(111 11	11111 11111 10		MIND I ILLED
AND HAS DETERMINED THAT THERE ARE NO UNCER	RTAIN TAX	POSITIONS	AS I	DEFINED BY
GENERALLY ACCEPTED ACCOUNTING STANDARDS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
CHANGE IN FAIR VALUE OF INTEREST RATE DERI	VATIVE			-43,025.
232054 09-01-22			Sched	lule D (Form 990) 2022

Schedule D (Form 990) 2022 KAPPA ALPHA THETA FRATERNITY INC.	36-1305568 Page 5
Part XIII Supplemental Information (continued)	
NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED	106.066
CHAPTERS	-106,266.
NON-MEMBER RENTAL EXPENSES INCLUDED IN NET RENTAL	
ACTIVITIES ON 990	20,231.
COST OF GOODS SOLD REPORTED ON LINE 10B	170,991.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	41,931.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL INCOME	22,771.
PROCESSING FEE EXPENSE	25,969.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	48,740.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL EXPENSES INCLUDED	20,231.
COST OF GOODS SOLD REPORTED ON LINE	170,991.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	191,222.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NON-MEMBER RENTAL INCOME NETTED WITH EXPENSES	22,771.
PROCESSING FEE EXPENSE	25,969.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	48,740.

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

## KAPPA ALPHA THETA FRATERNITY INC. 36-1305568 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region MEMBERSHIP DUES AND FEES. MEMBERSHIP DUES AND NORTH AMERICA -RISK MANAGEMENT FEES, AND FEES, RISK MANAGEMENT 0. CANADA JEWELRY SALES - \$105,547. FEES, AND JEWELERY SALES 0 0 0. 3 a Subtotal ..... **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 0. and 3b)

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

Schedule F (Form 990) 2022

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			1

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicated  (a) Type of grant or assistance	if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

#### Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

232075 10-17-22 Schedule F (Form 990) 2022

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (	KAPPA ALPH	IA THETA	FRATERNITY	INC.				36-1305568
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC section of (if applicable)  (b) EIN (c) IRC section of (if applicable)  (c) IRC section of (if applicable)  (d) Amount of noncash assistance  (e) Amount of noncash assistance  (if applicable)  (if a	Part I General Information on Grants and	d Assistance						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Grovenments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant on government or government (d) Amount of cash grant or government or government (d) Amount of cash grant or government or government (d) Amount of cash grant or government or government (d) Amount of cash grant or government or government (d) Amount of cash grant (d) Amount of cash grant or government (d) Amount of cash grant (d) Amount of cash gra	1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States.  Part III Grants and Other Assistance to Domestic Organizations and Domestic Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC section (d) Amount of cash grant sassistance (d) Amount of noncash assistance (h) Purpose of grant organization organization assistance (h) Purpose of grant organization organization assistance (h) Purpose of grant organization assistance (h) Purpose of grant organization organization assistance (h) Purpose of grant organization (h) Purpose of grant organization assistance	criteria used to award the grants or assista	ance?						X Yes  No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (d) Amount of cash grant end address of organizations (if applicable)  (d) Amount of cash grant end address of organization (book FMV, appraisal, other)  (e) Amount of end of value appraisal, end of end of section (book FMV, appraisal, other)  (h) Purpose of grant or assistance  (h) Purpose of grant or assistance  (a) Amount of end of section (book FMV, appraisal, other)  (h) Purpose of grant or assistance  (h) Mattod of value graphs assistance  (h) Mattod of value graph	2 Describe in Part IV the organization's proc	cedures for monit	oring the use of grant	funds in the United	d States.			
1 (a) Name and address of organization or government  (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant (e) Amount of noncash assistance (ff) Method of organization (pok, FMV, appraisal, other) (sh) Purpose of grant or assistance (h) Purpose of g						anization answered "\	Yes" on Form 990, Part I\	/, line 21, for any
Tay Name and actures of organization or government or government of the policiable) of the policiable	recipient that received more than \$5		1	<del> </del>	1	(c) Mathead of		
		( <b>b)</b> EIN		, , , , , , , , , , , , , , , , , , ,	noncash	valuation (book, FMV, appraisal,		
	2 Enter total number of section 501/o/(2) and	d government er	ranizations listed in th	l no lino 1 tablo	L	<u> </u>	<u> </u>	
3 Enter total number of other organizations listed in the line 1 table		-						

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO MEMBERS EXPERIENCING					
EXTREME FINANCIAL HARDSHIPS.	20	76,250.	0.		
Dat W. Combanda Market Special Market Special	Death is	- 0- B-+ III l	(1-)	Later and the Common of the co	
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	iditional information.	
PART I, LINE 2:					
ALL GRANT AND SCHOLARSHIP REQUES	r applicati	ONS ARE RE	EVIEWED AND	APPROVED BY	
	-		-	-	
THE GRAND COUNCIL.					
ORGANIZATIONS CONSIDERED FOR GRAD	NTS ARE EVA	LUATED TO	DETERMINE	THAT THE	
PAYMENTS REQUESTED QUALIFY FOR T	HE FURTHERA	NCE OF THE	FRATERNIT	Y'S EXEMPT	
PURPOSE.					

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 36-1305568

	KAPPA ALPHA THETA FRATERNITY INC.	36-13055	68	
Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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 perso	nal use		
	Travel for companions Payments for business use of personal re	sidence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fee	s		
	Discretionary spending account Personal services (such as maid, chauffer	ır, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1k	,	
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			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation of	ommittee		
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		46	1	Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	41	,	X
С	Participate in or receive payment from an equity-based compensation arrangement?	40	;	X
	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	n		
	contingent on the revenues of:			
а	The organization?	5a	1	
b	Any related organization?	5t	<u> </u>	
	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	n		
	contingent on the net earnings of:			
а	The organization?	66	1	
b	Any related organization?	6t	)	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie 📗		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<u>8</u>		$\perp$

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If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER SCHMALTZ	(i)	162,583.	0.	0.	7,884.	12,541.	183,008.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY RISSER	(i)	161,168.	0.	0.	8,177.	11,855.	181,200.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
1	(11)						<u> </u>	

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)

# 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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KAPPA ALPHA THETA FRATERNITY INC.	36-1305568
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
INTELLECTUAL AND PERSONAL GROWTH.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENT	S:
GENERAL FRATERNITY FEES AND DUES, AND PROVIDE FOR THE MANAG	EMENT OF
FRATERNITY FUNDS AND PROPERTIES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
LEADERSHIP CONFERENCES PROVIDE PROGRAMMING EDUCATION AND SU	PPORT FOR
ITS MEMBERS TO ENHANCE THEIR INDIVIDUAL, INTELLECTUAL, CHAR	ACTER, AND
LEADERSHIP SKILLS.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT ME	MBERS OF THE
GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE CONVENTION DELEGATES ELECT THE FRATERNITY'S GOVERNING B	ODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 WILL BE REVIEWED BY THE GRAND COUNCIL PRIOR TO BEIN	G FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REVIEWS THE POLICY AND ANY CONFLICTS OF IN	TEREST ON AN
ANNUAL BASIS.	

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

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** KAPPA ALPHA THETA FRATERNITY INC. 36-1305568 FORM 990, PART VI, SECTION B, LINE 15: THE GRAND COUNCIL MEMBERS DETERMINE AND APPROVE THE CHIEF EXECUTIVE OFFICER SALARY. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (IF APPLICABLE) AND ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NET RENTAL INCOME RECEIVED ON BEHALF OF DISESTABLISHED CHAPTERS -106,266. CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE -43,025. TOTAL TO FORM 990, PART XI, LINE 9 -149,291.FORM 990, PART XII, LINE 2C: THE ORGANIZATION'S GRAND COUNCIL ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

KAPPA ALPHA THETA FRATERNITY INC.

Employer identification number 36-1305568

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity

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

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

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

SEE PART VII FOR CONTINUATIONS

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.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	1	tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
]										
1										
	(b) Primary activity	Primary activity  Legal domicile (state or foreign			Primary activity    Legal domicile (state or foreign f					

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

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

Yes No

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		ŭ		1a	Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	X	
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp						
	(a) (b)		(c)	(d)			
	Name of related organization Transaction	on	Amount involved	Method of determining amount invo	lved		
	type (a-s)	s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	63 09-14-22			Schedule F	(Forn	n 990	2022

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

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VW ABCDEF	
VW ABCDEFG	

Year Origi- nated	Original Carryover Amount 138,620.	Total Amount Used	Amount Used for 06/30/22	Amount Used for 06/30/23	Amount Used for						
2020	138,620.	138,620.	88,153.	50,467.							
	- 1 Amazonat	A	A	A	A	A	A	A	A t	A	A
Detail S Type E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Type E	3   0360 101	Osed for	Osed for	Osed for	Osed IOI	Osed for	Used for	Used 101	0360 101	0360 101	USEC 101
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Type and Entity: NET POSITIVE ACE ADJUSTMENT FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for								
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Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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#### Form **8868**

(Rev. January 2022)

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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print KAPPA ALPHA THETA FRATERNITY INC. 36-1305568 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 8740 FOUNDERS ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. INDIANAPOLIS, IN 46268 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JEFFREY RISSER The books are in the care of ► 8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268 Telephone No.  $\blacktriangleright$  (317) 876-1870 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  $\blacktriangleright$  . If it is for part of the group, check this box  $\blacktriangleright$  and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 \_\_\_\_ , 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, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 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-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)